

XVII

WORLD CONGRESS OF SEXOLOGY
CONGRÈS MONDIAL DE SEXOLOGIE
CONGRESO MUNDIAL DE SEXOLOGÍA

BOOK OF ABSTRACTS

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101.2 Y a-t-il encore une vie sexuelle après le traitement du cancer de la prostate?

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Si préserver la sexualité reflète le souci d'améliorer la qualité de vie des patients traités pour le cancer de la prostate, la sexualité est-elle réellement un problème ? Les faits suivants minimisent la problématique sexuelle : 1) le cancer de prostate concerne une majorité d'hommes âgés (moyenne d'âge lors du diagnostic variant entre 70 et 75 ans), âge où la demande sexuelle est moindre, 2) avant 70 ans, âge où on propose un traitement curatif, près d'un quart des sujets traités pour cancer de prostate a déjà un trouble de l'érection significatif, 3) un bon nombre de sujets est pas ou peu demandeur d'une prise en charge d'un trouble sexuel iatrogène en l'absence d'altération de leur qualité de vie personnelle et / ou du couple, 4) la demande sexuelle varie avec le temps : le recul clinique montre que la sexualité est un paramètre pertinent mais non prioritaire dans le choix du traitement pour une très large majorité des patients. Par contre, si l'évolution carcinologique est satisfaisante et s'il n'y a pas ou peu d'autres effets iatrogènes ou de troubles symptomatiques, la demande et les attentes sexuelles reviennent souvent au premier plan mais principalement dans une sous-population de patients (hommes encore jeunes, sans comorbidités importantes et ayant eu une activité sexuelle régulière) qui doit bénéficier d'un bilan et d'un suivi attentif de leur santé sexuelle. En conclusion, s'il faut toujours essayer de concilier l'objectif carcinologique et de qualité de vie, l'importance de la vie sexuelle semble être surévaluée dans le cancer de prostate, probablement du fait de biais de recrutement de centres hyper spécialisés et de la modification fréquente de la hiérarchie des valeurs de vie des sujets traités.

101.4 What therapies for a menopausal sexual dysfunctions after WHI study.

*Johannes Bitzer. Dep. Obstetrics Gynecology.

Clinical decision making will have to follow a structured evaluation of the individual patients sexual problems. 1. How does the patient rate her personal distress caused by the sexual disfunction ? Impact on mood, self-image, self confidence, relationship and identity 2. To what extend do steroid hormones (estrogens, androgens) contribute to this problem ? Self observation of the patient of changes around menopause, previous experiences with steroid hormone treatment, eventually hormone measurements and evaluation of other possible pathogenetic factors. 3. What is the risk profile of the patient regarding applications of oestrogens, oestrogen progesterons and androgens ? Family history, proven genetic factors, previous risks and diseases, age From this analysis several groups of patients emerge: a) High distress, high impact of hormonal factors on the individual sexual dysfunction, low risk index. In this group longterm steroid treatment for sexual dysfunction is indicated and safe. b) High distress, other somatic or psychosocial factors strongly contributing to the problem, low risk profile. In these patients a trial of hormonal therapy in the context of other interventions is possible. c) High distress, other somatic and psychosocial factors strongly impacting on the sexual dysfunction, high risk

profile In these patients interventions focussing on other factors should constitute first line treatment. d) High distress, hormonal factors predominant in the pathogenesis, high risk profile. The clinical decision depends on the specific risk profile. - Women with high risk from mamma carcinoma or established disease should not receive combined oestrogen progesteron therapy. It seems however safe to use local oestriol for women with sexual pain disorder preferably estriol preparations.

101.5 Crises du milieu de vie et difficultés sexuelles : Adaptation, Résilience.

* Gerard Ribes. Université Lumière Lyon 2, France.

La crise du milieu de vie est selon Millet (94) une étape de l'existence ou les troubles de la sexualité sont très fréquents. Cette période de bilan, de rencontre avec une autre réalité corporelle, cette maturescence comme définie par Attias-Donfut (88) ou cette tentative de garder une certaine immaturité est source de décalage entre une réalité interne, des représentations et une réalité externe posant en permanence la question de la temporalité et de l'accomplissement dans un futur.

Outre la composante individuelle de cette période de fragilité psychologique va se poser la question des conséquences relationnelles en particulier au niveau du couple, voire de l'orientation sexuelle.

De cette étape de crise, de stress, de remise en cause peut on envisager la notion de coping (Lazarus 78) comme une possibilité de réponse adaptative , comme une étape de mise en place de mécanismes de défenses matures (Vaillant 92) ? Peut on penser que les mécanismes de résilience (Cyrulnik 99) face à ce « traumatisme » ont une pertinence pour permettre une reprise une reprise développementale en particulier par rapport aux questions sexuelles ?

Quelles peuvent être l'utilisation par les soignants de ces outils conceptuels et thérapeutiques dans le cadre des prises en charges sexologiques ?

102.1 Sex-On-Line: Sexuality Education for the 21st Century.

*Patricia K. Weerakoon. School of Biomedical Sciences, Faculty of Health Science, University of Sydney, Australia.

Topic and Rationale:

The availability and ease of use of the internet has revolutionised the information highway of the global community. It is now possible to provide an interactive program for sexuality professionals internationally with updated information and opportunities for expert opinions and synchronous chats. The need for globally relevant sexuality education is accepted. It is timely that we consider how the internet tool could be utilised as a portal for the purpose.

Objectives:

The overall **aim** of the workshop is to develop guidelines for the use of internet based, on-line education for global sexuality education. The objectives of the workshop will be to:

1. Present tools currently available for on-line learning.
2. Explore the use of on-line learning for attitude assessment and value clarification.
3. Demonstrate expert consultation on-line.
4. Explore on-line counselling.
5. Set guidelines for the use of on-line sex-education in the global arena.

Session outline and Methodology:

Participants will be sent internet material (in the form of information and interactive sites) prior to the workshop. The workshop will be a hands-on interactive session. Participants will work (either individually or in twos) at computers linked to the internet. Short demonstrations by the leader will be followed by time for internet work and small group discussion. The demonstrations will include on-line quizzes, synchronous and asynchronous chats and expert consultation. A final report will be produced by the workshop leader and sent to all participants.

Relevance of the Issue:

The need for global sexuality education is recognised. The internet provides a tool for presentation of information and training to in parts of the world which may be unable to access mainline education. As sexologists we need to seize the opportunity to utilise this for sexuality education. This workshop will result in expert guidelines for this process.

Description of Audience: This workshop will be useful for all providers and consumers of sexuality information and education.

NOTE:

This workshop requires a room with computers connected to the internet. It is possible to develop a round table discussion of this presentation in the absence of such a facility. Thank you.

103.1 The Advice Columnist as Sexologist: An Experiential Workshop Exploring Advice Column Work and its Relationship to Other Sexology Disciplines.

*Susan M. Quilliam. British Association for Sexual and Relationship Therapy (BASRT), England.

Topic and rationale The work of advice columnists - writers or broadcasters who offer one-way sexual counsel through print, web or broadcast media - seems at first glance to be very different from the work of sexology clinicians, researchers, educators, activists or policy makers. In fact, advice columnists are an integral and vital part of the sexology community, not least because their audience is

large and their work far-reaching and socially influential. The rationale behind this workshop is therefore to reflect the conference topic 'Unity in Diversity' by offering an opportunity for delegates to explore the work of this minority profession. Objectives of the session To inform participants about the work of advice columnists, to bridge the gap between disciplines, to allow participants to examine their own practice by comparison. Session outline Introduction: advice column work and what it involves □ Exercise 1: participants explore a sexual problem and the parameters by which they could address it □ Feedback: the differences between advice column work and clinical/educational work. □ Exercise 2: participants critique a sexual advice column 'question and answer' □ Feedback: the parameters, challenges and opportunities of advice column work; how these factors both limit and enhance professional practice □ Exercise 3: participants write their own answer to an advice column question □ Feedback: reflection on participants' own practice when seen in this new light □ Conclusion, review and summary of insights gained Relevance to sexology The conference theme is Unity in Diversity. It is therefore particularly relevant to look at a discipline where sexology is practised in a somewhat different arena, and to then use that as a springboard to explore good practice in participants' own disciplines. Target audience All delegates could find this session enjoyable and interesting because it takes a non-standard approach. However clinicians and sexual educators in particular will find it useful because their work parallels that of advice columnists.

104.1 Visually Enhanced Psycho-Sexual Therapy (VEST).

*Frank G. Sommers. Private Practice, Canada.

The use of films and videos as an educational tool have a well established history. Accumulating research is providing promising data on efficacy. An offshoot, virtual reality technology (VRT), is also finding significant applications in the treatment of a variety of disabling symptoms, such as fear of heights. In the field of sexology, recent work by a number of investigators has focused primarily on the erectile or libidinal response to audiovisual sexual stimulation. As we enter the age of pharmacological options for treatment of erectile dysfunction, at least, a new look at, or even evaluation of, the therapeutic journey maybe indicated. This is furthered by the renewed focus on the kindling of desire, a necessary condition for the success of sexual pharmacotherapy, and a major therapeutic challenge for clinicians. Visual stimuli integral to the role of imagination in the arousal process are well known, and the internet has become a significant, if anemic, delivery channel for millions. However, the audio-visual medium has a powerful potential beyond arousal. As a teaching and therapy tool, properly used, it can form a crucial part of modern sex therapy, counselling and education. After some 27 years of using audio and visual aids in this subspecialty Psychosexual/Psychiatric Therapy Practice, our perception has been strengthened that these aids form a most powerful component in our therapeutic armamentarium. Indeed, these tools maybe looked upon as quasi "medication", as it were, with the power that this implies for doing good, or doing harm. This workshop will describe the preparation of patient(s) (couples

and single men and women), and the careful introduction, setting and detailed debriefing that should accompany the use of any visual aid in order to promote optimal therapeutic progress. The appropriate use of audio-visual aids in modern sex therapy facilitating cognitive restructuring, behavioral change and emotional healing will be explored. Additionally, significant beneficial application of audio-visual aids in a multicultural sex therapy environment will also be discussed. Please note: This workshop will utilize sexually explicit videos.

105.1 Conducting Sex Therapy in a Cross-Cultural Environment : When the Paradigm of the Therapy and the Worldview of the Clients Mismatch.

*Ronny A. Shtarkshall. The Hebrew University of Jerusalem - Braun School of Public Health and Community Medicine, Israel.

This workshop utilizes the experience gained by an Israeli born, Jewish, non-observant therapist in working with ultra-orthodox Jews and immigrants from the former USSR to demonstrate some principles of cross-cultural therapy in the area of sexuality. In developing multi-cultural societies it is often that the sex and relationship therapist must work with individuals and couples who are from a different cultural background. Moreover, sometimes their cultural view of sex and relationship do not match the paradigm of the therapy. This workshop is aimed at sex and relationship therapists working in a multi-cultural environment, and who have some clients who are not from the main culture in their environment. Doing therapy with such clients must supplant the principles of sex therapy with some methods of cross-cultural therapy. The amalgamation of the two fields is both challenging and interesting. This workshop aims to demonstrate to the participants some of the methods utilized to bridge the gap between the paradigm of sex therapy and the world-view of the clients and between their background and that of the therapist. A presentation will be made of the facilitator's work demonstrating the principles of the cross-cultural therapy. Case studies will be utilized to demonstrate the application of these principles in the facilitator's practice. The workshop will contain an experiential component in which some participants will be asked to present cases and issues representing their experience with cross cultural therapy and its problems. We will conduct exercises in which the participants should be ready to play the role of their clients. Other participants will be asked to play the role of therapists under supervision for cross-cultural therapy. The workshop will end with a debriefing component in which the participants will be asked to reflect on the possible utilization of the methodology in their own clinical work. The participants will also be asked to evaluate the session.

106.1 Myths, Mysteries and Realities in Oncosexuality, a Practical Workshop for Sex Therapists and Clinicians.

*Woet L. Gianotten, Leslie R. Schover and Michael L. Krychman. ISSC (International Society for Sexuality and Cancer), the Netherlands.

Both cancer and its treatment have an extensive influence on sexuality, intimacy and fertility. Usually sexology professionals are scared of cancer and oncology clinicians are scared to discuss sex. So many patients don't get the proper care and attention they deserve. In this workshop we will elaborate on various relations between sexuality and cancer. Besides paying attention to aspects of biology, psychology, fertility, relationship and intimacy we will supply information on treatment and care. We expect an audience with two major groups. For people from the field of sexology we aim at making them more acquainted with the consequences of cancer and we will urge them to include cancer survivors in their counselling. For people from the field of cancer care we aim at heightening their awareness of the sexual aspects of cancer and we will urge them to discuss sexuality as a normal part of cancer care.

107.1 What is Healthy Male Sexuality: A Biopsychosocial, Developmental Approach.

*Michael E. Metz. Meta Associates, USA.

Promoting healthy male sexuality is the focus of this 3 hour workshop. A biopsychosocial model (medical, psychological, relationship features) is used to inclusively understand common male problems: sexual dysfunction (erectile dysfunction, premature ejaculation, low desire), sexual compulsivity, sexual abuse, internet pornography, as well as the problems of sexual familiarity (boredom) and male emotional sexualization. To address such problems, detailed features of healthy male sexual function are described. This workshop examines some of the common barriers to healthy male sexuality including Western cultural images, detrimental cultural stereotypes and messages about men & sex, inadequate sex education, physical and mental illness, the problem of male objectification of women, pornography, and male silence about honest sexual feelings. This model for understanding the features of healthy male sexuality is grounded on scientific knowledge of the multiple dimensions of sex: biological, psychological (cognitions, behaviors, emotions), and interpersonal (relationship identity, cooperation, and intimacy). Accurate knowledge about male anatomy and physiology forms the foundation for promoting realistic expectations. The workshop will summarize scientific data about male sexual behavior throughout the lifecycle. Male sexuality develops positively or negatively throughout life, and special attention is given to constructive and destructive features including how & what boys learn about sex, adolescent sex (automatic & autonomous), early adulthood (the Budweiser Beer Model of male sexuality), middle adulthood (stagnation or maturity), as well as male aging & sexuality. The workshop describes how a man, with his partner, can increase and integrate sexual health within their realistic relationship by considering The 10 Things Men Need to Learn for healthy sexuality including: 1. The inter-relationship between

biopsychosocial health and sexual health. 2. Respecting and regulating the biological imperative of male sex drive. 3. The issue of male sexualization of emotions. 4. Developmental integration of the five functions of sex. 5. Male sexuality and the three basic sexual arousal styles. 6. The crucial issue for men of sexual familiarity in long-term relationship. 7. Men and relationship Identity, Cooperation, and Emotional Intimacy. 8. The role of relationship conflict in sexual problems. 9. The sexual couple as an intimate team. 10. The standard of Good Enough sex. This workshop is grounded in the new integrative, biopsychosocial, multidimensional approach to male sexual function developed by Metz & McCarthy as published in *Coping with Erectile Dysfunction* (2004) and *Coping with Premature Ejaculation* (2003) and presents strategies for growth. (392 words in text)

108.1 Various Yoga Methods for Enhancement of Sexual Pleasure.

*Sudhakar V. Petkar and *Alka S. Petkar. Dr. Sudhakar Vasant Petkar, INDIA.

Everybody wish to have a sexual pleasure without any invasive line of treatment or medicine. Stress and Strain are very common for causing various sexual problems. Change of the lifestyle is essential to combact these sexual problem and to enhance the sexual pleasure. This path goes through an ancient Indian Science the 'Yoga'. The education of various yogic postures, yogic breathing exceries, meditation is essential for this. Yoga keeps the perfect fitness of the body and mental stability. Yogic Postures - 1)Forward bend Posture 2) Back Stretch Posture 3) Half Twist Posture 4) Moon Posture 5) Supine Ankle Posture 6)Cobra Posture 7) Bow Posture 8) Stand On Shoulder Posture. 9) Stand on Head Posture 10) Plough Posture. B) YOGIC GESTURES 1) Stand on Elbow Gestures 2) Royal Gesture 3) Hoarse Anus Gesture. C) NEURO MUSCULAR LOCKS 1) Fly up lock 2) Anus lock 3) Chi lock. D) For calmness & concentration of mind.- YOGIC BREATING PRACTICES & MEDITATION. Results - This study shows that Yoga plays an important role for better sex and enhance the esxual pleasure. It increase the duration of the coitus and help to solve the problem like premature ejaculation, functional erectile disfunction etc. Conclusion - But yoga is not a single day procedure. It should be accepted as a life style and for this "WILL" and determination of mind is necessary. It is a non-invasive, cost free treatment for better sexual pleasure.

201.1 Perspectives du traitement des dysfonctions érectiles: des nouvelles molécules à la thérapie génique.

*Serge Carrier.

Le succès clinique du traitement pharmacologique oral de la dysfonction érectile par les inhibiteurs de la PDE5 a donné un second souffle à la recherche fondamentale afin d'identifier de nouvelles avenues thérapeutiques. Dans la dernière décade, nos connaissances se sont accrues au niveau des mécanismes neuro-moléculaires nous permettant d'espérer des traitements qui seront encore

plus ciblés qu'actuellement et ainsi plus facile à utiliser pour le patient. Cette présentation fera la synthèse de la recherche fondamentale sur des molécules qui, nous l'espérons, aboutiront en clinique un jour.

201.3 Freins à la consultation pour troubles sexuels et solutions apportées dans le monde francophone.

* Alain Giami, S. Levinson and C. Levan. Inserm, France.

In France, General Practitioners do not receive any specific training in sexual health and sexology during their basic training. Sexology is not yet part of the curriculum. Consequently GP's are not well prepared to communicate on sexual issues, to explore the sexual problems presented and to propose appropriate treatments. The presentation will describe and analyze General Practitioners' attitudes and professional practices regarding sexual and reproductive health problems including, contraception, abortion, HIV infection, STIs and sexual dysfunction, which are considered as major dimensions of sexual health. GPs are confronted to different problems : on one side they have not received the technical training that would help respond efficiently to these issues, and on the other side they feel rather uncomfortable communicating on sexual issues. But male and female GPs do not have the same practices. Male GPs appear more reluctant to deal with female sexual problems, whereas female GPs feel more comfortable in dealing with such issues. On the contrary male and female GPs seem more comfortable in dealing with male and female sexual dysfunction.

201.4 Dysfonction érectile: entre maladie et symptôme.

* Pierre Bondil. CHG Chambéry, France.

La dysfonction érectile (DE) est définie comme « l'incapacité persistante ou récurrente d'obtenir et / ou de maintenir une érection suffisante pour une activité sexuelle » (ICED 2004). Stricto sensu, elle est un symptôme (du grec *sumptoma* : coïncidence), c'est à dire un trouble subjectif révélateur d'un trouble fonctionnel ou d'une lésion. Si l'identification épidémiologique des multiples facteurs étiologiques et de risque de la DE a facilité sa compréhension, elle a aussi profondément modifié son approche tant à l'échelon individuel que collectif. La médecine factuelle a prouvé que la DE est un baromètre pertinent de : a) la santé globale, c'est à dire sexuelle mais aussi (et parfois surtout) physique et psychique à la base du concept « DE symptôme » où la DE est un marqueur ou un révélateur de multiples maladies chroniques et situations à risque pour la santé (1), b) la qualité de vie, à la base du concept « DE maladie » (du latin *male habitus* : mal-être) s'il existe une souffrance, une plainte ou une demande du patient (ou du couple) (1). Si la DE est souvent mais pas toujours maladie, sa survenue n'est jamais anodine car toujours symptôme d'un état de non santé. L'enjeu étant alors la santé globale, le DE « symptôme » met en avant l'intérêt d'un bilan de santé (même si la DE n'est pas un problème pour le patient) car il peut révéler des pathologies méconnues ou des situations à risque, particulièrement cardiovasculaires. Cette distinction entre qualité de vie et santé hiérarchise les

priorités en fonction de l'étape clinique toujours primordiale. Ainsi, de façon inattendue, la DE est en train d'ouvrir la possibilité d'une approche plus globale de la santé tant à l'échelon individuel (via un bilan de santé chez tout sujet consultant pour DE) que collectif (via le dépistage opportuniste de comorbidités et la perspective d'un dépistage ciblé de la DE dans certaines populations à risque). 1) Bondil P : La dysfonction érectile; Ed. John Libbey Eurotext, Paris, 2003.

201.5 Traitements pharmacologiques : Abandons et résistances

André Corman ^{*,1. 1}, France.

Abstract- Objectif : Tous les traitements pharmacologiques de la DE, locaux ou oraux, sont l'objet de nombreuses résistances faisant écran à leur très grande efficacité dans la restauration d'une érection compétente. Notre hypothèse est que ce hiatus entre l'efficacité thérapeutique « justement » attendu par le prescripteur et l'échec thérapeutique observé dans le suivi en raison d'une mauvaise adhésion ou observance par le patient est du dans de nombreux cas à un manque d'éducation thérapeutique. Matériels et méthodes : nous recensons dans la littérature médicale les abandons et résistances des traitements de la DE et nous listons leurs principales causes telles qu'elles apparaissent dans les principales études utilisées. Nous mettons en évidence le rôle de l'absence d'éducation du patient et de sa partenaire dans la genèse de ces échecs. Nous présentons le modèle d'éducation thérapeutique défini par l'OMS en 1998 et nous montrons sa pertinence dans la prévention de certaines résistances psychologiques et cognitives au traitement Résultats : Au moins un tiers des échecs thérapeutiques, quelle que soit leur modalité, pourrait être prévenu et traité par un vrai programme d'éducation thérapeutique susceptible de préciser les connaissances sur la DE et de familiariser le patient et sa partenaire avec le traitement. Conclusions : Trop souvent, les médecins réduisent leur prise en charge à une intervention de type pharmacologique. L'évaluation des abandons, résistances et échecs des prescriptions d'un traitement pharmacologique de la DE nous montre que ces prescriptions doivent s'accompagner d'un protocole d'éducation thérapeutique. Cependant, l'évaluation ainsi que les modalités de la formation de l'ensemble des praticiens prescripteurs à cette éducation thérapeutique restent à

201.6 Les nouveaux schémas d'administration des IPDE5

Jacques Buvat ^{*,1. 1}, France.

Abstract- Plusieurs études basées sur une méthodologie rigoureuse viennent d'apporter un début de confirmation à l'impression clinique selon laquelle une administration régulière des IPDE5 (Sildénafil-SILD, 50 ou 100 mg/j, Tadalafil-TAD, 20 mg tous les 2 jours ou 10 mg/j) pourrait améliorer leurs résultats et récupérer certains de leurs échecs sans détériorer leur tolérance. En traitement de première intention, la prise régulière de TAD 20 mg 3 fois/semaine s'est avérée un peu plus efficace et satisfaisante que la prise à la demande dans plusieurs sous-populations de l'étude SURE (population française, ensemble des diabétiques). La différence des résultats des deux schémas fut plus marquée encore dans

l'étude de Mac Mahon qui compara prise quotidienne de 10 mg et prise à la demande de 20 mg. L'administration régulière semble aussi capable de récupérer certains échecs des IPDE5 pris à la demande: dans une autre étude de Mac Mahon, normalisation de l'IIEF chez 0% d'une série de 112 échecs du TAD en reprenant 20 mg à la demande, contre 41% sous 10 mg chaque jour et en cas d'échec à 10 mg/j 32% sous 20 mg/j, sans détérioration de la tolérance. A ceci s'ajoutent les données de l'expérience clinique suggérant la possibilité de récupérer nombre des échecs et refus des IPDE5 liés aux difficultés du couple à s'adapter à la programmation de l'activité sexuelle en recourant initialement une administration régulière, particulièrement de TAD. Quant à l'hypothèse selon laquelle en cas de DE sévère avec échec complet des IPDE5 une prise régulière d'IPDE5, inefficace à elle seule, permettrait de sensibiliser le pénis à la reprise d'une administration à la demande, elle vient de trouver un début de confirmation dans les travaux de Delphine Behr-Roussel et François Giuliano menés avec le Sildénafil chez le rat. Enfin quelques données récentes font rêver à la possibilité de guérir définitivement certaines DE (persistance d'érections coïtales normales après arrêt de tout traitement) grâce à une administration régulière d'IPDE5, alors que les taux de guérison rapportés après prise à la demande ne dépassent pas habituellement 5 à 10%. Ainsi Sommer a rapporté une normalisation de l'IIEF persistant un mois après arrêt de tout traitement chez 59% de ses hommes traités par 100 mg/j de SILD pendant un an contre 5% dans le groupe placebo, la guérison persistant chez la plupart 6 mois plus tard, et Caretta a observé le même résultat chez 2/3 de ses cas psychogènes jeunes, et 50 à 65% de ses cas vasculaires modérés (60 à 70 ans, pas de plaque athéromateuse identifiable à l'écho-doppler) un mois après l'arrêt du TAD utilisé 3 mois à raison de 20 mg tous les 2 jours, à heure fixe. A ceci s'ajoutent l'étude de Padma-Nathan qui a rapporté qu'après prostatectomie radicale pour cancer de la prostate, la prise vespérale quotidienne de SILD pendant 6 mois augmente significativement la proportion des patients qui gardent des érections spontanées et coïtales normales 2 mois après arrêt de tout traitement (27% contre 4% sous placebo). Plusieurs mécanismes ont été invoqués pour expliquer ces effets bénéfiques de l'administration régulière : avant tout effet favorable des IPDE5 sur la dysfonction endothéliale très souvent associée à la DE, et qui en constitue un des principaux mécanismes, du fait de leur capacité à amplifier l'activité biologique du NO qui joue un rôle fondamental dans la protection de l'endothélium vasculaire. Plusieurs études récentes ont démontré de tels effets du SILD et du TAD, persistant au moins quelques semaines après leur interruption. On a aussi invoqué une réhabilitation des corps caverneux sous l'effet de leur réoxygénation lors des érections nocturnes et matinales dont Montorsi a montré qu'elles augmentaient en cas de prise vespérale régulière de SILD, et Aversa de TAD. Enfin l'intervention de mécanismes psychologiques est très probable. La prise régulière d' IPDE5 élimine les contraintes de programmation de l'activité sexuelle, et soulage de ce fait l'anxiété de performance et le sentiment intime d'impuissance que la programmation tend à fixer. Les implications de ces protocoles d'administration régulière dans les échecs et résistances des IPDE5 sont évidentes.

201.7 Que faire en cas d'échec ou de refus des inhibiteurs de la PDE5 ?

Eric Wespes ^{*1. 1}, Belgique.

Abstract- Before considering a patient non responder two PDE5 education of the drug use has to be controlled. Information on the use of these drugs is very important. The stomach has to be empty, the time before the initial of sexual activity must be at least 1 hour and the maximum allowed dosage has to be taken. A sexual stimulation is mandatory to achieve an erection. Using these simple recommendations 50% of the non responders respond to PDE5

inhibitors. The dosage of testosterone is important because it is now well demonstrated that hypogonadism decreases; the PDE5 inhibitors response. Supplementation of testosterone restores erectile rigidity with PDE5 inhibitors in 50% of the cases. For those who do not yet respond, intracavernous injection can be used. These patients in whom PDE5 inhibitors fail can be treated successfully in 80% with intracavernosal alprostadil therapy. The most common adverse effect seen is penile pain. Vacuum device can also be used, however this therapeutical approach is reserved for the patients with stable relationship. Penile prosthesis is the most successful therapeutic option but due to its invasive approach it remains the third line therapy.

201.8 Ajustement du schéma thérapeutique au profil du patient

Marie Hélène Colson ^{*,1}, France.

Abstract- Notre expérience des traitements pharmacologiques oraux de l'érection nous a enseigné leur extrême efficacité sur le déclenchement de l'érection (80 à 84% selon les séries, Sildenafil: Goldstein et al 1998, Tadalafil: Brock et al 2002, Vardenafil: Porst et al 2001), ainsi qu'une amélioration notable des relations sexuelles (73 à 75% selon les séries, Sildenafil, Montorsi et al 1999, Tadalafil, Brock et al 2002, Vardenafil, Porst et al 2001) Pour un grand nombre de patients, l'assurance d'une érection rapidement concrète et reproductible semble suffisante à la reprise d'une sexualité satisfaisante, en particulier lorsqu'il s'agit d'une dysfonction érectile (DE) récente, avec conservation des érections spontanées, et partenaire motivée. Dans les autres cas, lorsque le patient n'est pas satisfait, l'attitude médicale actuelle est, dans un premier temps, une attitude de conseil afin de reprendre avec lui les modalités de la prescription et de mieux les lui expliquer pour optimiser la prescription. En cas d'inefficacité, la tendance habituelle est celle d'une « escalade » médicamenteuse, visant à augmenter les doses, à utiliser des produits censés être plus efficaces, voire à les additionner, sans assurance d'une efficacité certaine. Il nous a paru intéressant de prendre en compte d'autres paramètres pouvant intervenir sur le déclenchement de l'érection. L'anxiété est un paramètre fréquemment constaté, à la fois dans le déclenchement et le maintien des troubles de l'érection, mais aussi chez les patients porteurs de polyopathologies souvent incriminées dans la survenue de DE (HTA, diabète, alcool affections cardio-vasculaires, fumeurs dépressions, cancers...). Un niveau d'anxiété élevé, s'appuyant sur certains traits de fonctionnement psychologique, gênant la gestion des perturbations émotionnelles liées à l'installation et/ou au maintien de la DE peuvent être un frein important au déclenchement de l'érection, par le biais d'un état de stress neurovégétatif renforcé. Il est possible pour tout médecin de mettre en place des stratégies thérapeutiques simples, adaptées au profil anxieux du patient, et permettant une meilleure efficacité du traitement vaso-actif.

202.1 Sexual apprenticeships of the diffusion and the channeling of sexual arousalment.

* Isabelle Chaffai and * Jean-Yves Desjardins. Institut Sexocorporel International Jean Yves Desjardins, France.

In this workshop, we should learn through concrete and effective means how to help the diffusion and the channeling of sexual arousalment. Consequently, there

should be an improvement in the emotional pleasure (delight- orgasm) These results require specific training closely related to the dictates of the human body. This workshop will demonstrate these sexual apprenticeships.

203.1 Qualitative Research in Human Sexuality.

*Juan Luis Alvarez-Gayou and *Paulina Millan Alvarez. Instituto Mexicano de Sexología, México.

A brief introduction to qualitative research in sexuality, basic principles, theoretical interpretative frames and their value, methods of obtaining data, and data analysis

204.1 Teaching About LGBTQ Issues From a Social Justice Perspective.

*Marlene Pray. Planned Parenthood Association of Bucks County, USA.

While there has been significant growth in the sexuality field in teaching about lesbian/ gay/ bisexual/ transgender/ queer/ questioning (LGBTQ) issues, this has included little information about approaching the topic from a social justice or anti-racist perspective. Without this perspective, we often unknowingly perpetuate the marginalization and oppression of certain groups of students and fail to offer our students an environment of actual transformation and education. Leading activists and educators in the fields of LGBTQ rights, sexuality education, and anti-racism speak about the important connections, common struggles and parallels between anti-racism and LGBTQ liberation. We also know that if racism is not discussed, analyzed and challenged in mainstream classrooms as well as queer spaces, the manifestations of oppression and racism specifically (internalized racial inferiority, internalized white superiority, white supremacy, etc.) will remain. The threat is then that the goals of sexual health, positive self identity, healthy relationships, HIV/STI prevention are then not equally experienced by youth of color, even in an LGBTQ positive space. White youth are threatened in a different yet significant way by not addressing LGBTQ issues from a social justice perspective. By not challenging their own internalized superiority and institutional racism that they benefit from, white youth continue to participate in a system of oppression that hurts youth of color and damages their own identity as equal with all people. Therefore it is critical that youth, those of color and white, begin a process of looking at these issues and exploring the connections and significance of racism and LGBTQ oppression. The workshop will include an interactive icebreaker relating to the themes of celebrating what the group knows about social justice, LGBTQ issues, youth development and education on these topics. A short presentation of the author's findings in teaching about LGBTQ issues from a social justice perspective in high schools and alternative youth settings and her experience running the Rainbow Room, an LGBTQ youth center will follow. The participants will then take part in a graffiti sheet style activity on LGBTQ issues and racism that can be replicated in classroom and youth settings, followed by a review of the lesson plan and small group discussion of adapting to different settings. As a result of this session educators and sexuality professionals will be able to demonstrate an awareness

of the connections between racism and LGBTQ oppression by listing three concrete links in their discussion. They will also be able to lead a program on LGBTQ issues from a social justice perspective by adapting the lesson plan covered in the workshop. Finally participants will be able to describe three key components of social justice education and how these relate to teaching about LGBTQ issues. This will be an interactive workshop, drawing from the knowledge and personal experience of participants and leading research and best practices in the field.

205.1 International Perspectives on Research with Male Sex Workers.

*Jeffrey T. Parsons, *Victor Minichiello, *Carlos E. Disogra and *Bruce W. Whitehead. Hunter College, USA.

Male sex workers operate at the intersection of two cultural taboos: homosexuality and prostitution, and presents various challenges to the concept of masculinity. Although a number of recent research endeavors have begun to explore psychological, social, and cultural issues that may have an effect on the lives of male sex workers beyond HIV and safer sex practices, substantially more information is needed. Researchers from five countries (United States, Australia, Argentina, Ireland, and Canada) will describe their social-behavioral research findings and previous methodological approaches to collecting data on male sex workers. Qualitative and quantitative approaches will be described, as will use of the Internet to recruit and enroll research participants involved in sex work. Differences across types of male sex workers (e.g., street-based, independent escorts, Internet sex workers, brother-based workers, etc) will be discussed. In addition to the presentation of data from varied methodological approaches, much of this workshop will be devoted to the development of an International Male Sex Work Research Network. Thus far, data collected on male sex workers has been city or country specific, and the common and unique features of sex work at an international level have not been identified. During the workshop, efforts will be made to develop plans to collect collaborative data with common methodologies around the world. The goal is to obtain the information necessary to more fully inform policy, education, the sex industry, sexual and medical health services, and prevention with regard to the behaviors and needs of male sex workers.

206.1 A Biopsychosocial, Integrative Couple Approach to Assess, Treat, And Prevent Relapse of Male Sexual Dysfunction.

*Michael E. Metz and Barry W. McCarthy. Meta Associates, USA.

The traditional model of male sexual dysfunction (SD) emphasized that it was a simple problem usually treated with one approach (e.g., behavioral therapy, vacuum device, squeeze technique, pharmacologic pill), and that there was no need for follow-up monitoring. This workshop summarizes the multidimensional, biopsychosocial approach to comprehensive sex therapy for male sexual problems developed by Metz & McCarthy as published in *Coping with Premature Ejaculation* (2003) and *Coping with Erectile Dysfunction* (2004).

This approach conceptualizes sexual problems as multidimensional (physical, cognitive, behavioral, emotional, and interpersonal) issues, with multiple causes and multiple effects on the man and his intimate relationship. SD is best conceptualized, assessed, and treated using the model of the male being responsible for his sexuality and the couple working together as an 'intimate team'. The presentation reviews the Diagnostic Decision Tree process of exploring the nine types of SD four physical/medical (neurological system, physical illness, physical injury, pharmacologic side-effect), four psychological/relational (psychological system, psychological distress, psychosexual skills deficit, relationship, distress) and one mixed type (multiple sexual dysfunctions). The comprehensive treatment plan addresses all types and features for maximum outcome effectiveness. The emphasis is on understanding SD as multi-causal and multi-dimensional in terms of both causes and effects. Typically, the treatment plan involves a number of interventions tailored to the type(s) of SD and the physical, psychological, and relationship factors. There are medical, individual, and couple interventions. Addressing SD within the context of one's relationship and socio-cultural situation includes cognitive and behavioral dimensions as well as the interpersonal features of relationship identity (expectations), conflict resolution and cooperation skills, and emotional empathy skills. Medical, physiological, and pharmacological techniques are not used as stand alone interventions, but are integrated into the comprehensive approach. Cognitive-behavioral interventions include a variety of techniques to develop couple communication for sexual comfort, relaxation training, monitoring and using the pelvic muscles, learning easy erections, arousal pacing, pleasure saturation, developing flexible sexual arousal scenarios, vaginal acclimatization, and relaxed and playful intercourse. The couple learn to implement specific psychosexual skills for sexual desire, arousal, and satisfaction. The workshop will emphasize the importance of designing an individualized relapse prevention program, and discuss important clinical issues. Data does indicate high rates of non-compliance with pharmacologic therapies as well as traditional sex therapy relapse, so it is crucial to establish positive, realistic sexual expectations including how to cope with a lapse. Effective therapy utilizes all resources C medical, psychological, and relationship.

207.1 The Conceptualization of Sexual Problems in Québec : A Presentation of Four Different Approaches.

*Genevieve Parent and *Benoit St-Jean. Clinique 1001, Canada.

Sexology is a science domain studied and applied in many countries. The schools of thought and interventions are as diverse as the professionals who use it. Montreal remains the most complete sexology school and professional training worldwide. This workshop aims at presenting the four main approaches used by sexologists in their clinical practice here in Montreal : the cognitive-behavioral, the humanistic, the sexoanalyst and the interactional-systemic approaches. Each will be defined in their conception of sexuality and its troubles, their methodology for assessment and therapy and their treatment objectives. After the theoretical presentation of the four approaches, a given sexual problem will be analysed by the speakers according each approach. This workshop is of great

interest for any therapist who works with patients having sexual problems. From the four approaches, at least two will certainly be significant for the therapist's future work.

208.1 Opening up to your sexuality with your partner.

*Jaeson Cayne. Damon Anthony-LLC, U.S.A.

The topic and rationale of the session is to show the importance that sexuality has on a relationship. One of the main reasons that sexuality declines as the length of relationship increases is in the lack of sexual knowledge on the part of the couple(s). The objective of the session is to describe the various tools that are available to increase sexual knowledge thus creating a better and more fulfilling sexual life enhance sexual pleasure and teach new and interesting sexual positions. The session outline includes the discussion of lack of sexual knowledge, sexual communication between couples, sexual experimentation, and tools to help in raising sexual awareness. The relevance of the session to sexology is perfectly targeted. We will show various tools that are available to marriage, family and sex therapists to help in the education of human sexuality to their patients/clients. The target audience is the sexologist who will learn about new tools that are available to help their patients in gaining a more fulfilling sex life in their relationship.

302.1 Microperversions / Les microperversions.

*Willy Pasini. Professor of Psychiatry, Switzerland.

Although today the term "paraphilia" is the one most commonly preferred, due to the fact that the word "perversion" carries moral connotations, by using the old term, a distinction can be made between "hardcore perversion" and a new category of "soft" perversion. It is not always easy to recognise a pervert at first sight. But the types of paraphilia are very different for men and women. Women are more masochistic, but moral masochism in this case rather than sexual masochism. This type of masochism is based on sacrifice: they are accepting to suffer for their partner. Exhibitionism is as common in women as in men, but the psychological origin is different. For women, it is caused by doubts about their own sexual identity, whereas men who show off their penis are doing it to shock the other person. All other forms of paraphilia pertain to men only. One of the explanations is that women have a lesser need to act out their fantasies. In addition, their perversions are feeling-based rather than sex-based: these are women who love excessively, or manipulative women. Paraphilia is generally male because of the man's need to permanently overcome a subconscious fear of castration, where he diverts the fear by means of the perversion. But today a distinction can be made between the classical pervert and those with "microperversions" (soft perversion). A "hardcore" pervert is totally bound to his perversion, enslaved by it, expressing his sexuality according to an imposed scenario. The central element of "hardcore" perversion is not extreme sex, but a lack of freedom, a prison in which the pervert takes refuge, whatever the danger he is fleeing, making him totally different from those suffering from "soft"

perversions. Soft perverts act out fantasies which they have kept within the confines of their imagination until then. Some perverts love their partners in their own way: they can be totally destroyed when he or she leaves them. It is a regressive form of love, described by the Hungarian psychoanalyst Imre Hermann. Some women are initially seduced and find after a few months that they are in love with a pervert who likes to humiliate, exploit, and abuse them, and not only sexually. But they remain attached to their tormentor because, in such cases, there is a form of sentimental masochism related to their childhood. Therapy can help understand that energy and feelings belong to us alone, and are not linked to anyone else.

302.2 Vaginismus and Female Sexuality / Sexualité féminine et vaginisme.

*Mireille Dubois-Chevalier. AIHUS, SFSC, SNMS, France.

Objective(Objectif) : Starting from the vaginism symptom, to define typologies of patients and to refine assumptions of responsibility . Material and methods (matériel et méthodes) : From the study of 20 vaginism files, collected over two years per order of arrival, will be noted: - The patients social-cultural level; - Their marital situation; - The characterization of the vaginism type (primary, secondary, complete, incomplete, total, partial, selective, non-selective); - The consultation number and treatment duration; - The description of sexological assumptions of responsibility type; - Difficulties met. Results (résultats) : Results analyse : - Abandonments of therapies and lost sight of the fact; - Types of difficulties met in therapeutic programs - Positive therapeutic issues. Conclusion and discussion (conclusion et discussion) : Starting from : - The analysis of the literature on the various etiologic assumptions of the vaginism like the phobias (phobia "from foreigner" amongst other things) and the oedipien problems of castration, - the analysis of the clinical and psychosocial characteristics of these patients, - the analysis of the shelves met during the application of sexotherapies; will be discussed various therapeutic ways, according to typologies highlighted, and their results. - The reproductiveness of these approaches on a more important sample and into multicentric will remain to be validated in order to determine if methodology depends on the therapist, the technique, or the nosography of the symptom.

302.3 Personality, Erectile Dysfunction and Cardiovascular Comorbidities: a Non-coincidental Association / Personnalité, dysfonction érectile et comorbidités cardiovasculaires: une association non fortuite.

*Mireille Bonierbale ¹, Silla Consoli ² and Antoine Faix ³. ¹University Hospital Ste Marguerite, France; ²European Georges Pompidou Hospital, AP-HP, Department: Clinical Psychology and Consultation-Liaison Psychiatry; ³Clinique Beausoleil, France.

Introduction: Despite the fact that ED (Erectile Disorders) have been generally recognized as one of the sentinel indicators of cardiovascular disease, and many psychological factors are known to play a role in ED, the work done on the psychological factors involved in the risk of cardiovascular disease has made no

mention of ED, nor made any attempt to find common denominators. Discussion: The prevalence of ED increases in cases of clinically confirmed cardiovascular pathology, and where the patient presents one or more risk factors for arteriosclerosis. The connection between ED and age could to a large extent be due to this type of co-morbidity. The onset and development of erectile disorder would appear to be significantly affected by endothelial dysfunction, due to deterioration in the capacity of these cells to secrete NO. Similar abnormalities can be observed in patients with high risk factors for cardiovascular disease in terms of their parasympathetic nerve endings. An imbalance in the vago-sympathetic system is also suspected in the onset of erectile disorders of psychogenic origin (performance anxiety, depression or relational or circumstantial stress). Emotional upheavals and cardiovascular risk are also related: a depressive "reaction" is frequent after myocardial infarction, and plays a major role in cardiovascular prognosis (recurrence of coronary events, cardiovascular mortality). Inversely, depressive moods in patients clinically healthy from a cardiovascular standpoint represent in themselves a risk factor for later development of a coronary pathology. Hyperactivity, or sympathetic hyperreactivity in situations of stress has also been evidenced not only in patients suffering from hypertension or with a cardiovascular family history, but more specifically amongst the most anxious and hostile of such patients, as in patients with a "type A" behavioral profile.

302.5 Sexuality of the Aging Couple / Sexualité du couple vieillissant.

*Gerard Ribes. Université Lumière Lyon 2, France.

The international literature suggests that sexuality in ageing couples is not an issue to be ignored. Delbes (1997) showed that, for people over 60, living as a couple was key for maintaining sexuality. And a study carried out by Bergstrom-Walan et Nielson (1990) found that, for people aged 60 to 80 (male and female), sexuality remained central although its role decreased with age. Keil (1992) then suggested that this decrease may be strongly associated with sexual arousal disorders in men and women alike. Other authors such as Rienzo (1985) showed that physical factors (health), social taboos, marital status, knowledge of sexuality, self-esteem and attitudes towards sexuality were key factors for maintaining sexual activity. Individual life expectancy is responsible for an increase in mean life expectancy for couples; thus raising the issue of maintaining desire and couple satisfaction. In a French study, Delmes (2000) showed that during these last 2 decades sexual satisfaction increased for women over 50 while it remained unchanged for men. However, it has been largely documented that for the older people there was no correlation between couple satisfaction and sexual satisfaction. Conversely, couple satisfaction was needed for maintaining sexuality. Addressing the issue of ageing couples also means exploring relational mechanisms around sexuality. Ribes (2004) showed that in retired couples aged 60 to 70 having different activities acted as a contributing factor to desire. Larson (1986) had proved that, in couples over 70, partners had reported that the more time they spent with their partners the happier they were. He had ignored the sexual dimension of the issue. Indeed, Kernberg (1999) said that in those he defined as sound aged couples there was a kind of relational and sexual freeing

with the experience of polymorphic and perverted child-like sexuality in sexual games. Social stereotypes seem to play a role in sexuality for the over 50 and the elderly. Butler survey (1991) found that, for the elderly, social depictions of sexuality was merely unthinkable. On the basis of his survey carried out in institutions, Story (1989) added that carers were particularly critical of their patients sexuality and it acted as a sexual inhibitor on the over 50. Although it has been largely documented, research on older couples sexuality turns out to be marginal. Besides sexual activity, as Abraham (2004), we will eventually raise the issue of libido in the aged couple and its role in the ageing individual.

302.6 Early Sexual Identity Disorders / Troubles précoces de l'identité sexuelle.

*Robert Porto. Marseille & Montpellier University School of Medicine, France.

OBJECTIVES : Through several publications, we will attempt to answer to some of the questions raised by Early Gender Identity Disorders (GID): - How parental attitudes differ according to the sex of the child who adopt a transgender behavior , - Which connection exists between child and adult's GID ? - Which are the possible developments with these early GID ? - Which are the specific diagnosis criteria of transsexualism ? - What do we know about psychological or biological etiology of these disorders ? - Do the cognitive performances of these subjects are pertinent to their biological sex or to the psychological one ? - Which are the principles of assessment and approach of these children and adolescents ?

DISCUSSION The interest of the GID is growing since fifteen years and today the main part of transgenders are member of powerful and active associations. The adolescents presenting a GID are better and better informed through web sites offering the advantage to awesome these questions, (with however the potential risk of proselytism). The more powerful support associations are in the USA. In Europe, UK (with a web site* reserved for the young people between 13 and 18), the Netherlands and Belgium are at the avant-garde of this field. *

<http://www.mermaids.freeuk.com/> **CONCLUSIONS** Psychological, social and hormonal guidelines from the Harry Benjamin International Gender Dysphoria Association will be commented. If in France, the hormono-surgical reassessment implies therapeutic approach and so be the concern of medicine, it seems that in the western countries and north of Europe, the choice of identity leans more on private law, what calls for an ethical debate and the harmonization of practices. Some authors recommend puberty pharmacological suppression for all adolescents presenting a GID. Safety is necessary for assessment of early GID beeing the plasticity of pre-teen psychic-life and their vulnerability during the identity process. Experts consider that only a few number of early GID will present, at the adult stage, a complete transsexualism syndrome.

304.1 Genital Surgery: Techniques, Outcomes, and Prospects.

*Justine M. Schober. Hamot Medical Center, USA.

Genitoplasty, the surgical aspect of the clinical management of intersexuality, has been modified repeatedly over the last four decades. Initially, goals were simplistic and limited to feminizing by removal of clitorophallic tissue with the

addition of a vaginal space to facilitate passive sexual function. Feminizing external appearance only, without the preservation of sexual sensitivity was predictably easy. Creating a well positioned, functionally patent vagina was less successful. A variety of methods with the use of many different tissues have been employed, hinting at the reality that none produced the stable, well functioning vaginal cavity. Eventually, surgical demands were expanded by the expectation that good surgical outcomes for sexual function should include sexual sensitivity, natural genital appearance without excessive scarring and vaginal construction that led to intercourse without pain and that did not require repeated modification. The endpoint of reliable, successful genitoplasty technique has not yet been achieved. These are demanding repairs and reconstructions with significant complications. There has been significant advancement of technique in the last ten years. Skin flap vaginoplasty has proven unsuccessful. Bowel vaginaoplasty, though still used may have undesirable side effects that limit patient satisfaction. Pull through techniques have changed, with progress beginning on exposure positions (posterior approaches), mobilizing the total urogenital sinus. And now, with better understanding of innervation, limitations at certain points in mobilization may continue to improve sensitivity outcomes. Baskin has elucidated innervation of not only the clitoris, but now also of the female lower urogenital tract. Particular attention to the urethral sphincter complex and nerve direction beneath the pubic symphysis is now recognized as crucial to ongoing reconstructive surgical design modifications. Outcomes analysis has become much more demanding. Patient feedback has made this necessary. The development of testing tools that give detailed patient feedback about genital sensitivity progress but include only data for normals at this point. Post operative testing of genital sensitivity after older versions of surgery assure us that surgical sites have lessened hot, cold, and vibratory sensation on external surfaces objectively. Post operative analysis also shows the need for repeated modification of the vaginal introitus because of stenosis and the clitoris because of continued growth and unsightly appearance. The beginnings of outcomes analysis to include sexuality quality of life studies have increased the comprehensiveness of knowledge about patient experience in daily life situations. Prospects for betterment of outcomes may require study outside the modification of surgical technique. A crucial factor may be the estrogen environment. A surgical window has been debated in more recent years. However, maintenance of an estrogen zed environment may be crucial for surgical healing, limitation of scarring and stenosis and ongoing support of genital tissue integrity. It may also have impact on genital sensation. We look at the localization of estrogen receptors in tissue, estrogen impact on other hormones such as relaxing, and estrogen impact on intercellular proteins that mediate communication (connexins), for future improvements.

304.2 Clinical Decision-Making and Treatment Models in a State of Flux: Findings from a North American Survey.

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Clinical practice in the care of children born with disorders of sexual

differentiation (i.e., intersexuality) has become a contentiously debated topic. Since the mid-1950s, the dominant policy has been to assign children born with ambiguous genitalia to the gender that carries the “optimal” prognosis for a stable gender identity, the least possible medical procedures, sexual function (and reproduction, if possible), and an overall positive quality of life. Clinicians and researchers forcefully challenge this strategy by pointing to animal experimental and human clinical research suggesting that prenatal sex hormone exposure in humans determines sexual differentiation of the brain and ultimately both gender identity and behavior. Adding their voice in opposition are social constructionists who dispute the legitimacy of utilizing the appearance of the external genitalia as the ultimate arbiter of an individual’s gender. Finally, there are organizations of former patients who advocate delaying elective genital surgery until the patient can independently provide informed consent. This position is driven by activist members who report diminished genital sensitivity and orgasmic capacity associated with genital surgery. Often overlooked in the debate over factors contributing to quality of life outcomes for individuals with intersexuality is the role of specialized mental health services. Although clinicians and advocacy organizations alike recommend that such services be available at the time of initial diagnosis and beyond, anecdotal evidence suggests this option rarely become a reality. In view of the controversy over the care of children with intersexuality, a review of prevalent clinical practices regarding intersexuality was needed urgently. Key clinical decision makers, pediatric endocrinologists and pediatric urologists were surveyed. Multiple goals of the survey included: (1) assessment of current practice and practice-related beliefs and attitudes; (2) opinions regarding desirable elements of informed consent documents for genital surgery in the child; and (3) characterization of “intersex teams” in North America. Study participants included active members of the Lawson Wilkins Pediatric Endocrine Society and the Society of Pediatric Urology who completed the survey via a password-protected internet website. A total of 763 members of the two professional societies were eligible (533 endocrinologists and 230 urologists) and 433 (301 endocrinologists and 132 urologists; 57%) participated. Employing selected findings from this survey, this presentation illustrates the following points: 1) The apparent marked shift in clinical recommendations for children born with various disorders of sexual differentiation. However, these changes are not substantiated by a coherent body of clinical research evidence; 2) Many clinicians involved in the care of patients with intersex conditions maintain attitudes and hold beliefs that are not evidence-based and may reflect misunderstandings of predictors of quality of life outcomes; 3) The majority of both endocrinologists and urologists agree that informed consent documents should acknowledge that there is an on-going debate as to whether or not surgery is in the best interest of the child, and that in the future, the child may have conflict with their assigned sex and therefore request further surgery to reverse current surgery; and 4) The majority of both clinician groups would like there to be a mental health component to clinical care, but approximately half would want to maintain a ‘gatekeeper’ role. These findings serve as a potential warning that new sets of problems in caring for children with intersex conditions may emerge from a rush to correct perceived errors in previous practice. Moreover, the study emphasized the gap existing in specialized mental health services for families, and later affected individuals themselves. The presentation

concludes with the statement of a testable prediction that by reducing emotional stress in families, and providing knowledge enabling them to be informed participants in clinical decision making, the quality of life outcomes for affected individuals and their families will be improved. An on-going effort aimed at testing this general hypothesis in children with congenital adrenal hyperplasia will be discussed. However, even before efficacy data from this and related psychosocial studies are available, it would be prudent to develop guidelines for the training of mental health professionals to fill the existing gap and to develop strategies to overcome the substantial barriers associated with interdisciplinary healthcare, in general, and in particular, under circumstances in which the conditions of interest are relatively rare.

304.3 Biopsychosocial Determinants of Gender.

*Heino FL. Meyer-Bahlburg. Columbia University, USA.

One of the major issues in the ongoing controversy about the psychosocial management of intersex newborns is gender assignment, particularly the question, under which circumstances to assign a gender at variance with the sex chromosomes of the individual, i.e. establishing XX boys and men on the one hand and XY girls and women on the other. A resolution of the controversy requires a better understanding of the development of gender-related behavior and identity and its various determinants - genetic, hormonal, and psychosocial. This paper focuses on the most prevalent intersex syndrome, classical (prenatal-onset) congenital adrenal hyperplasia (CAH) due to 21-hydroxylase deficiency, and summarizes recent psychological research in children and adults with this syndrome, complemented by studies on intersex syndromes in 46,XY individuals. The accumulated evidence to date permits the following preliminary conclusions. (1) A contrast of girls with CAH to girls with diabetes mellitus shows that the behavioral masculinization seen in girls and women with classical CAH cannot be explained by the fact that CAH is a chronic disease. (2) Various studies of parental attitudes and behavior have failed to account for the behavioral masculinization of CAH girls by parental socialization. (3) Comparison of both prenatal androgen excess in 46,XX individuals and prenatal androgen deficiency in 46,XY individuals to control conditions point to androgens as the primary determinant of gender-related behavior. By contrast, prenatal estrogen deficiency seems to be unrelated to behavioral gender differentiation. (4) The decisive role of prenatal androgen is further underlined by dose-response analog studies in CAH children and adults as well as the effects of prenatal suppression of androgen excess in CAH children. (5) When predicting gender-related behavior of CAH girls and women from the degree of CAH-syndrome severity (which indicates the degree of androgen excess), the addition of the molecular genotype of the defective 21-hydroxylase gene to the equation does not improve the prediction. (6) No human evidence exists to date for a role of the neonatal androgen surge in the development of gender-related behavior. (7) While the evidence for prenatal androgens as the primary determinant of gender-related behavior is very strong, gender identity does not seem to be directly affected. Overall, the conclusions raise the question how the status of the androgenization of the brain at birth can be used for a prognosis of gender-

identity outcome and guide gender assignment decisions. In the absence of reliable techniques of brain imaging of the newborn for this purpose, many have argued for using masculinization of the genitals as an indicator of brain masculinization. However, this approach encounters a variety of significant problems, applies at best only to selected syndromes, has only very modest predictive power for gender-related behavior, and is very problematic in the prediction of gender identity.

305.1 Viewing Family Life, Reflections on Gender Belonging and Questions and Solutions in a Family of Otherness.

*Esben Esther Pirelli Benestad and *Elsa Almaas. Grimstad MPAT-Institute/Agder University College department, Norway.

Abstract: Elsa Almaas and Esben Esther Pirelli Benestad VIEWING FAMILY LIFE, REFLECTIONS ON GENDER BELONGING AND QUESTIONS AND SOLUTIONS IN A FAMILY OF OTHERNESS. The feature documentary "All about my father" has earned numerous prizes both nationally and internationally, including the Teddy Award for best documentary in Berlin 2002, best international documentary Hot Dog Toronto 2002, best overall movie in Norway 2002. A 26 years old son is portraying not only his father, who is a well known transeperson/bigendered in Norway, both also many of the family members. The movie describes the fear of losing a husband and a father. It displays the vast space to be bridged between father and son not only in relation to unusual gender or genders, but also more universally in the parent and child relation. It is a loving and heartfelt movie where all characters are portrayed in almost skinless honesty and openness. This workshop focuses on the concepts of gender belonging and the experiences of belonging between individuals intimately involved in human otherness. Two of the characters, Elsa (the new wife) and Esben Esther (the father) will be the presenters before and after the screening for comments, questions and reflections. The movie last for 75 minutes, the whole session takes 2 hours. (A DVD will be sent for the scientific committee if wished for)

306.1 Women in Erotic Art: What Does It Tell Us about Women's Lives during the Past 5000 Years? - Invited Paper.

*June M. Reinisch ^{1,2,3}. ¹The Museum of Sex, USA; ²The Kinsey Institute for Research in Sex, Gender, and Reproduction, USA; ³R2 Science Communications, Inc., USA.

This presentation demonstrates how erotic art, such as that archived in **The Kinsey Institute** collections and exhibited at **The Museum of Sex**, in New York can both inform us about how women have been perceived historically and provide insights into what their lives were like. Erotic visual images can provide a unique artistic and philosophical context and an historical, multicultural perspective on women. How women are perceived by their cultures and the impact that perception can have on how women view themselves are revealed in the erotic art produced depicting them. Finally these images provide insights into

how these idealized or stereotyped views and expectations affect the way societies' treat women. These perceptions can then be of assistance in the interpretation of contemporary scientific research in the social, medical and biological sciences and in clinical practice. Scientific research and clinical medicine do not exist in a vacuum. How we understand and think about science and clinical practice; how we create and design research; Even the questions we ask, are all influenced by the culture and era in which they exist, and the past out of which that present culture is derived. In return, the fruits of research and clinical practice influence the culture and society In which they are consumed.

306.2 I'm Ready For My Close-up AKA How to Make The Media Your Ally.

*Lou L. Paget. Frankly Speaking Inc., USA.

Topic and rationale for the session *"I'm Ready for My Close-up" AKA How to Make the Media Your Ally.* The media is one of our most powerful allies in delivering accurate information to the public. As sexuality educators and professionals it is incumbent upon us to present this information in an accessible and accurate manner. Let us not overlook that the sources of misinformation for the media are the same as those for the general public, therefore having media-savvy experts in our field is crucial for our profession. This presentation aims to give sexuality educators and professionals the unique tools necessary to be their best with any media, be it television, radio or print, local, regional, national or international. **Objectives of the session:** To give sexuality professionals who are in the media spotlight the unique sensitivity, awareness and presentation skills that will prepare them for any media situation. To have them be better prepared and more confident so they can more easily make the media their ally in delivering their specific information/ message. **Session outline:** How and why each media animal is different: Print, Radio & TV and how to prepare for them. *Fielding Interviews:* How to make them happen and how to determine the right fit. Creating your own unique sound bytes for a range of situations. When you need a publicist. *Doing the Interview* - Easy step-by-step preparation points. - Establishing your credibility in 15 seconds or less. - Determine the win-win focus of the interview. - Methods to steer and take the lead in any interview so you are able to deliver your points without being confrontational or bullying. - Tried and true techniques for fielding interviews. - Questions to ask to make sure you are indeed the expert they need. *The reality of interviews.* They often change midstream, and how to lead the interview so your important points get delivered. - Creating the win-win presentation. - Ways to prepare for confrontational interviews - How to politely sidestep inappropriate personal questions *Interactive mock interviews and session conclusions* Here attendees can role play difficult or particularly contentious situations and have their peers share their suggestions. **Relevance of the session to sexology:** See rationale for session above. **Description of the targeted audience:** Any sexuality professional who interacts with the media.

307.1 Dare to be Creative: Art and Humor in Sexual Health Promotion.

*Maria del Carmen Santos-Ortiz and Carlos E. Rodriguez-Diaz. Graduate Health Education Program School of Public Health.

Art and humor have been identified as powerful tools in health promotion and diseases prevention. Art have been used in HIV / AIDS prevention, cancer, personal and group empowerment, alcohol and tobacco prevention, among other. During the last decades, humor has become a serious and important aspect both in disease prevention and health promotion efforts. These alternatives can be used to educate as well to entertain. In public health both are used as a way to increase personal and groups receptivity and to promote health and disease prevention. Sexologists can use art and humor to transmit health messages dealing with sensitive issues, decreasing anxiety and motivating in a non-threatening way. It is important that sexual health professional recognize art and humor as valuable alternatives. Adequate attitudes, knowledges and skills are required to apply these tools effectively. When using them, professionals should consider characteristic of the population including cultural expressions and norms related to humor and the appreciation of art. During this workshop the participant will: Identify basic principles on how to use art and humor in sexual health promotion activities; Demonstrate how to use art or humor in sexual health interventions The session is design to include an introduction to the workshop (facilitators presentation, objectives and methodology), concepts discussion, exercises (analysis and demonstration) followed by the final discussion and evaluation. During the workshop the facilitators will incorporate group exercises and discussions, conference, and role playing. Sexual Right includes among others the right to have adequate sexual education and services access. During this workshop professionals that work in the sexology discipline will recognize humor and art as important components when dealing in this area. Humor and Art can facilitate these processes and contribute to more adequate and sensitive interventions. This activity is design for Spanish speaking professionals working in the sexology area, specifically those who includes sexual health education and promotion interventions.

307.2 Violence, Gender and Education.

*Juana L. Artiles. Centro Nacional de Educación Sexual, Cuba.

The presentation will be primarily concerned with describing the development and improvement of systems and procedures for the protection of children from sexual abuses . Second, it will consider how improved systems and procedures for responding to disclosures of abuse and investigations can be used to develop more effective mechanisms for the prevention of abuse and reduction in it prevalence. The central theme of the presentation will be the need to take a holistic approach to the investigation and prevention of sexual abuse. Inter-learning process to confront family violence Educational Program for preventing family violence. PEACE BEGINS AT HOME Addressed to health professionals that are not taught this subject in undergraduate or graduate studies. An educational process to stimulate the conscious and active participation of people based on their daily experiences. Finally in Cuba the CENESEX, the Cuban

Women Organization and the Gender and Public Health groups have rich some important results on this topic violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms (Beijing declaration and platform for Action).

307.3 National Sexual Education Programme in Cuba

*Maria Antonia Torres Cueto. Ministerio de Educacion de la Republica de Cuba, Cuba.

In the Cuban National System of Education, for more of 20 years, the National Program Sexual of Education developed in all the educational centers, in coordination with the Federation of Cuban Women, the Ministry of Public Health and the juvenile organizations. The Program, centered in the formation of valors, integrated in the curriculum, activities extraclases and in the work with the family. He/she carried out to training strategy to directives and teachers that it has allowed, among other results, to rises their preparation ace well ace that of parents, mothers and students, to improve among them, the communication, and in the adolescents, to defer the beginning of the relationships sexual and to diminish the school drops for marriage. The work has been impelled in the secondary with to project favored by the UNFPA that allowed to enlarge, among other, the bibliography and video for the classes and debates worksshops. At country level, the application of the new Programs of the Revolution, among them, the installation of TV and video for each classroom and all the schools with computers, including the rural scholl - that were electrified - it has allowed to strengthen the stocks of the National Program.

307.4 Measuring the Sexual-Esteem on adolescents: presentation of the Sexual-Esteem Scale.

*Miguel D. Guevara. University of Salamanca, Spain.

Objective:The objective of this study is to present the development and the validation of the Sexual-Esteem Scale for adolescents. Method: A total of 207 middle-adolescents (age 14-18) 101 males and 105 females, took part in this study. The sample with mean age 15.42 (SD=1.14) was drawn from a High School in Salamanca (Spain). The author developed an 76 item questionnaire inspired from the literature review and applied it to the sample. (please indicate the lickert scale) The application was conducted in several group sessions (45-50 individuals per session) and took around one hour. After statistical analysis (item and factor analysis) the scale was reduced to thirty items. **Results:**The item analysis revealed a high internal consistency $f = 0.76$ for the 30 item scale. The factor structure of the instrument was determined by principal components factor analysis with Varimax rotation and Kaiser normalization. It provides a nine-factor solution, factors were called: Corporal Satisfaction, Evaluation of the capacity for passion, Evaluation of attractiveness, Evaluation of the self-efficacy to approach, Relationship satisfaction, Sexual orientation comfort, Capacity to engage in compromise, Openness of parents for sex-talking and Satisfaction with the body changes during adolescence. This factor structure explained the 60.58% of the Variance. While there is a general tendency towards equality among

genders, differences were found in factor: Corporal satisfaction, within women obtained lower scores than men. **Conclusions:** Psychometrical analysis demonstrated that the Sexual-Esteem Scale for Adolescents (SES-a) is an appropriate instrument to evaluate this psychological dimension.

308.1 Open Label, Crossover Study of Sildenafil Citrate and Tadalafil for the Treatment of Erectile Dysfunction in Patients Naive to Phosphodiesterase 5 Inhibitor Therapy.

Ian Eardley¹, Vincenzo Mirone², Francesco Montorsi³, *Phillip Kell⁴, Yanli Zhao⁵, Mark Harrison⁵ and Anthony Beardsworth⁵. ¹Department of Urology; ²Urology Department; ³Cattedra di Urologia; ⁴Archway Sexual Health Clinic, UK; ⁵Eli Lilly and Company.

Introduction and Objectives: To directly compare the efficacy, choice of treatment, and tolerability of sildenafil citrate (sildenafil) and tadalafil for the treatment of erectile dysfunction (ED) in patients naive to phosphodiesterase 5 (PDE5) inhibitor therapy. **Methods:** Open label, crossover study of sildenafil and tadalafil, taken as needed. After a 4-wk baseline assessment, men with ED (N=367; mean age=54yrs) were randomized to sildenafil for 12 wks followed by tadalafil for 12 wks, or vice versa. Each 12-wk period included an 8-wk dose optimization phase and 4-wk assessment phase. During the dose optimization phase, patients started with 25 or 50 mg sildenafil, or 10 mg tadalafil (per the SPC) and could titrate up and down to find their optimum dose of 25, 50 or 100 mg sildenafil, or 10 or 20 mg tadalafil. Men completing both 12-wk periods chose which treatment to continue during an 8-wk extension phase (primary objective). Efficacy (secondary objective) was measured with the International Index of Erectile Function (IIEF) and Sexual Encounter Profile (SEP) diary. Treatment emergent adverse events were collected throughout the study.

Results: At baseline, 39%, 30% and 31% of men had mild, moderate or severe ED. A total of 294 men completed both treatment periods. During the sildenafil assessment phase, 7%, 61%, and 32% chose 25, 50, and 100 mg doses, and during the tadalafil assessment phase, 52% and 48% chose 10 and 20 mg doses, respectively. **Efficacy:** IIEF and SEP diary results at baseline (B), post-sildenafil (S), and post-tadalafil (T); p values are for comparison between sildenafil and tadalafil: *IIEF Erectile Function Domain* (B=14.2, S=23.9, T=24.3; p=0.08); *IIEF Q1-Erection Frequency* (B=3.0, S=4.2, T=4.3; p=0.14); *IIEF Q2-Erection Firmness* (B=2.6, S=4.1, T=4.3; p=0.01); *IIEF Q3-Penetration Ability* (B=2.6, S=4.2, T=4.3; p=0.43); *IIEF Q4-Maintenance Ability* (B=2.0, S=4.0, T=4.0; p=0.15); *IIEF Q5-Maintenance Ease* (B=2.1, S=4.0, T=3.9; p=0.81); *IIEF Q15-Erection confidence* (B=1.9, S=3.4, T=3.5; p=0.01); *SEP2-Successful Penetration (%)* (B=46, S=82, T=85; p=0.06); *SEP3-Successful Intercourse (%)* (B=19, S=72, T=77; p=0.003); *IIEF Intercourse Satisfaction Domain* (B=6.8, S=11.3, T=11.5; p=0.20); *IIEF Overall Satisfaction Domain* (B=4.4, S=7.6, T=7.8; p=0.04). **Treatment choice:** Having completed both 12-wk treatment periods, 29% (n=85) of men chose to continue with sildenafil and 71% (n=206) of men chose to continue with tadalafil (p<0.001) for the 8 wk extension. The medication choice for the extension phase was not affected by treatment sequence, ED severity or etiology, age, or dosage. **Tolerability:** Sildenafil and tadalafil were well tolerated with 11 (3.0%) discontinuing for an adverse event

and 3 (0.8%) for lack of efficacy. The most commonly reported adverse events were headache, flushing, nasal congestion, back pain and dyspepsia.

Conclusions: Sildenafil and tadalafil were both effective and well tolerated for the treatment of men with ED naive to PDE5 inhibitor therapy. At the completion of two 12-wk treatment periods, 29% of men chose sildenafil and 71% chose tadalafil for an 8-wk extension phase.

308.2 Prevalence of comorbidity among men with ED in the MALES 2004 longitudinal cohort.

Ian Eardley ¹, Craig Niederberger ², William Fisher ³, Raymond C. Rosen ⁴ and *Michael Sand ⁵. ¹St James' University Hospital, UK; ²University of Illinois at Chicago, USA; ³University of Western Ontario, Canada; ⁴Robert Wood Johnson Medical School, USA; ⁵Bayer Healthcare, USA.

Objective: To characterize the prevalence of self-reported comorbid diseases in a cohort of men with erectile dysfunction (ED) followed for 3 years. **Method:** 808 men aged between 20 and 80 years with self-reported ED were recruited from the original Men's Attitudes to Life Events and Sexuality (MALES) 2004 cohort of 2912 men with self-reported ED from eight countries (USA, UK, Germany, France, Italy, Spain, Mexico, and Brazil), 30 months after the initial study. Self-reported comorbidities were assessed and compared with answers obtained from this cohort of 808 men in the 2001 survey. **Results:** There were statistically significant ($p < 0.001$) increases in the proportion of men who self-reported diabetes (from 21% in 2001 to 30% in 2004), depression / anxiety (from 26% to 35%, respectively), and hypertension (from 44% to 51%, respectively), and non-significant increases in hypercholesterolemia (from 43% to 48%, respectively), and cardiovascular disease (CVD) / angina (from 26% to 29%, respectively) over the 30-month follow-up. **Conclusion:** Men with ED in this cohort report significant increases in comorbid illness over a 30-month period. These data provide further evidence that ED may be a sentinel for other vascular illness and suggest the need for awareness among clinicians of these comorbid associations. Further research to elucidate causality is needed.

308.3 Viagra long-term efficacy and quality of life: Results of Canadian long-term study.

*Serge Carrier ¹, Alvaro Morales ² and Isabelle Defoy ³. ¹McGill University, Canada; ²Kingston General Hospital, Canada; ³Pfizer Canada Inc, Canada.

The efficacy of sildenafil citrate (VIAGRA®) has been clearly established during clinical trials of 3- to 6-month duration. The primary objective of this study was to assess the maintenance of long-term efficacy (3 years) and satisfaction with continued use of sildenafil taken as required prior to sexual activity by patients with erectile dysfunction (ED). This multi-center, non-comparative study was an open-label extension of a double-blind randomized placebo-controlled trial. Patients were eligible if they had been initially randomized to sildenafil and had successfully completed the double-blind trial. Efficacy was measured through the

IIEF and the GAQ (Are you satisfied with the effect that the treatment you have been receiving is having on your erections?). For all patients, results were available at month 0 (start of double-blind), month 3 (end of double-blind) and month 36 (end of open-label extension). The intent-to-treat population included 225 patients. Scores for the erectile function, orgasmic function, intercourse satisfaction and overall satisfaction domains of the IIEF showed no difference between months 3 and 36, although there was a statistical improvement between month 0 and month 3 of treatment. Quality of life, as assessed with the SF-12 questionnaire, showed no deterioration between months 3 and 36. Interestingly, the impact of their erectile problems, as assessed through the Erectile Distress Scale, was improved with time, with a score of 23.6 at month 3 and 24.7 at month 36 ($p < 0.02$). After 36 months of treatment, 75% of men felt that their erection problems were none/a little of the time a worry in their life, as opposed to 64% at month 3. Overall, the results presented here demonstrate that sildenafil is as effective after 36 months of treatment as it was during the double-blind controlled study. Quality of life is still maintained after 3 years of treatment and erection problems are less bothersome after 3 years of treatment. There was no evidence of tachyphylaxis in this study. After 3 years of treatment, a vast majority of patients are still satisfied with the effect of sildenafil on their erections. This study also supports the long-term safety of sildenafil in patients with ED.

308.4 Vardenafil improves erectile function and sexual quality-of-life in men with ED and their partners.

Raymond C. Rosen¹, *William Fisher², Gerald Brock³, Gary Karlin⁴, Peter Pommerville⁵, Xing-Yue Huang⁶, Keith Bangerter⁷, Tiemo-Joerg Bandel⁸, *Michael Sand⁶ and Leonard R. Derogatis¹. ¹Robert Wood Johnson Medical School, USA; ²University of Western Ontario, Canada; ³St Joseph's Medical Center; ⁴Lawrenceville Urology Practice, USA; ⁵Victoria General Hospital; ⁶Bayer Healthcare Pharmaceuticals, USA; ⁷Bayer Healthcare Pharmaceuticals, USA; ⁸Bayer Healthcare AG.

Introduction & objectives: Although erectile dysfunction (ED) is a disease that affects couples, few data are available on the effect of ED treatment on quality of life (QoL) of ED patients and their partners. The influence of vardenafil on the success rate of efficacy parameters important to patient and partner, including erectile function and sex-related QoL was assessed. **Methods:** In a double-blind, multicenter, 12-week randomized trial, 229 men with ED received placebo (PLA) or vardenafil (VAR) 10 mg for 4 weeks, with option to stay on 10 mg, or titrate to 5 mg or 20 mg after each of two consecutive, 4-week intervals. Female partners (n=229) of these ED males were also enrolled, age >18 years without sexual dysfunction. The primary efficacy variables were the mean/patient success rate of erection maintenance to intercourse completion (Sexual Encounter Profile question 3 'SEP3'), and improvement of partner's sexual quality of life (partner's response to the QoL domain of the modified Sexual Life Quality Questionnaire 'mSLQQ-QoL'). Secondary efficacy variables included patient responses to the mSLQQ-QoL. Differences between groups (intent-to-treat 'ITT' population) were determined by analysis of covariance. **Results:** Mean baseline International Index of Erectile Function - erectile function (IIEF-EF) domain score

was 13.1 for VAR (n=114) and 13.4 (n=113) for PLA. The overall least-square (LS) mean per-patient SEP3 success rates in those receiving VAR was significantly higher vs PLA (67.7% 'baseline 19.8%' vs 27.8% 'baseline, 21.2%', respectively, $p<0.0001$). The LS mean mSLQQ-QoL domain score of female partners of men receiving VAR was significantly higher compared to female partners of men receiving PLA (65.8 vs 32.1, $p<0.0001$, LOCF). The LS mean mSLQQ-QoL domain score of men receiving VAR was significantly higher vs PLA (63.9 vs 28.4, $p<0.0001$, LOCF). VAR was generally well tolerated. The most frequently reported adverse events included flushing, nasal congestion, headache, and dyspepsia (all $<12\%$). **Conclusions:** VAR significantly improved erectile function and sexual QoL for the ED patient and his partner. Improvement in sexual QoL for patients and their partners should encourage couples to seek and continue ED therapy.

308.5 The Multidisciplinary Approach to the Management of Male Erectile Dysfunction Combining Sex Therapy with PDE-5 Inhibitors.

*Dorota Niedziela, Irwin Kuzmarov, Alex Skamene, David Eiley, Jane Bell, Sylvia Boudreau and Kathy White. The West Island Sexual Dysfunction Clinic, Canada.

We will present a multidisciplinary model for the management of male erectile dysfunction. In recent years, clinicians have come to understand that erectile dysfunction (ED) is a complex phenomenon and that the problem may be due not only to organic elements but also to psychological causes, both primary and secondary. In addition, male andropause, depression, hormonal abnormalities may all contribute to the general well-being and erectile functioning of the patient and his partner. The West Island Sexual Dysfunction Clinic has adopted a multidisciplinary approach to ED that involves a urologist, endocrinologist, sexologist and nurses. The therapeutic approach is individualised for each patient based on the assessments made by the team. The aim of this presentation is to outline the benefits of combining psychosexual strategies with PDE-5 inhibitors to increase the success rates for patients suffering from erectile dysfunction. ED is a synergism of psychological and physical factors. From this perspective, successful sexual experiences would depend on both the psychological and physiological contributions. The medical model targets the organic component of ED and employs treatments such as various mechanical techniques or drugs to improve a functional erection. In contrast, the psychosexual strategies typically focus upon the contextual as well as behaviour aspects of the sexual experience to initiate a progressive return to normal sexual functioning. The multidisciplinary approach is more likely to evaluate all aspects of the sexual problem in a given individual and his environment. By combining disciplines and therapeutic approaches to the given case, one is more likely to improve sexual desire, arousal, penile tumescence and sexual satisfaction, and return the patient to a normal organic and psychological state. In this presentation we will focus on several clinical cases to illustrate the therapeutic benefits of combining PDE-5 inhibitors, with psychological therapeutic techniques within the tight multidisciplinary organisation of our clinic. We will show how this approach leads to a more complete, more rapid and well rounded resolution to their sexual problem.

308.6 Vardenafil 10mg Improves Satisfaction with Sexual Function and Treatment in Men with Erectile Dysfunction.

*Luc Valiquette¹, Vaishali Patel², Sunny Mahajan³, Britt-Nicole Stancil⁴ and Katharine Edmunds⁵. ¹Hôpital St-Luc du CHUM, Canada; ²GlaxoSmithKline, USA; ³GlaxoSmithKline; ⁴GlaxoSmithKline; ⁵GlaxoSmithKline.

Background: Treatment satisfaction scale (TSS) is a validated instrument to measure erectile dysfunction (ED) treatment satisfaction. The 'on-treatment' version has six domains: ease of erection (EE), satisfaction with erectile function (SE), pleasure from sexual activity (PL), satisfaction with orgasm (SO), sexual confidence (SC), and satisfaction with medication (SM, not in 'unmedicated' version). **Objective:** The primary objective was to evaluate the efficacy, safety, and reliability of vardenafil 10mg compared with placebo in subjects with ED and a demonstrated successful first response. Satisfaction was assessed as a secondary endpoint, using the TSS. **Methods:** Men who responded to a single challenge dose of vardenafil 10mg were randomized to receive double-blind vardenafil 10mg or placebo for 12 weeks (primary results presented previously). The unmedicated version of the TSS was administered before the challenge dose (baseline). The on-treatment version was administered at Weeks 4, 8, and 12, or at premature discontinuation. **Results:** Of the 600 subjects who received the vardenafil challenge dose, 260 responders were randomized to vardenafil and 263 to placebo. Baseline characteristics were similar between groups. Mean age was 54 years and most were Caucasian (77%). Most men had severe (24%) or moderate (35%) ED, and comorbid conditions included hypertension (27%), dyslipidemia (19%), and diabetes (14%). For the primary endpoint (reliability of penetration), vardenafil was significantly superior to placebo (83% and 56%, respectively, $p < 0.001$). At baseline, treatment groups were similar for each of the TSS subscales (least square mean). At study end (LOCF) there was a significant difference between the two groups for vardenafil for the six subscales ($p < 0.0001$). Values in the vardenafil and placebo groups, respectively, for each of the domains were: EE, 59.92 vs. 38.42; SE 55.07 vs. 27.00; PL, 65.29 vs. 40.90; SO, 60.55 vs. 35.06; SC 61.81 vs. 37.51, SM, 27.05 vs. 58.46. Vardenafil was generally well tolerated; the most common adverse events (vardeafil vs. placebo) were headache (5% vs. 1.9%) and flushing (5.4% vs. 0.8%). **Conclusion:** There was a clinically and statistically significant superiority for vardenafil compared to placebo, for the primary endpoint of the reliability of insertion, as well as the secondary endpoint of treatment satisfaction.

309.1 Global Partners in Sexual Health: New York & Namibia.

*Maureen Kelly¹ and *Lis Maurer². ¹Planned Parenthood of the Southern Finger Lakes, USA; ²Ithaca College, USA.

Global Partners in Sexual Health: New York & Namibia Kelly, M. and Maurer, L. Through the lens of human rights (the basic standards to which every person is entitled regardless of class, race, ability, gender, sexual orientation, nationality, ethnicity, religion, place of birth or citizenship) this brief presentation will serve as the International premier of a short 2004 documentary film created during a

cultural exchange visit about global sexual health issues via the Global Partnership of Planned Parenthood in Ithaca, New York and the Namibian Planned Parenthood Association in Africa. Participants will: 1.View documentary about key sexual health issues in Namibia (HIV / AIDS, orphans, sex education, peer education, abortion, womens rights, sexual minorities). 2.Learn about the successes and challenges facing sexual, reproductive and LGBT rights organizations in Namibia, Africa. 3.Gain advocacy tools. Sexual rights are human rights. When and whether to have children; whom we love; how we seek consensual sexual pleasure, it is up to us! We must act with thought and passion as we educate and advocate for an increased understanding of sexual rights as a vital human rights issue.

309.2 Why at Risk Youth Don't Pay Attention to What Sex Educators Have to Say.

*Sol Gordon. Professor Emeritus, USA.

Child and Family Studies, Syracuse University New York, United States of America INTRODUCTION Despite all the gloom and doom about the youth of today, the majority, let us say more than two-thirds, grow up to be relatively healthy, law-abiding, mature and drug free adults. But the problem of "at-risk" youth, for whom we pay a huge price in crime, suicide, health issues and severe psychological problems, exist. While poverty, prejudice, and the gross level of our media are factors "at-risk" status, in my judgment there are more crucial reasons that damage young people. "At-risk" youth are those who generally have not learned to read. (More than half the people in prisons today are virtually illiterate. They are violence prone, bullies, sexually promiscuous, homophobic and already on the road to becoming alcoholics and/or drug addicts. They may be on huge ego trips and could be excessively over-weighted. The reason most "just say no" programs are not working is that we spend our energy addressing symptoms without significantly remediating the one component common to each of our troubled youngsters, which is low self-esteem. We talk about it, but few educators understand how to help children feel good about themselves. Remedial reading is a good example. We take children who hate to read for five minutes and remediate them with a reading program for an hour or more! Haven't we gotten the message yet? You cannot unblock a block with a block! Do we not understand that "at-risk" children equate education with submission? Their most debilitating characteristic, a need for instant impulse gratification, surfaces as they seek to be in control. They self-medicate their "depression" with drugs, sex and/or violence.

309.3 Positive Connections: Prevention for HIV-Positive Men who have Sex with Men.

*Scott M. Jacoby ^{1,2}, *B. R. Simon Rosser ^{1,2}, Eli Coleman ^{1,2}, Michael H. Miner ^{1,2}, Beatrice E. Robinson ^{1,2} and Brennan O'Dell ^{1,2}. ¹University of Minnesota, USA; ²The Program in Human Sexuality, USA.

Background/Objectives: Several US cities have reported a significant rise in STIs among Men who have Sex with Men, and especially among MSM previously

diagnosed with HIV (HIV+MSM). The Positive Connections Study, funded by the National Institute of Mental Health, is researching new ways to lower the sexual risk behavior of these men. Objectives include 1) to adapt, pilot and test a comprehensive intervention addressing the sexual health needs of HIV+MSM; 2) To disproportionately recruit HIV+MSM of Color because of the disproportionate impact of HIV in this population; and 3) to study the knowledge, attitudinal and behavioral impact of curricula focused on exclusively on HIV+MSM versus HIV prevention curricula targeting MSM in general.

Methods: In Phase I, a national collaboration of HIV+MSM consultants adapted the "Man-to-Man Sexual Health Seminar" (an intervention for all MSM), into the "Positive Sexual Health Seminar" (a comprehensive HIV prevention curricula specifically addressing sexual health from HIV+MSM's perspective). In Phase II, we conducted a pre-pilot of the new intervention with 32 HIV-infected MSM in Minneapolis, followed by a pilot of the full 3-arm trial with a sample of 53 HIV-infected MSM and 13 HIV-uninfected MSM in Chicago. In Phase III, we are conducting a randomized controlled 3-arm trial to compare intervention efficacy in 5 epicenter cities with N=580 HIV-infected MSM (together with 216 HIV-uninfected/HIV-unsure MSM). Subjects complete a pre and post-intervention surveys and will be followed up at 6, 12, and 18 months. **Results:** HIV+MSM of Color have been effectively recruited and participated in the cities under study. In both Minneapolis and Chicago, we exceeded our recruitment goal that the majority of subjects would be HIV+MSM of Color. We are partnering with Community-Based Organizations (CBO) so that providers in the cities can be trained in the new behavioral interventions. **Conclusions:** Identified challenges include ensuring equivalency in behavioral interventions, finding methods to rapidly train and integrate facilitators to lead these trials, and recruiting HIV+MSM of Color in cities with varied racial/ethnic diversity. Yet strong collaborations between university-based researchers, CBOs, and HIV+MSM leaders can meet these challenges. Sexual health interventions that address the complex concerns and health needs of HIV+MSM are needed and among the next generation approaches to HIV prevention current being tested. Answering the question whether programming that targets HIV-infected MSM alone, or programming that targets all MSM together, is more effective in reducing HIV+MSM's risk behavior long-term should address a vital gap in HIV prevention knowledge.

309.4 Cruising for sex among gay and bisexual men: Different venues, different risks.

*Christian Grov^{1,2}, Jeffrey T. Parsons^{1,2,3} and David S. Bimbi^{1,2}. ¹Center for HIV Educational Studies and Training (CHEST), USA; ²CUNY: Graduate Center, USA; ³Hunter College of the City University of New York (CUNY), USA.

Introduction: HIV incidence is again rising among men who have sex with men (MSM). Investigating the different environments where MSM encounter their sex partners is critical to developing effective health education and prevention services. **Methods:** A social-psychological survey was administered at large-scale gay, lesbian & bisexual events in New York City and Los Angeles between fall of 2003 and spring of 2004 ($n = 1258$). **Results:** Bars/Clubs (52.8%) and the Internet

(51.3%) were the most popular venues for meeting sex partners in the three months prior to being surveyed. There were no racial or ethnic differences in men reporting finding partners at bathhouses, sex parties, sex clubs, public cruising, through current/former partners, or online. Men reporting partners from bars/clubs, through current/former partners, and online were younger on average than men reporting no partners from these venues. In contrast, men reporting partners from sex clubs were older on average than those who did not. Compared to HIV-negative men, HIV-positive men were more likely to report partners from bathhouses ($OR = 2.3$), commercial sex clubs ($OR = 2.6$), sex parties ($OR = 2.8$), and from public cruising ($OR = 1.6$). Meanwhile, compared to non-barebackers, barebackers (those seeking intentional sex without condoms) were more likely to report sex partners from a sex party ($OR = 2.3$) and from a commercial sex club ($OR = 2.0$). Men who met partners at sex parties, sex clubs and bathhouses reported having experienced a greater number of STIs in their lifetimes, compared to men who met no partners at these venues. These men also reported a higher average number of sex partners in the prior year ($M(\text{sex parties}) = 51.7$, $M(\text{sex club}) = 49.97$, $M(\text{bathhouses}) = 41.2$) compared to the overall sample ($M = 16.9$). Finally, men reporting partners from bars/clubs ($OR = 3.2$), bathhouses ($OR = 2.4$), private sex parties ($OR = 2.1$) and sex clubs ($OR = 1.84$) were more likely to report recent club drug use, compared to men reporting no partners from these venues. **Conclusions** Health education and prevention efforts may be more effective if the environment for administration is accounted for.

309.5 Teachers as Conduits for a School-Based HIV Intervention in Kenya.

*Chris Brouillard-Coyle¹, Eleanor Maticka-Tyndale¹, Karen Metcalfe¹, Dan Holland¹, Janet Wildish² and Mary Gichuru². ¹University of Windsor, Canada; ²Centre for British Teachers, Kenya.

Introduction: Large numbers of youth can be reached through school-based interventions. This frequently requires teachers to act as conduits of HIV and sex education information. It is important to recognize the issues confronting teachers in this process. **Methods:** The Primary School Action for Better Health (PSABH) is a school-based intervention which trains teachers, community leaders and peer educators to deliver HIV information in schools across Kenya. Its evaluation targeted 120 intervention and 100 control schools in Rift Valley and Nyanza province, using surveys, focus groups and interviews with community leaders, teachers and pupils pre-training, and 6 months and 14-18 months post-training. Follow-up data collection with 40 target schools took place 26-30 months after training. **Results:** PSABH trains teachers to deliver information on HIV and HIV prevention to their colleagues, pupils and the community. However, teachers are not neutral carriers of this information, nor do they bring the information into a neutral environment. Rather, the use of teachers as conduits places them at the intersection of the intervention requirements, their professional circumstances, and their own perspectives on HIV, and sexuality, as well as the perspectives of parents, pupils, and local community and religious leaders. Interviews and surveys with teachers have highlighted some of the problems that arise for teachers located at this intersection point. PSABH tries to

address some of these issues by connecting to the authority of the Kenyan Institute of Education (KIE) and including community and religious leaders as part of the training process. The training also provides spaces to discuss potential problems with colleagues and ideas and resources to help with the delivery of the programme within the schools. Conclusion: Interventions which expect teachers to act as conduits of HIV and sexuality information need to address the various issues which confront these individuals in the delivery of this information. By providing teachers with authoritative referents, resources, and addressing their own concerns about the delivery of HIV information, PSABH has proven to be a successful motivator for the inclusion of HIV programming in classes and in school activities.

310.1 Sex coaching for primary care physicians - the Israeli experience: A multi phase training module in sex therapy and pharmacotherapy.

*Gila Bronner. Sexual Medicine Center, Israel.

Introduction: Primary care physicians (PCPs) need an efficient sexual communication to enable them integrate sex therapy and pharmacotherapy into their routine office practice. This presentation will describe a multi phase training module of PCPs. **Methods:** **Phase 1:** Increase knowledge about male sexual dysfunction, diagnostic procedures, treatment options. **Phase 2.** Identification of communication barriers. **Phase 3:** Assist PCPs overcome barriers and develop communication skills. **Phase 4:** Practice the module in small groups. **Phase 5:** Implementation in clinic staff meetings. **Phase 6:** Introduction of female sexual dysfunction (FSD). **Phase 7:** Recognizing that sexual dysfunction is "couple problem". **Phase 8:** Analysis of cases, follow-up and advanced counseling. **Results:** Review of group discussions identified two main barriers: 1. How should a physician initiate a sexual discussion when his patients introduce a non-sexual problem and 2. How should he proceed with intervention. The module offered practical tools to bridge the barriers. The first step offered the physician a choice of indirect or direct approach for sexual discussion. A pre-diagnosis step enabled evaluation of client expectations, partner cooperation and description of previous treatments. The next optional step consisted of patient education and sexual health promotion. Participants reported changes in their ability to approach male and female patients, reduction of fear to discuss sexual issues, increase of their self confidence and increased ability to do a follow-up intervention with patients who were previously prescribed with pharmacotherapy. Approximately 1850 PCPs participated in this sex coaching training. **Conclusions:** Sex coaching of PCPs is a multi phase training. It demands a step by step sensitive counseling, enabling each physician evolve at his own pace and capability. PCPs need practical tools which take into consideration the limitations of their work environment. FSD should be included in the sex coaching, as it expands the physician's knowledge and increases self confidence.

310.2 Sexual Content of Social Work Education Programs in North America: Is it Adequate?

*Paul H. Ephross ¹, *David Skiba ² and *Ilsa Lottes ². ¹Professor, School of Social Work, USA; ²Assistant Professor, Department of Social Work, USA.

Introduction and objectives: Human sexuality and sexual behaviors, normal and pathological, in all their diversity, throughout the life cycle, are vital components of the education of social workers at both the clinical and systemic(planning and administrative)levels. An attempt by the first author to specify points of intersection between sexuality and social work practice resulted in 36 such areas. A diligent search by the authors, however, failed to disclose any comprehensive study of the sexual content, methods or patterns of instruction at either the more than 400 undergraduate(Bachelor), or the more than 150 graduate(Master)level programs in the United States and Canada. As a first step in our inquiry, this study seeks to describe how sexuality is taught to student social workers and what topics are emphasized or neglected. Main body / Results: An anonymous survey was sent to administrators of all graduate and a random sample of all undergraduate social work education programs. Our IRB approved questionnaire was developed specifically for this study, with the help of senior social work educators. Both Anglophone and Francophone versions were included in the Canadian sample. Data presented at the Congress will highlight major teaching methods being utilized, the scope of sexual topics addressed in curricula, and the strenghts and weaknesses of the programs reported. Copies of the questionnaire will be made available to attendees from around the world. Findings will be of interest to both academics and practitioners, and it is thought that this study will serve as a pilot for future examination of the curricula of other health professions. Conclusions: The importance of this study lies in the light it will shed on the content and gaps in the education of practitioners of a major health profession, members of which are deeply involved in helping clients and programs make decisions on a variety of issues concerning sexual content and related components. Accordingly, professional activities require a sophisticated and humanistic appreciation, as well as a substratum of contemporary knowledge about sexuality and its place across the human life cycle.

310.3 Structured clinical interview for gynecologists caring for women with sexual dysfunction.

*Johannes Bitzer. University Hospitals Basel, Switzerland.

Introduction: Complaints about sexual problems are very frequent in gynecological consultations. Diagnosis and therapy of female sexual dysfunctions are however typically at the interface between gynecology, andrology, psychology and psychiatry. In the context of time limited interventions gynecologists need therefore a well structured tool to make a diagnostic workup at a primary level and to eloborate basic therapeutic options. Objectives: To develop a structured interview which would fulfill the following criteria: a) Validity and reliability with respect to DSMIV and ICD 10 diagnostic criteria of SD; b) Comprehensive modelling of problem conditioning factors (Pathogenetic

working model) and problem solution resources c) Enhancement of patients self determination and understanding of the problem. d) Shared decision making regarding therapeutic options. Methods: Presently used diagnostic material was analyzed: DSMIV, ICD 10 primary care guidelines, BISF-W; CSFQ; (DISF / DISF-SR; the Female Sexual Function Index (FSFI), the Female Sexual Distress Scale (FSDS); Furthermore videotaped interviews and case discussions were qualitatively analyzed and characteristics of communication as well as the phases of the diagnostic and counselling process were extracted. The structured interview was designed, trained and evaluated in several workshops for 42 gynecologists. Results: The structured interview is a patient-physician dialogue characterized by the following phases: Description of the problem (Narrative, Directed Questions, Use of Scales, Individual references and values, Last sexual experience), Exploration of the background (Patient hypothesis, Sexual script, Medical findings), Elaboration of a working diagnostic hypothesis (Biological and psychosocial factors , Predisposing, triggering and maintaining factors), Definition of aims of change. (Emotional, Behavioral, Relational Domaines); Elaboration of various options and Decision making regarding solutions (Drug treatment, Cognitive behavioral intervention etc.) 42 gynecologists were trained in three 2 hour sessions with video demonstration. Questionnaires applied before and after training showed an increase in self rated competence do deal with sexual problems of their patients. Conclusion: Sexual counselling skills can be taught in a structured manner, which will increase self rated competence of gynecologists.

310.4 The training of clinical psychologists in Canada: How prepared are students to deal with clients' sexual problems?

* S. Andrea Miller and E. Sandra Byers. University of New Brunswick, Canada.

Individuals with a variety of disorders and personal histories experience psychologically based sexual concerns, difficulties, and/or problematic sexual behaviors. Therapists need to be prepared to help clients deal with these issues even if they are not sex therapists. Researchers and therapists have proposed that therapy training programs need to increase students' comfort with hearing explicit sexual material from clients, as well as to educate students about sexuality if their students are to be able to help clients deal with their sexual concerns. The present study investigates the extent to which Canadian clinical psychology graduate programs are teaching future psychologists about sexual issues. Students from all English-Canadian clinical psychology programs that are accredited by the Canadian Psychological Association were asked to complete a web-based survey that assessed the extent of education students had received on nine specific topic areas related to sexuality (e.g. sexual guilt/anxiety, sexual problems/dysfunction). Students were also given the opportunity to provide qualitative information concerning their feelings about sexual education at the graduate level. We found that, for all of the nine topic areas, less than 30% of the students felt the topic was adequately addressed in their graduate level training. Further, for 7 of the 9 topic areas, less than half of the students who had completed a practicum received any relevant training during their placement. "Victims of sexual violence" and "sexual orientation issues" were two areas in

which most students reported receiving at least some training while on practica. For all of the 9 topic areas, 65% or more of the students had never treated a client with the relevant sexual problem/concern nor observed another clinician treating this type of issue. Students in our study recognized that sexual education was an important part of clinical training: 86% reported that they would like to gain additional training in this area and 97% felt that it was important, or very important, for psychology graduate students to receive education concerning sexuality. Thus, Canadian clinical psychology graduate students appear open and eager to learn more about sexual issues. However, Canadian programs do not appear to be offering many of them this opportunity.

310.5 Sexual Health promotion virtually.

Seija Mattila ¹, Maija Ritamo ² and *Katri Ryttylainen ³. ¹Seija Mattila, Finland; ²Maija Ritamo, Finland; ³Jyväskylä polytechnic, Finland.

PROMOTING SEXUAL HEALTH VIRTUALLY Sexual Health Virtual Studies project 2003 - 2006 Seija Mattila, lecturer, Sexual Health Virtual Studies Project Coordinator, Oulu Polytechnic, Finland Maija Ritamo, Project Manager, National Research and Development Centre for Welfare and Health (STAKES), Finland Katri Ryttylainen, Lic.Sc., Researcher, Jyväskylä Polytechnic, School of Social Care and Health Jyväskylä, Finland Sexual health is part of the general health. Promotion of the sexual health is one of the future areas of competence for health professionals. In many sectors of the society there is awareness about the threats to sexual health in both national and international level. According to some Finnish researches and reports the education of sexual health is random in various educational institutions and medical education. However, in sexual health related issues great challenges of competence can obviously be addressed to many professionals, who work in different sectors of the society. While, on one hand, the rapid technological development of the society strengthens the opportunity of the citizens to learn and improve their information on sexual health related issues, on the other hand, the internet and virtual reality brings challenges to the need for promoting the sexual health. The Ministry of Education in Finland has set some aims for educational institutions to increase computers- and information technology in teaching and learning. For this reason, in sexual education promoting projects the aims set for educational institutions concerning the preparation for computers- and information technology is also realized. In Finland with the collaboration of the 19 Polytechnics, Ministry of Social Affairs and Health and National Research and Development Centre for Welfare and Health (STAKES) a 15 ECTSs virtual studies promoting the Sexual Health has been initiated. The responsible for the project is Finnish Virtual Polytechnic and the coordinator educational institution is Oulu Polytechnic. Target groups for the studies are, first of all, the students at various levels of social and health care education, and, secondly, certain groups of populations for ex. immigrants, who need to either update their information or familiarize their selves with the subject matter. The studies, which is suited for the network-education will be made on the internet, which is available for the bachelors degree-, specializing-, and post-graduate degree students in all 19 Polytechnics, and if needed, in medical faculties, teacher training schools and the

police. The course is made of four main themes: 1. History, culture and concepts of sexuality (3 ECTS), 2. Life long sexuality (4,4 ECTS), 3. Encountering sexuality in costumer work (6 ECTS), 4. Sexual violence and commerciality (1,5 ECTS). The themes will be offered in such a way that the students of all the Polytechnics will have the possibility of choosing 3 ECTSs long sexual health basic studies from these themes. This project produces also a guide for teaching sexual health, and various materials, which can be used as a support in sexual health contact learning. The aim of the project is to strengthen the professional know-how, cultural change in education and practice of in the field of Social- and Health.

311.10 Study of Female Orgasmic Problems with Hypnotherapy.

*Ryukichi Kato. Tokyo Counseling Center, Japan.

Female orgasmic problems include frigidity and sex phobia as two types of sexual disorders. Psychogenic frigidity and sexual phobia stem abnormal behavior in which there is on gratification during sexual relations. It is not organic disease. Its source is a psychological disorder rooted in personality. Those disorders are due to an undeveloped personality that has been suppressed by parental domination in the home environment from about four to six years of age. It can be side to correspond to male psychogenic impotence. Women with psychogenic frigidity lack a basic malarial sensibility. They may do well in school and in other respects, but their social adjustment is poor. As a result, they have no concern about their reputation and are infantile in social relations. They may be misconstrued as sexuality "loose" or nymphomaniac. School phobia and anorexia nervosa are among the difficult problems in children caused by mental frigidity in the household. Their condition can be cured by using behavior therapy combined with hypnotherapy. Physical response to therapy monitored by thermographic camera recording.

311.1 Non-consummation clinic in Hong Kong.

*Sue Lo. Family Planning Association of Hong Kong, China.

Introduction and Objectives: The Family Planning Association of Hong Kong opened the first non-consummation clinic in Hong Kong in July 2003 aiming to help couples with coital problem to achieve successful coitus. This paper shared our experience with colleagues in the same field. Main body: In the first year, 23 clinic sessions were offered and 31 couples attended. The mean age of wives was 32.1 years old. The mean age of husbands was 35.3 years old. The mean duration of coital failure was 24.8 months (range: 1-72). 64.5% of wives and 80.6% of husbands had university education. Majority of them were professionals: 41.9% among the wives and 51.6% among the husbands. The primary presentations were: no coitus since marriage and they wanted to rectify this problem (61.3%), they wanted to get pregnant now thus they have to achieve successful coitus (16.1%), erectile dysfunction (12.9%), unsatisfactory sex (6.5%) and vaginismus (3.2%). Four men had erectile dysfunction secondary to the initial problem of coital failure. The reasons for the coital failure varied in men and women. The commonest reasons in women were: scared of pain, sexual naivete and moral

inhibition. The commonest reasons in men were: erectile dysfunction, sexual naivete and performance anxiety. Treatment offered had to target at the reasons for failure. A combination of treatments were offered including sex education and counseling, time management and planning, relaxation exercise, sensate focus exercise and home digital exercise. Successful coitus was achieved by 16 couples (51.6%). Their mean duration to achieve successful coitus was 5 months. Conclusions: In my experience, the therapeutic session for initial assessment should be at least 1 hour and couples are strongly recommended to come together. They will be counseled together and time will be given for individual discussion as well. The therapist should be critical in identifying the reasons for coital failure and to offer appropriate solutions to solve the problems. The key factor for success is the determination and persistence of the couples in completing the various home exercises taught.

311.11 Vaginismus - Common Causes & Treatment Method in India, Clinical Experience of 584 Patients.

*Mahesh R. Nawal. Sexual Dysfunctions Clinic & Research Centre, INDIA.

INTRODUCTION & OBJECTIVES Vaginismus is a condition in which, the muscles that surrounds the vagina goes into spasm, closing down the vaginal opening so tightly that penetration (by a penis, a finger or anything else) is almost impossible & extremely painful. Many marriages can not get consummate because of the vaginismus . In a country like india , where sex is still considered as taboo, the problem of vaginismus is very common. I found that VAGINISMUS is the second most common female sexual disorder, after lack of orgasm MAIN BODY / RE SULTS Since january 1994 to january 2005 i. e. (11 years) of clinical practice, 630 female were diagnosed to be suffering from vaginismus. Out of 630 females, 584 agreed for the treatment. Age of these women who underwent through the treatment were between 18 to 46 years. All married atleast once. Education varied from 8th class to masters degree & professionals. Surprisingly, no one was illiterate ! Few women had allowed only the tip of the finger to the doctor who tried to examine them earlier , but with severe pain. While many of the women didnot allowed the doctor even for the examination in the past. Many couple had developed psychological disorders due to problem. Because of the vaginismus many men had developed secondary impotence due to failure during attempt for intercourse. In the history of all the patients one thing was almost common that they feel that any thing which will enter in the vagina will damage the vagina from inside & that will cause unbearable pain . The treatment begins with a training in deep muscles relaxation & finally , gradual dialatation of the vagina in concious state, to develop a full control over the muscles that have gone into spasm. Finally, all 584 women were got cured of vaginismus , a 100 % success . **CONCLUSIONS** The good news is that the treatment of vaginismus has one of the highest success rates of any female sexual dysfunction . But, to treat vaginismus is not that easy ! It not only requires specialised training but also enormous patience , kindness & gentleness too !

311.13 New Etiological Factor for Hypoactive Sexual Desire Disorder (HSDD).

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INTRODUCTION: The psychological etiologies presented until now, regarding HSDD, do not apply to a large number of women that receive sexual therapy. **OBJECTIVE:** To propose the theory for these women that, in the absence of other sexual disorders, other than desire, the basic reason for HSDD is the lack of a female identity as a "sexual woman". **MATERIAL AND METHODS:** -Theory: What dreams did women hold for their future? What did their culture and their family home instill in them as "respective"? Motherhood, profession and love continue to be over-valued in girls' education. Sexuality continues to be marginalized and associated with negative sentiments. Under these circumstances, it is difficult for a girl to identify herself as an "erotic woman", in the way that she identifies herself as a mother or as a professional. During the passion phase, they manage to overcome all of the repressive education that was imposed upon them, and as a consequence, the amount of sexual desire is increased, whether they want to be identified as the "female" or not. In a long-term relationship, the woman carries out with ease the basic internalized roles, and in a situation where the identity of the "sexual woman" is inexistent, HSDD starts to appear. **CONCLUSIONS/ PROPOSAL:** The role of the "sexual woman" needs to be valorized in the same way as the other female roles. The lack of sexual identity is an etiological factor for Hypoactive Sexual Desire Disorder, in women who have no other sexual disorder, other than desire. Based on this new etiology, in women with no other sexual dysfunction, apart from desire, new treatments that deal with this theory are necessary.

311.14 Attitudes and Beliefs of Montreal South Asian Women Towards Sexuality.

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Context: Given sparsity of research regarding sexuality and South Asian Women, the researcher conducted nineteen face-to-face interviews within a group setting with women of the Montreal South Asian Diaspora aged 19 to 35 to gather data pertaining to their attitudes and beliefs towards sexuality. **Objectives:** To identify attitudes and beliefs of South Asian women living in Montreal towards sexuality. The themes gathered will direct quantitative research and aid in sensitivity training for health professionals. Ultimately, to enhance sexual health care for South Asian women. **Design:** A qualitative study. Nineteen face-to-face interviews within six group settings were conducted in Spring 2004. **Setting:** Recruitment was accomplished through extensive poster campaigning at McGill University, Concordia University and the South Asian Women's Centre in Montreal, Canada. **Participants:** English speaking women between 18 and 36 years of age originating themselves or having at least one parent born in South Asia; specifically Bhutan, Bangladesh, India, the Maldives, Nepal, Pakistan, Sri Lanka or Afghanistan. **Results:** Nineteen participants in total were recruited representing four identified South Asian countries (Pakistan, India, Nepal and Bangladesh) and four religious backgrounds (Sikh, Muslim,

Hindu and Agnostic). Discussion regarding attitudes and beliefs towards aspects of sexuality including definitions, importance, influencing factors, contraception and abortion, sexual satisfaction and interracial and same sex relationships. Conclusion: Individual sexuality for Montreal Women of the South Asian Diaspora is undeveloped in countries of origin. An acclimatization occurs quickly upon immigration that forces young women to contemplate sexuality issues. There is mixed reaction to abortion, and interracial and same sex relationships. The majority of participants felt that sexuality for South Asian Women should be further explored and nurtured.

311.16 A Perspective of Early Sexual Experiences: A cross-cultural study between Belgium and South Africa.

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This study focuses on the early sexual experiences of Belgian students (n=2608) and South African students (n=1081) and enables us to have a better understanding of early sexual experience of these two populations. This study attempts to incorporate both contact and non-contact forms of early sexual experiences of first-year university students that had taken place prior to the age of 16 years by means of the Early Sexual Experience Checklist (ESEC) (Miller, Johnson & Johnson, 1991). Given the paucity of research in the area of early sexual experiences of university students in South Africa and Belgium, the research design of this study is an exploratory field study. South Africans (39.2%) were more likely to have encountered unwanted sexual experiences before the age of 16 than Belgians (13.5%). Gender differences were evident in several respects: more Belgian women than men reported unwanted early sexual experiences, whereas amongst the South African group more men than women reported early sexual experiences. A tenth of the Belgian students reported unwanted exhibitionism, touching and fondling of sexual organs, compared to 23.4% of the South African students. Sixteen percent of the South African respondents and only 4% of the Belgian respondents reported severe experiences that included oral-genital contact, vaginal intercourse, and anal intercourse in their childhood or young adolescence. Of those subjects who encountered unwanted sexual experiences, 66% of the Belgian- and 59% of the South African participants indicated that the unwanted sexual experience only happened once. There is no significant difference between the two groups with regard to viewing the early sexual experience as bothersome at the time. Twelve percent of the total sample was not bothered by the experience when it happened. To summarise it seems that there is a real difference between South African and Belgium students regarding their early sexual experiences.

311.17 Women going topless on the Red Mile during Stanley Cup Playoffs, Calgary, May-June 2004.

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Gwen Jacobs challenged Canadian customs in 1991 by going topless on a hot day. In 1996 the Ontario Court of Appeal determined that it was legal for Canadian women to go topless. Yet this behavior is rare in Canada. Research on attitudes toward female toplessness indicates that Canadians are most accepting of female toplessness on the beach and least accepting of it on the street. The purpose of this study is to explore women's own understanding of showing their breasts on 17th Avenue in Calgary after Stanley Cup Playoff hockey games, when people poured on the streets to celebrate. Sometimes 50,000 people dressed in red hockey jerseys strolled and socialized on the Sea of Red. Reports of women taking their tops off, sometimes seemingly in response to men urging them, began to circulate. Pictures of these women quickly showed up on internet sites. Much media speculation ensued: was this exhibitionism?: Alcohol or other drug-induced behavior? Some form of rebellion or "pushing the limits" or were they responding to harassment and coercion? The objective is to offset the speculation about these women's behavior by providing a missing perspectives - namely, the voices of the women themselves. The method will entail conducting in-depth, unstructured interviews with at least five women who revealed their breasts regarding their own understanding of this behavior. The interviews will be audiotaped and written accounts of the interviews will be given to the women for their review. These data will be analyzed in terms of explanatory models offered by the participants. The results should provide women's perspectives on going topless, the psychological and social triggers for their behavior, their assessment of the psychosocial context, and their sense of the short and longer-term consequences. The number of interviewees will be small, but it may be possible to reach some understanding of female toplessness in this context; to eliminate some of the speculation and/or suggest promising directions for understanding this unusual behavior.

311.18 Discursive analysis about sexual life quality in Antofagasta, Chile from the Standpoint of Social Psychology.

Jimena Silva Segovia ¹ and *Jaime Eduardo Barrientos Delgado ². ¹Carrera de Psicología, sede Antofagasta, Universidad del Mar, Chile; ²Escuela de Psicología, Universidad Católica del Norte, Chile.

Introduction and objectives: This study aims at describing sexual discourse about quality of sexual life in Antofagasta, Chile from the standpoint of social psychology and gender theory. Specifically, the purpose of the study was described the changes in sexual behavior, sexual attitudes and AIDS in Antofagasta. This study is a major milestone in the study of sexuality in the North of Chile. Here, we show the most important finding from the discursive analysis of our interviews. **Methodology:** A discursive analysis were done in 52 interviews about sexuality under transversal eje on sex/ gender relation using a life-course perspective. We used 4 sexual generation: sexual restraint, sexual revolution, dictatorships and gender equalisation. The discourses were organized

around intrapsychic, sociocultural and interpersonal experiences, all of them linked to sexuality, categories that are part of theoretical proposals about constructing sexual scripts using Sexual Scripts Theory from Gagnon and Simon. Results and conclusions: The discursive analysis shows deep forms of symbolic violence in their erotic lives, specially in the age group that belonged to the dictatorship period (sexual generation who were young between 1973 and 1990) and those who belonged to the restrictive generation (sexual generation who were young between 1950 and 1970), even the information collected through sex survey shows an important cultural change in gender relations in Antofagasta city, in intimate life, mostly in women. Finally, the most outstanding findings show the misvalue of quality of their sexual life, so they could keep their couples, justifying male infidelity and overloading their daily life due to gender differences in women socialization and education.

311.19 Some Considerations on Sexuality and Gender in the Context of AIDS.

* Onyinye Belinda Ndubuisi. Development Partnership International, Nigeria.

Sexuality and gender has become a major conceptual tool for understanding the evolving HIV pandemic globally. As such it has provided a powerful way to see the structure of relations between men and women as central to various epidemics and added weight to our understanding of HIV/AIDS/STDS infection as not simply an individual experience of diseases. Yet as a concept, Sexuality and gender has its blind spots. This paper argues that there are four issues central to our understanding of how the HIV/AIDS/STDS diseases and pandemic moves and develops that are not necessary, best understood through analyzing that uses sexuality and gender alone namely, women vulnerability, men's culpability, young people's sexual interest and marginalized sexual cultures. The paper proposes using sexuality as a framework for analyzing these issues and seeks to utilize developments in critical sexuality research to add to gender as a way to increase the capacity to respond to the crisis of HIV/Aids/STDs.

311.20 Rhythmic contractions of the pelvic area in infant females is genital self-stimulation.

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Some babies contract abdominal and pelvic muscles in a way that parents and pediatricians have sometimes interpreted as epilepsy or gastrointestinal disease. This led to extensive investigations and unsuccessful treatments. We believe this behavior is normal primitive genital self-stimulation. We performed a thorough behavioral analysis of case descriptions of infant females involved in genital self-stimulation. Our analysis included a literature review, parents' observations and the watching of a video tape. We compared this analysis with information about sexual excitation provided by women patients in our sexology practice. Infant females and women from the sexology clinic demonstrated similar behavior: pressure on the genital area, intense contractions of the abdominal, pelvic muscles (including vaginal muscles in women), frequently combined with

extensions of legs and thrusts of the pelvis. These stimulations resulted in rapid spontaneous alternating spasms and releases of all these muscles, which are orgasmic responses. We conclude that rhythmic contractions of the pelvic area in infant females are genital self-stimulation, a natural and normal (i.e. non pathological) method of sexual discovery in infant females. Pediatricians, pediatric gynecologists, and pediatric psychologists should be aware of this behavior so that they can appropriately investigate these children and accurately advise the parents of such children of their well being.

311.2 Family Planning and Islam- Vasectomy in religious leaders in Ghom Province.

*Rouhollah Ghatrifi and *Davood Ghatrifi. International research development Pars Institute, IRAN.

The deliberations in different Islamic societies indicate that there are significant resistances against SRHR issues which most of them are related to religious roots. Family planning is a very sensitive issue in some Islamic countries. At present, many religious leaders are opposed with FP in their countries. Also in Iran there has been such an attitude in last 20 years, but many religious authorities that their words have been accepted by imitators, have revised the directions and advertised the strong religious statements. So, IRAN has had a high rate of Reduction in the population growth rate and increase in usage of the contraceptive methods in the society in recent decade. Vasectomy, as a kind of permanent contraceptive method has followed by many discussions. This project has proceeded to make a relation between Islam and FP in the most religious city of Iran which is the center of Islamic sciences. Also some of the religious leaders have participated in implementation of the project. Methodology: This inspection is a qualitative- descriptive research. The target group was religious leaders who have been vasectomized. At first step, the personal information and medical records of religious leaders were separated, and then they were invited to focus group discussion meetings. Main body: In Iran, the researches indicate that almost 15% of men believe that the vasectomy is an effective and safe method and less than 4.5% of them select it as a contraceptive method. The religious leaders' actions on vasectomy could obliterate common incorrect believes& traditions that have been related to Islam. The FGD's analyses indicate that the, according to the Islamic trainings, religious leaders believe that human beings have been created as the best creature and he/she has natural needs which must be responded suitably. With respect to the mentioned issue, the religious statements and directions will be adopted in accordance with social and time situation. Conclusion: Totally, these researches indicate that there are no opposition between SRHR issues and Islamic foundation. Advocacy will be helpful to the promotion of information on SRHR issues among religious leaders and other stakeholders. So religious leaders could have effective roles on removing many problems and restrictions which exists on these issues.

311.3 Backgrounds of teenage motherhood and abortion in The Netherlands.

*Cecile Wijzen. Rutgers Nisso Group, The Netherlands.

The Netherlands has an international reputation of good reproductive health. This is reflected in low teenage abortion rates in combination with low teenage birth rates. However, studying the rates for the past decade, there seems to be some reason for concern: not only are abortion rates rising, but so are teenage birth rates. In this paper we investigate the backgrounds of teenage pregnancies in order to gain insight in why a girl gets pregnant and how she decides to have a child or an abortion. Three data-sources are combined to investigate the backgrounds of teenage pregnancies: the national abortion and pregnancy rates for the period 1993-2003; the results of a qualitative study of 36 teenagers who have been pregnant including psychological, cultural and decision making factors; the findings of a quantitative survey on sexual and reproductive health of a representative sample of Dutch young people. Teenagers become pregnant more often than before. Rates differ markedly for ethnic groups. The teenage pregnancies are caused by either a desire to have a child, by non-effective contraception use or by just bad luck. Three main factors can explain teenage-pregnancies: sex-education by parents and schools is not adequate to empower girls with the knowledge and skills they need to prevent a pregnancy; many girls who get pregnant lack a sense of direction, and having a baby seems to be the solution; Dutch girls who become pregnant tend to have traditional sex-attitudes in that they do not orchestrate their own sexual encounters. The reproductive health of Dutch teenage girls is not as good as it used to be. In our sexualised society we may have assumed that young people know it all, but at least some of them do not have the required knowledge, nor do they have the required skills to prevent unwanted pregnancies. Furthermore there is a group teenagers who have a (latent) desire to have a child. Having a child offers them a goal in life and emotional warmth. Sex-education programs should therefore include information about the consequences of having a baby at a young age.

311.4 Sexual information and new contraceptive methods in a group of singles males.

*Tiberi Francesca Romana, Fulceri Francesca, Carlone Grazia, Paci Marta, Pizzale Maria, Capuzzi Claudia and Bartoletti Alessandro. Psychologist, Italy.

An increase of knowledges on the sexuality has been registered in Italy in the last few years, due to a greater amount of informations obtained in the primary and secondary school and also by mass-media. An up to date analysis carried out in some groups of teenagers (Rubinstein, 2004; Fuertes, 2002; Fisher, 2000) clearly show that the young have greater informations than in the past, concernig both the contraception and the prevention from the sexually transmissible diseases. Mareover, many researches have been published concerning the topics of sexuality and contraception in bath adult women and adult couples (Marsiglio, 2001). The aim of our investigation was to inquire the acquaintances and the attitudes inside a well difined group, composed by single males from 17 to 37 years old, for topic of sexuality is concerning. The group investigated was of late subdivided in three groups (17-23; 24-30; 31-37). The

questionnaire, rigorously anonymized, has been submitted to 100 subjects. Such questionnaire has been subdivided in three parts: the first one comprises general information, the second is to collect the information and knowledges concerning the sexual life, the third part is dedicated to inquire on use of the contraceptive methods, the modalities of use and the new knowledges, with particular respect to the opinions to the new contraceptive methods (hormonal daily release and vaginal ring) actually used in Italy. In the specific one we are interested in verify if the subjects use the contraceptives and their acquaintance of new methods of contraception at present in commerce. Moreover we need to know their opinion about such contraceptives and what about their use in the sphere of couple. Our data clearly show that the use of condom is the first method put in practice and the contraceptive pill is the second. Moreover the knowledges concerning the new methods of contraceptions are lacking in informations. So, unfortunately, only few respondes know the hormonal patch but they never used them. Finally we would like to stress that 3% of responders again use as contraceptive method the coitus interruptus and prefers it to the condom.

311.5 Perception of sexuality in women attending a fertility clinic.

*Denise Medico^{1,2}. ¹University of Lausanne, Switzerland; ²Geneva Foundation for Medical Education and Research, Switzerland.

First a review of the literature on women's sexuality and infertility will be presented. Then the main outcomes of the literature will be discussed in the light of clinical data coming from counseling with women attending a fertility clinic. The clinical material include 13 women, having attended counselling with a psychologist-sexologist trained in sexanalysis, with duration of counseling from 6 hours to 22 hours. Women are aged between 28 to 39 years, nulliparous and with different types of infertility; 7 were already undergoing fertility treatment (AI, IVF, ICSI or hormonal stimulation) and 6 were undergoing preliminary investigations or being in a decisional process. The main outcomes of the analysis of the clinical material are : a general poor investment in behavioral sexuality and an alteration of the sense of femininity and body integrity since the fertility problems were supposed to be. But, in contrast to the usual trend in research in this field, sexuality is not understandable as a monolithic process and is not adequately operationalized by some behavioral and relational indicators. The meanings given to infertility, sexuality and femininity seem to play a crucial role in coping with the situation. We propose to view sexuality of women's undergoing fertility challenges at three levels: (1) behavioral/relational, (2) phenomenological/existential, (3) sexanalytical. At the behavioral level, perceptions of sexuality during infertility are linked with both partner usual/past sexuality and especially its hedonistic aspects. At the second level, infertility is related to sexuality by the sense of femininity (body perception and developmental) and some symbolic and existential concerns. At the third level, conscious and unconscious meanings of "being a mother" and "being a woman" are co-constructive of the meaning, perception and experiencing of sexuality and infertility. A discussion on the subjective links between sexuality and reproductive health for women facing fertility problems will be addressed.

311.7 Erectile dysfunction in partners of women with vaginismus: tadalafil as adjuvant therapy.

*Nilva F. Pereira. State University of Campinas, Brazil.

Thirty-seven women with vaginismus receiving care at the Sexology Outpatient Clinic at UNICAMP were submitted to sex therapy using systematic *in vivo* desensitization techniques. When they were considered ready for coitus, they were instructed to return to the clinic after three attempts at penile penetration. Eleven patients (30%) succeeded in completing full coitus by the third attempt. The remaining 26 patients did not succeed in having coitus by the third attempt because of a state of situational erectile dysfunction in their partner, probably as a result of anxiety, inexperience and/or lack of confidence. In these 26 cases, 13 couples were treated only with sex therapy, and the other 13 were treated with sex therapy plus oral administration of 20 mg of tadalafil to the partner. Results showed that 8/13 cases treated with tadalafil succeeded in having full coitus at the first attempt, 3 at the second attempt and 2 at the third attempt. On the other hand, among the couples who received only sex therapy, 3 succeeded in having complete coitus by the 9th attempt, while 10 needed as many as 15 attempts to achieve success. Conclusion: The use of tadalafil in situational erectile dysfunction in the partners of women receiving treatment for vaginismus shortens the time of follow-up by 2 to 3 months, avoiding greater emotional stress for a couple already highly compromised with anxiety. The shortening of treatment time is an important factor in public service, since it leads to improved attendance in the unit.

311.8 A New Comprehensive Alternative Treatment for Non-consummated Marriage.

*Farooq Nasim Bhatti. Nasim Fertility Centre department: Sexology, Pakistan.

Introduction Non-consummated marriage is very common in societies where sex and sex education is a taboo due to sociocultural factors. Male factor was the cause in 100% of the cases and female disorder along with male disorder was present in 60% cases mostly caused by impossibility of penile vaginal penetration for a long period. With the involvement of both the partners in my new comprehensive treatment method 100% success can be achieved. Material and Methods 430 patients of non-consummated marriage were treated at Nasim fertility center Lahore/Islamabad and Faisalabad during 1999 and 2002. 60% of the males complained of having less erection to penetrate vagina and ejaculated outside vagina. 24% complained of having good erection and it failed on attempting vaginal penetration and, 16% of patients had no erection on going to wife. Vaginismus was present in 78% females and dyspareunia in 22% cases with sexual dysfunction. In my new comprehensive treatment sexual intercourse was sure in 10 days after two sessions of sex therapy and administration of pharmacological agents to balance autonomic nervous system, necessary for normal erection and sexual activity in males. Vaginal desensitization is achieved by encouraging the male to penetrate vagina with fingers and sex education and teaching easy sexual intercourse position and finally encouraging the couple for sexual intercourse by using intra-cavernous injection or vacuumed therapy

device. The treatment was continued for 8 weeks with weekly sessions and pharmacotherapy to remove associated anxiety and depression with the restoration of normal sexual activity and marriage life. Results 100 successes were achieved with restoration of normal sexual activity for long time. The advantage of the New Comprehensive Treatment is short span of treatment, full reward to patients as compared to traditional sexual therapies. Conclusion Non-consummated marriage being a clinical entity and for it its proper treatment, my active and brief new comprehensive treatment approach is best accepted by couples as compared by traditional sexual therapy techniques.

311.9 Sexual Menu: A New Treatment Based on 'Thinking About Sex', for Women with HSDD.

*Jaqueline Brendler. SBRASH (Brazilian Society of Human Sexual Studies), Brazil.

INTRODUCTION: I suggest that the basic reason for HSDD is the lack of identity with the role as a "sexual woman". Based on this new etiology, in women with no other sexual dysfunction, apart from desire, new treatments that deal with this theory are necessary. In order to identify herself with the role of "sexual woman", a reevaluation of sexuality would be necessary with the help of a psychotherapy, the proposed "sexual menu" already being treated as homework. We know that the first and most important experience of desire that women have is through touch (hugs, kisses) and foreplay (erotic caresses), but nevertheless, it would be impossible to use this kind of approach in the case of a woman with HSDD. Desire, when motivated by "thinking about sex", even though it is less commonly known amongst women, can be easily learnt, far away from the pressures of the sexual act itself. **OBJECTIVE:** To propose a new treatment for HSDD based on "thinking about sex" through the creation of a "sexual menu", a "repertoire of erotic scenes", using the cognitive behavioral angle. **MATERIALS AND METHODS:** We propose the creation or reestablishment of desire using our thinking (fantasy). A list of films is suggested, with two or three sex scenes and/or a list of books, which have some erotic content. All of her feelings, conflicts, difficulties and progress will be discussed during therapy. **STAGE 1:** The woman is shown how to use the material alone and to take note of what she enjoyed, creating her own "sexual menu". **STAGE 2:** She returns to her "sexual menu" and watches/reads it again repeatedly. **STAGE 3:** She thinks, several times, about the erotic scenes chosen from her menu. **OBSERVED CONCLUSIONS:** In thinking repetitively about this sexual menu, the woman becomes more receptive to her partner, as well as creating sexual opportunities more often, being motivated by "mental erotica".

312.1 Sexual Satisfaction in Relationships.

*E. Sandra Byers. University of New Brunswick, Canada.

Specifically, the IEMSS proposes that sexual satisfaction is affected by four components: (1) the balance of sexual rewards and sexual costs in the relationship; (2) how sexual rewards and costs compare to the expected level of sexual rewards and costs, termed comparison level or relative rewards and costs;

(3) the perceived equality of sexual rewards and costs between partners; and, (4) the quality of the nonsexual aspects of the relationship.

312.2 The experience of sexual emotions.

*Walter Everaerd. Department of Psychology, University of Amsterdam, The Netherlands.

The experience of sexual desire and sexual pleasure is conscious by definition. To understand how our brains might construct these feelings I propose a working memory model. Such a model allows the specification of contributions from, 1. external or imagined stimuli, 2. physiological sexual arousal, and 3. explicit autobiographical memories. The integration of the various sources that inform experience may be facilitated by the insula, an area in the cerebral cortex, before it becomes available as an experience to consciousness. To demonstrate the heuristic value of the working memory model two studies will be discussed. The first study demonstrates that sexual arousal may generate negative emotions, although it is normally assumed that sexual arousal has positive valence. In a psychophysiological study with women with vaginismus we used defensive reflexes to test whether exposure to sexual stimuli, as compared to threatening stimuli, resulted in defensive muscular reactions. A small number of women with autobiographical memories of sexual abuse showed a different outcome. Here the defensive reactions to sexual stimuli were more intense than to the threat stimuli. These women also reported more feelings of threat to the sexual, as compared to the threat stimuli. Sexual stimuli may serve as retrieval cues for negative emotional memories and eventually determine the negative experience. The second study demonstrates gender differences in the generation of sexual desire or appetite, or the tendency to act upon sexual arousal. In this psychophysiological study an Achilles tendon (T) reflex measure was used to study the action tendency that results from the induction of sexual arousal. In a randomized controlled trial we investigated the effects of a single dose of levodopa on T-reflex amplitude in sexually aroused men and women. We found an effect in men and not in women, which supports the view that dopamine is involved in appetitive sexual behavior in men. My conclusion will be that the heuristic value of information processing models of sexual experience deserves more attention from sex researchers.

312.3 The Sexual Lives of Early Adolescent Girls.

*Lucia F. O'Sullivan. Columbia University, USA.

Introduction and Objectives: To understand adolescent sexual behavior, it is important to examine among adolescents their expectations, interpretations, and reflections upon their sexual experiences. Most research on adolescent sexuality has focused on problem behavior outcomes, such as pregnancy and STD infection among middle or late adolescent girls (Niccolai et al., 2004), resulting in a narrow perspective regarding the sexual lives of adolescents. This is particularly true of non-White adolescents. Researchers were challenged recently to take a broader perspective of sexual development (Bancroft, 2003), and to

characterize the wider array of normative developmental romantic and sexual experiences rather than continue to characterize their sexual experiences as pathological, damaging, and painful. The current study was designed to address among early adolescent girls a range of pre-intercourse sexual experiences, intentions, readiness, and anticipated emotions as well as recollections of first sexual experiences, including the emotional valence of first intercourse. Methods and Results: Ethnically diverse samples of early adolescent girls participated in in-depth interviews and focus groups addressing their views of the positive and negative consequences associated with sexual activity for themselves and their peers. Girls were able to describe far more positive consequences than negative. Following this formative research, a sample of 180 girls (12-14 years) completed two structured interviews one year apart. Measures included demographic information, sexual and romantic histories, sociosexual cognitions, and anticipated and recall emotions. Girls who transition to first intercourse experience were different from those who remained abstinent in terms of the positive valence of their expectations about sex at Time 1. Age and positive anticipated emotions were, in fact, the best predictors of who transitions to intercourse. Contrary to many characterizations of first experiences, however, anticipation about their first encounter was characterized by relative ambivalence, whereas their recollections about actual events indicated that these experiences were far more positive than they had expected. Conclusions: The results of this series of studies help to explain how girls interpret the range of conflicting messages about their sexuality in making decisions about sex, and how ultimately interventions to delay or prevent transitions to intercourse may be stymied by the overwhelmingly positive aspects of sexual experience that girls perceive.

312.4 Sexual Satisfaction for Women—Theoretical and Clinical Considerations.

*Dennis P. Sugrue. University of Michigan Medical School, USA.

Although sexual satisfaction has been discussed in the professional literature for the past four decades, its clinical significance continues to be underestimated. Diagnostic classification systems and resulting coverage-guidelines for insurance companies and national health-care programs are based on a disease model, influencing both clinicians and researchers to focus on dysfunction rather than sexual health and satisfaction. For women, the problem is amplified further because the tri-phasic model, the prevailing sexual response model, is based on male rather than female sexual experience. Sugrue and Whipple (2001) proposed an alternate model for the normative sexual experience of women that includes the capacity to experience sexual satisfaction. In this presentation, the significance of sexual satisfaction for women and how it is influenced by experience, emotional needs, self-esteem, body image, relationship dynamics, and expectations will be discussed, with particular emphasis on clinical applications.

313.1 Skin at the service of clothing.

*Mariette Julien. Université du Québec à Montréal, Canada.

The young has become the prototype of fashion. Today, looking young is essential. We prefer to dress young than rich. The clothing dictates rest now on sport and body valorisation, rather than on social prestige. Two distinct clothing aesthetics come within this new trend : the relax style and the glamour look. The relax style is imposing itself at the international level since the 90's. Sports clothes, jeans, tee-shirts and sneakers are part of the contemporary wardrobe. As for the glamour look, its success is continually growing with the valorisation of low-waist trousers, blouses with plunging décolleté, transparent and/or tight fitting dresses as well as delicate and sexy underwear's. To better understand the infatuation for these two types of clothing aesthetics which introduce new seduction codes, we will describe the models and the social values to which they are related. By resorting to Charles S. Peirce phanerescopy as well as to the developments brought to it by Umberto Eco, we will explain the logic of thinking of those who keep in fashion and define the content of the collective imaginary related to today's clothing choices. After apprehending the emergence of a trend and its anchorage to the social principle, we will establish links with nowadays fashion and values of our society. For instance, let us mention the popularity of jeans, of the baseball cap, the valorisation of the pubescent body, the aesthetisation of muscle, the great interest for transparent garments and underwear's as well as the homage paid to the belly button. Besides throwing light on the new visual codes of seduction, our approach will allow us to show despite their aesthetic divergences that relax and glamour looks share common paradigmatic foundations : individualism, immediacy and youth.

313.2 Seductive shoe.

*Valérie Laforge. Université Laval, Canada.

The shoe owns an astonishing evocating power. In modifying the aesthetic of a presence, it takes part in appearance works. The shoe plays an important role in seduction games by erotising the body and the walk. High heels, refined forms which define a court shoe, a mule or a sandal, a boot or a santiago, set a sensuality code enhancing the body language.

401.1 Helping Couples Stay Connected - New Paradigms in ED Management.

*Jay Lee and *Ivan Arango.

This workshop will focus on couple's with ED and the impact that ED has on their relationship. Research on female partners of men with ED elucidates the important effect ED has on her sexual experience and how successful treatment of his ED improves the experience of both the man and his partner. Our understanding of the sexual ecology of men with ED and their partners helps to put clinical data and treatment decisions into perspective. There is now an extensive body of knowledge about ED focusing primarily on functionality and improvement of erections, but still too little attention has been given to female

partners of men with ED. We will discuss clinical data from a trial that tested the hypothesis that by treating male ED subjects with vardenafil, their female partner's sexual quality of life also shows meaningful improvement. Issues of communication will also be addressed.

403.1 Femmes ou mères?

* Claude Esturgie ^{1,2}. ¹Société Française de Sexologie Clinique, France; ²Académie des Sciences Sexologiques, France.

Introduction In the last few decades, a new libido pathology has developed: young married or co-habiting women who, after the birth of their first or second child, while still in love with their partner, no longer feel sexual desire for him, even to the point where affectionate gestures are seen as an aggression (sexual aversion). The etiology of this Sexual Desire Inhibition is multifaceted and one can distinguish two main categories: exogenous and endogenous. **Main Body / Results** Exogenous Etiologies Socio-professional problems Family problems Marital problems Partner's sexual behavior, affective style, and general behavior Endogenous Etiologies Libido inhibition due to undiagnosed unconscious problems Fragile sexual and gender identity construction leading to a secondary libido deficiency Not taking into account the *fractal time* of pregnancy and early motherhood Sublimation of the maternal function Post-partum or nursing-related health conditions Iatrogenic factors **Conclusion** The frequency with which this sexual pathology occurs makes it a problem for society at large and worthy of the attention of sexologists as well as of in-depth statistical study.

403.2 Comment les médias parlent du désir féminin ?

* Capucine Ternisien D'Ouille. SFSC, France.

For centuries, men had the monopoly of desire whereas women had to content themselves with being desired. The contraceptive revolution, which followed the dissociation between sexuality and reproduction, brought about women's desire. Women are attractive but are unable to attract: accordingly, women's magazines, television or radio broadcast offer them countless solutions to arouse men's desire The gap between solutions and women's needs during our consulting hours makes us wonder whether women have more difficulty in seducing or in feeling desire

403.3 Désir, intimité, proximité en médecine sexuelle.

* Nicole Arnaud-Beauchamps. SFSC, France.

Inside our medical office, as women talk about their sex life, something very special is obvious: sexual life is intimate, it's the most intimate part of our life. How can we manage this intimacy in sexual medicine? how bearable proximity can be? first of all we will discuss what kind of setting sexology practice is

needing of then we will approach the reality of therapeutic alliance, basis and abilities, as talking of one's sexuality requires trust and secret. In practice we listen to sexual dysfunctions (sometimes image of couple's lack of intimacy), we can touch bodies in quite a proximity, but it's so a paradox that never patient and therapist will be intimate.

403.4 Quelle place pour le couple de la femme de 2005 ?

*Michele Pujos-Gautraud. SFSC, France.

Since the beginning of humanity social rules define woman's place in occident: parents choose her husband, she has to be quickly pregnant, she must give good education to children, whatever her job and dedications, most of the time living was in the country. Since the 60's conditions have changed: townliving, distant working place, splitted family are usual lifestyle. Women need to earn money, take care of children and do homework alone most of the time. Meantime media urge them to do their best in order to remain young, beautiful, smart, sexy and, last but not least, the "lover" These challenge become more and more difficult, let's consider raising of divorces What can we do in order to help our patients in their hope of blossoming?

403.5 Grow Old in Love or: If Sexuality of the Elderly Was Counted.

*Irène Raharivololona. SFSC, France.

Sex drive and desire are structuring, rythming, and modeling every moment of our life. In the area of sexuality, as far as ederly are concerned, common sens seems to consider that "its normal" to see a decrease intensity of the sex drive and desire going with the decrease of physical, cognitive and psychological capacities. This representation, too limited, constitue a comfortable alibi to keep sexuality in its main status of sex-drive indicator and meanwhile to exorcise the end of its opposit. that may explain too that the scope of activity of sex-drive and sexual desire of the elderly remains "delicate subject" widely unexplored and little investigated. However, today, we must wonder if "papy-boomers" won't knock over datas, refusing energetically to see their sex drive and sexual desire being retired, specially when life expectancy in France is over 80 This presentation simply wants to testify the "vitality of this reality" (kept in the dark) and by that, inviting us to open a reflexion and research, but first of all, an action.

403.6 Désir et avatars.

*Jacques Chaumeron. SFSC, France.

Arms that stretch out, seeking others, stretching out: desire is a quest to embrace. Multifaceted and multiheaded creature, according to Plato, desire creates its own meaning direction, momentum, tension,urge and drive. Desire is no longer need, it goes further. Need comes along, desire is just happening. The first one copes with " what is there" the second one invents what, perhaps," will

be" and registers this hallucinatory projection in lack and absence, and pleasure's hypothesis. sexual desire makes its entrance as a prime mover within libidinal dimension, as a resolvent and fleeting moment in its effects. Desire can be seen as an impulse, a flow, a riverlike course becoming a delta. its arms depict as many misadventures.

404.1 Psychopathy: In-Treatment Change and Recidivism with Sexual Offenders.

*Jeffrey Abracen¹ and Jan Looman². ¹Correctional Service of Canada, Canada;

²Regional Treatment Centre, Canada.

Seto & Barbaree (1999) investigated the association between psychopathy, treatment behaviour and sex offender recidivism. Ratings of treatment behaviour were found to be unrelated to parole failure or general recidivism and were associated with higher rates of serious recidivism defined as a new violent or sexual offence. The authors observed that men who both scored higher on treatment behaviour (i.e. those who were rated as performing better in group) and who were assessed as having higher Psychopathy Checklist-Revised (PCL-R) scores were the most likely to reoffend. The authors note that these findings "reinforce concerns that have been expressed about the involvement of psychopaths in treatment (p. 1245). In spite of the positive aspects of this study, there are a number of potential difficulties with this investigation. Perhaps the most significant difficulty relates to the fact that very few of the subjects actually met diagnostic criteria for psychopathy (i.e., 9% of rapists, 3% of incest offenders and 3% of extrafamilial child molesters). In fact, the analyses reported by the authors were conducted using PCL-R cutoffs which were well below that suggested as being diagnostic for psychopathy (i.e. 10, 15, or 20 depending on the analysis whereas a cutoff of 25 or 30 is typically recommended). In order to both replicate and extend the findings of Seto & Barbaree, a study using a similar methodology was conducted at the Regional Treatment Centre (RTC). There are several reasons for the RTC being chosen for this investigation. The first, and perhaps most important, relates to the fact that clients attending the RTC have mean PCL-R scores well above those reported for the WSBC (approximately 23/40). With reference to the RTC sample, PCL-R data were available on 169 subjects who have completed treatment. Further 42% of these subjects had PCL-R scores above 25. Given that the average PCL-R score for the RTC sample borders on the recommended cutoff for psychopathy, this group represents a better sample on which to conduct research related to psychopathy. Second, detailed clinical reports were available on these 169 subjects who have completed the RTC sex offender program (RTCSOP). Independent raters coded treatment reports produced by the staff. As in the Seto & Barbaree study, ratings were made for change in victim empathy, understanding of the offense cycle and quality of the relapse prevention plan. These ratings were made on four point scales. A global rating of treatment performance was also made. Results will be discussed in terms of the theoretical literature related to psychopathy. In specific, the present investigation found that there may be a sub-group of high PCL-R clients who are amenable to treatment and who recidivate at rates which are non-significantly different than low PCL-R subjects. These findings were reinforced by the global ratings of risk reduction made by treatment staff.

Ratings of decreased risk made by treatment staff familiar with both the client's participation in an intensive 6-month inpatient based program (the RTC program) as well as the client's scores on actuarial risk assessment measures were able to predict which clients, in fact, posed a lower risk of recidivism based on subsequent conviction data.

404.2 Circles of Support and Accountability: 10 Years and Counting.

*Robin J. Wilson. Correctional Service of Canada, Central District Parole, Canada.

It has now been 10 years since we began using Circles of Support & Accountability (COSA), a model of professionally-facilitated volunteerism, to assist in the community integration of high-risk sexual offenders. What began as an ad hoc response to a media firestorm and resultant community outrage has become something of a "tried and true" means by which to decrease recidivism while increasing community cohesion. Significant documentation now exists as to the means by which COSAs are established and maintained. Projects in international jurisdictions are also now starting to produce materials supportive of the model. In particular, Circles of Support and Accountability in the Thames Valley (UK) has recently released an impressive Interim Report. Otherwise, an international COSA network has been established in which information and advice is shared in a true spirit of community and a belief that, together, like-minded citizens and professionals can increase safety for society's most vulnerable. A formal evaluation of the COSA Pilot Project in South-Central Ontario (Canada) has now been completed. The quantitative results show that involvement in a COSA can reduce sexual recidivism by more than 60%, in comparison to either actuarial norms (STATIC-99) or matched controls not in a COSA. Harm reduction effects have also been witnessed, with each of the COSA sexual recidivists having reoffended in a categorically less severe manner than the offense which precipitated their involvement in the project. Qualitatively, the COSA pilot project has had a profound effect on the community in South-Central Ontario, for both citizens and offenders. The project continues to garner favourable press and the support of law enforcement agencies. Similar results have been observed in other Canadian COSA projects, specifically, those in Victoria, British Columbia; Winnipeg, Manitoba; and Ottawa, Ontario. This presentation will briefly outline the rationale and mechanics associated with COSA development and maintenance and will present data regarding project effectiveness and areas for improvement.

404.3 Assessment of In-Treatment Change with Sexual Offenders.

*Jan Looman¹, Jeffrey Abracen² and Leigh Harkins³. ¹Regional Treatment Centre, Canada; ²Correctional Service of Canada, Central District Parole, Canada; ³School of Psychology, Canada.

The purpose of the present investigation is to identify potential dynamic predictors of sexual re-offence by examining scores on a battery of psychometric instruments administered at pre and post-treatment in the Regional Treatment Centre Sexual Offender Treatment Program (RTCSOTP). Hanson (1997, 2000)

suggested that while long-term outcome studies are useful, they do not tell us anything about the effectiveness of current interventions. He suggested that measuring within-treatment change dynamic factors is a more immediate measure of treatment effectiveness. The RTCSTP provides assessment and treatment service to sexual offenders incarcerated in the Ontario Region of the Correctional Service of Canada. Treatment is provided only to those offenders who present a high risk to re-offend and who have a high level of treatment needs, thus this sample provides a unique opportunity to identify potential targets for intervention in a particularly difficult client group. Measures include the Multiphasic Sex Inventory (MSI), the Adult Self Expression Inventory, the Buss-Durkee Hostility Inventory, the Bumby Rape and Child Molester Cognitive Distortions Scales, The High Risk Situations Test, The Miller Social Intimacy Scale, the UCLA Loneliness Scale, The Coping Using Sex Inventory, The Relapse Prevention Knowledge Test, the MAST and the DAST. The initial sample includes all sexual offenders who have been assessed by the RTCSTP since 1992 (N=550), although some analyses will be restricted to a subsample of these. Analyses will examine the relationship between recidivism and pre-treatment and post-treatment scores separately. As well, the relationship between changes on these instruments and recidivism will be examined. Recidivism data were collected with reference to those clients who had been released and were at risk of re-offence. Changes from pre- to post-treatment will be examined by means of paired samples t-tests, while the relationship between psychometric measures and recidivism will be explored by means of Logistic Regression. Preliminary analyses (Looman, Abracen, & Harkins, 2004) have indicated that significant relationships between MSI sub-scale, the High Risk Situations test, the Buss-Durkee Hostility Inventory, the MAST, and the Adult Self-Expression Scale and recidivism exist. Results will be discussed in terms of potential areas of intervention, effectiveness of treatment, and the potential impact of psychopathy (as measured by the PCL-R; Hare, 2003) on treatment outcome and the interpretation of test results.

405.1 Alternative Methods for the Measurement of Human Sexual Arousal.

*Kimberley A. Payne¹, *Nicole Prause², *Tuuli M. Kukkonen, Erik Janssen, Jerome Cerny and Yitzhak M. Binik. ¹McGill University, Department of Psychology, Canada; ²Indiana University, USA.

This workshop will provide three in-depth discussions of alternative methods for the measurement of human sexual arousal including the labial photoplethysmograph, the labial thermistor clip, and thermal imaging. The labial photoplethysmograph is a recently designed instrument for measuring female physiological sexual arousal. The instrument is psychometrically comparable to the more commonly-used vaginal photoplethysmograph, is more robust against artifacts, and may correspond more with self-reports of sexual arousal than the vaginal instrument. However, the labial photoplethysmograph needs some improvement to make it more comfortable for participants. Given the problems with the vaginal photoplethysmograph, several additional measures of genital response in women are being developed, but the criteria for choosing amongst instruments are not entirely clear. The presentation will cover possible points of

decision in choosing among instruments, particularly in what contexts the labial photoplethysmograph could be useful, and is intended for both beginning researchers and those already engaged in studies of female sexual response. In 1977 a device was developed that allowed for the measurement of physiological sexual arousal via surface temperature recording on the labia minora. This device coined the labial thermistor-clip consists of a small round surface thermistor attached to one end of a wire clip. Initial studies using the thermistor-clip found a significant correlation between labial temperature and subjective arousal ratings in addition to good sensitivity and reliability of measurement. In addition to this advantage, labial temperature recording provides an absolute measure of sexual arousal and is unaffected by movement artifact. A technical guide to working with labial thermistor clips will be provided and data from a recent study comparing sexual arousal in women suffering from VVS to healthy controls will also be presented. Finally, the use of thermal imaging technology in the physiological study of sexual arousal will be discussed with the objective of providing researchers with yet another alternative tool to measure physiological sexual arousal. An initial introduction to the basic principles of thermal imaging and how it applies to the study of sexual arousal will be provided, followed by the methodology required for measuring sexual arousal through thermal imaging, and a discussion on the advantages and limitations of this procedure. Thermal imaging is useful in the assessment of sexual arousal because it is non-intrusive, can be used in both men and women, and has great potential for the evaluation and treatment of sexual dysfunctions.

406.1 Specific Couple Therapy Interventions for Problems with Extradysadic Affairs: A Phasic Approach.

*Maureen Luyens and *Alfons Vansteenwegen. Institute of Family and Sexuality Studies, Belgium.

Topic In this workshop very specific therapeutic interventions are presented for different phases in the treatment of the problems with extramarital affairs.

Objectives A number of couples request therapy because of problems resulting from an extradysadic affair. Five phases in the affair are identified: (1) start; (2)suspicion and negation;(3)explosion and impulsive reactions; (4)making choices and the deadlock; (5)working through. For each phase specific therapeutic interventions are formulated. When does one see the couple together? When separately?How to manage a crisis? How to cope with the suspicion of one and the negation of the other? How to facilitate the working through after many years? **Session outline** In a role playing with separate instructions for each partner and the therapist, played by participants, different therapeutic interventions are tested en proposed. **Relevance** Problems with extramarital affairs influence the sex life of couples. **Targeted audience** Experienced sex and couple therapists

406.2 The Art of Sex Coaching: Principles and Models for Working with Clients.

*Patti Britton. Institute for the Advanced Study of Human Sexuality, USA.

The art of sex coaching: Principles and models for working with clients

Rationale: Clients deserve to have sex therapists and counselors who are aware of a variety of models for assisting them in their unique healing process. Using the principles, philosophy and practical methods used in life or personal coaching, and marrying them to methodologies used in sex therapy or counseling, **sex coaching** has been born. **Sex coaching** combines the mind, emotions, body and body image, energy and spirit, utilizing talking and at times observational body coaching to provide a healing pathway for clients to reach their desired sexual goals. After 12 years of using this approach, the presenter will share from her newest book, illustrating how sex coaching addresses over 25 unique sexual concerns for men, women and couples, and providing useful techniques for helping clients to overcome these difficulties. Composite case studies will be presented, along with a schematic showing the Britton MEBES model for integrating sex coaching into your sex therapy practice or designing a new practice of your own. Objectives of the session: 1) To provide sex therapists, counselors and life coaches with a new philosophical and practical model for assisting their clients with sexual concerns. (2) To enhance the understanding of how sex coaching works, using the Britton MEBES model. (3) To offer an understanding and skills development based on the sex coaching approach, with case histories and methodologies for assisting clients with the 25 most common sexual concerns. Session outline I. Overview of the principles and practices of sex coaching II. Summary of personal and professional preparation necessary to offer sex coaching services III. Discussion of the 25 most common sexual concerns for men, women, couples and those in special circumstances, such as GLBT, pregnancy, fetish/BDSM; including case histories for each concern, summary of causal factors, methodologies for assisting the client in overcoming the concern, and tips for successful interventions. IV. Presentation of resources and final recommendations for integration of sex coaching into your current practice. Relevance of the session to sexology This is based on a purely sexological model for assisting clients in overcoming their sexual concerns and is the perfect adjunct or replacement for sex therapy or counseling. Description of the targeted audience for this session Sex therapists, counselors, life coaches or any other professional clinician who addresses their clients or patients who need help in overcoming sexual concerns.

407.1 Internalized Homophobia: From Research to Treatment.

*Richard Montoro, *Karine J. Igartua and *Krista A. Payne. McGill University Health Centre, Canada.

Rational Internalized homophobia has come out as a significant predictor of mental health issues in the gay, lesbian, and bisexual (GLB) population. Its treatment however has been less well studied. **Objectives** By the end of the workshop, the participant should be able to 1. Understand the effects of homophobia, heterosexism, and internalized homophobia on the GLB population, 2. Recognize the overt and covert signs of internalized homophobia,

and 3. Apply psychoeducational and CBT techniques to the treatment of internalized homophobia. **Outline** The session will start with a presentation of the basic definitions to be used in the workshop and the research on internalized homophobia to date. The treatment modality of the psychoeducational/CBT group for internalized homophobia will be outlined and a brief experiential group will be held. Discussion is encouraged during the presentation, as well as at the end. **Relevance** In working with sexuality, same-sex desire is common even in people who don't self-identify as GLB. Thus the ability to recognize and treat the negative self-perceptions associated with same-sex desire is a useful skill for anyone working psychotherapeutically in this field. **Audience** This workshop will hopefully be useful to all therapists working in human sexuality (sexologists, psychologists, social workers, psychiatrists, counsellors and educators).

407.2 Treating Trauma, Depression and Anxiety in Gay Men with Childhood Trauma Histories Using EMDR.

*Dominic J. Carbone. East Stroudsburg University, USA.

Mental health research tells us that gay men use psychological services in far more greater numbers than their heterosexual counterparts. Gay men typically present themselves in treatment for problems relating to depression and anxiety, often the result of past and present social stigma. Quite frequently in treatment, it has been noted that these men report frequent childhood experiences of peer and familial ridicule, experienced during formative periods in the development of identity. This ridicule may be conceptualized as a chronic stressor that often results in traumatic responses in adulthood such as substance abuse and self-destructive sexual behavior. This presentation puts forth a treatment model for assisting gay men in overcoming their traumatic responses to childhood ridicule that take the form of self-destructive behaviors in adulthood. Participants will become familiar with the special mental health needs of the gay client and through the presentation of case studies, will become familiar with therapeutic techniques designed to relieve the resulting depression and anxiety by employing cognitive restructuring techniques. Participants will come to understand the value of gay affirmative psychotherapy, the need for advocacy outside of the gay community and ancillary treatment options for therapists.

408.1 Neurodevelopmental Correlates of Atypical Sexual Preferences.

*Michael Kuban, Ray Blanchard, James Cantor, Phil Klassen, Robert Dickey and Bruce Christensen. Centre for Addiction and Mental Health, Canada.

The etiology of atypical sexual interests has always posed an important question, and never more so than in the realm of paraphilic disorders such as pedophilia, fetishism, sadism, or the like. To date, little is known about any specific factors involved in their development, and much speculation has ensued. However, recent theories suggest that perturbations in prenatal or perinatal neurodevelopment are involved in the development of sexual interests. (Blanchard et al., 2002). For instance, outside the realm of paraphilias, homosexuality among men has possibly been linked to a sibling order effect and

an "older-brother phenomenon" has been discovered. This has led to suggestions that an autoimmune reaction of mothers to the Y chromosome, results in atypical patterning of neonatal brain de-feminization. More directly, research is revealing that pedophilia - a serious paraphilic concern - may be associated with both left-handedness, poor cognitive functioning, and early brain trauma -- variables that are also causally related to neurodevelopment. The purpose of our current research paradigm and this presentation is to outline the research conducted at the Centre for Addiction and Mental Health over the past decade, utilizing patient data from its Clinical Sexology Services. This research is supporting notions of early causative factors of later paraphilic behaviour (and particularly, pedophilia). Examined during this study period was well over 1700 sexual offenders presenting to the Kurt Freund Phallometric Laboratory at the Centre for Addiction and Mental Health in Toronto Canada. Dependent variables involved were those relevant to pre- or peri-natal development. These consisted of a) neuropsych data, (IQs, memory skills, verbal skills, etc.), b) handedness measures (sinistrality) which is an early brain phenomenon, and c) self-reported early head traumas resulting in loss of consciousness. The independent variable employed was the specific target (age / gender) of each subjects sexual preferences, as assessed by phallometric measures (penile plethysmography). Men diagnosed as pedophilic (greatest attraction to prepubescent children), hebephilic (greatest attraction to pubescents), or Teliophilic (preferring physically mature partners) were compared to each other on this battery of neuropsychologically-related variables. Results clearly support that men afflicted with an anomalous erotic preference - namely - for the very immature physique (pedophiles) generally had substantially lower IQs than teliophiles, a substantially greater incidence of left-handedness (almost 33% vs. a norm of 11-17%), and they self-reported a over twice the incidence of early head traumas resulting in loss of consciousness. This adds to the growing support for theories that sexual preference development occurs very early in life, possibly "in utero", and that early neurodevelopmental perturbations may likely contribute to anomalies of the development of such. This research encompasses a sufficient amount of material for two very interesting 20 minute sessions, or possibly a longer workshop-type interaction (although it is not "training" per se). Ideally, more than one 20 minute session should be considered.

408.2 The Phenomenology of "Sadism" and "Masochism".

*Gabriele Hoff. Life Style Education, USA.

The terms "sadism" and "masochism" are often applied to both criminal and non-criminal behavior even though they are very different phenomena. The purpose of this presentation will be to more fully explore the characteristics of consensual sadomasochism (SM), dominance and submission (DS) and erotic powerplay. By contrasting consensual activities and interests with non-consensual / criminal conduct, this workshop will provide an opportunity for the interested researcher to gain a better understanding of the beneficial role that SM can play within healthy relationships. Objectives of the session: To increase participants' knowledge of the experiences and motivations of SM practitioners. To dispel myths, assumptions and prejudices concerning SM and DS by comparing their

criminal and non-criminal variations. Session methodology: Workshop with video presentation of couples into consensual SM/DS who speak about their experiences and demonstrate their erotic powerplay activities in the video. Relevance of the session to sexology: Traditionally, society and the medical establishment have viewed SM and DS fantasies and experiences as symptoms of psychological imbalance. Dr. Hoff's research takes a radically different approach. By allowing couples in long-term relationships with a significant "kinky" component to speak out about their experiences, Dr. Hoff's documentary and upcoming book confront popular prejudice against SM and the people who participate in it. Description of the audience for this session: Mental health professionals and sex researchers who are interested in peering past the shadowy stereotypes and misconceptions that surround SM and viewing firsthand the possible beneficial aspects of power exchange and erotic powerplay, in healthy relationships.

409.1 Kamasutra: Ancient Yet Modern! - Invited Paper.

*Prakash N. Kothari and *Ravi P. Kothari. Seth G.S.Medical College & K.E.M.Hospital, India.

Who was the writer of Kamasutra? Which place did he belong? And when he wrote Kamasutra? Was not precise till date. We have been able to prove successfully by literary, historical, numismatic and archaeological evidences that he belonged to Nagarak (modern name Nagara), South Gujarat, India and wrote Kamasutra between 351 & 375 AD only. Unlike modern medicine, the book emphasises on both i.e. preventive and curative science of sexology. His views on sex education, foreplay, interplay, afterplay, oral sex, anal sex and multi orgasms are at par with the modern research of today. The treatise suggests a dynamic equilibrium between the past and the present. It appears that we continue to prescribe what has been *pre-scribed* centuries ago and one wonders whether the modern research is really a research or a *re-search*! □ Kamasutra, though ancient is yet modern!

409.2 Female First Sexual Intercourse: Models for Sexuality Education.

*Gabrielle N. Morrissey. Curtin University of Technology, Australia.

Across both time and culture, the experience of first sexual intercourse (FSI) is a powerful and significant initiation for females. There has been research into adolescent sexual behaviour and age of first coitus, yet investigation into the experience and meaning of female FSI has been limited. Much of the previous research on female FSI has used quantitative research to obtain data on contraception use, and the relationship of early sexual initiation to "problem" behaviours such as tobacco, alcohol and drug use. The aim of the present qualitative research was to better understand the experience of female FSI by employing the research methodology of phenomenology. This phenomenological research is unique and rich in its revelation of adolescent sexual behaviour patterns, development, attitudes and motivations behind psychosexual decision-making around the time of FSI. The significance and

appropriateness of using the method of phenomenology to investigate adolescent female sexual experience is discussed, to further inform future research in many other aspects of sexually being, development and education, for use in the design and development of sexuality education and other key areas of sexology. Two models have been developed, one thematic, and one structural, which have valuable implications for international sexuality education curricula. The research findings have illuminated six key thematic areas for sexuality education to address in adolescence: physical, emotional, developmental, educational, transitional and influential. These six key areas are presented in a thematic model for sexuality education to incorporate in any culture, to prepare adolescents and young adults, particularly females, for a healthy first sexual intercourse experience. The ERERER (Expectation, Rehearsal, Emotional Readiness, Experience, Reflection) structural model identifies five key preparatory, experiential and reflective developmental stages for adolescent females around the time of their FSI experience. These models of FSI for sexuality education encompass new knowledge about sexual development, and discuss the importance of FSI as an experience that can affect ongoing sexual patterns and decisions. The importance of when and how first sexual intercourse is experienced is also discussed. This new research presents valuable information, models, and curricula strategies for parents and sexuality educators of adolescents and adults. AV Requirement: Data projector, screen

409.3 Testosterone therapy in hypogonadal older men: indications and risks.

*Michael S. Irwig. Division of Metabolism, Endocrinology, and Nutrition, USA.

Controversy exists about whether and when to initiate testosterone therapy in older hypogonadal men. Should this determination be based only upon low testosterone levels? Or should treatment require a low testosterone in the setting of several signs and symptoms outlined by the Second Annual Andropause Consensus Meeting: loss of libido, erectile dysfunction, regression of secondary sex characteristics, depression, depressed mood, lethargy, inability to concentrate, sleep disturbance, irritability, decreased interest in activities, osteoporosis, and loss of muscle strength? It is well established that levels of total and free testosterone decline with aging at rates of 0.4% / year and 1.2% / year, respectively. By age 60, 20% of men have a total testosterone under 325 ng / dl, and this percentage rises to 50% for men over 80. Peter Liu et al. propose a management algorithm that emphasizes total testosterone levels. According to this model, total testosterone levels under 200 ng / dl signify androgen deficiency, levels above 400 ng / dl rule out androgen deficiency, and levels between 200-400 ng / dl fall in a gray zone. Araujo et al. propose an algorithm that combines testosterone levels with at least three signs and symptoms of androgen deficiency. According to this definition with an arbitrary number of signs and symptoms, 11.5% of men over the ages of 60-69 would be classified as androgen deficient. A review of the randomized controlled trials of testosterone indicates that testosterone replacement in older men clearly increases muscle mass and decreases fat mass. The results are ambiguous for the effects of testosterone on strength, insulin sensitivity, and bone mineral density. Epidemiological data show a strong correlation between low levels of testosterone and severe

atherosclerosis and its progression. In conclusion, many older men will have low levels of testosterone with or without signs and symptoms of androgen deficiency. Whom to treat becomes an important clinical question. While testosterone clearly has several established physiological roles, no large, long-term studies have evaluated the risks and benefits of testosterone replacement in older men in regards to cardiovascular, fracture, or prostate cancer endpoints.

409.4 Sexual behavior among Puertorican adolescents from stratified community and mental health samples.

*Jose R. Pando, Glorissa Canino and Rafael Ramirez. University of Puerto Rico School of Medicine, Puerto Rico.

Prevalence, consequences and correlates of adolescent sexual relations (ASR), including intercourse, have been of scientific interest during decades worldwide. In 2002, Puerto Rico showed the highest adolescent pregnancy rate (19.2%) within the United States. Previous studies also reported early initiation in ASR. Scarce data gathered on this subject in Puerto Rico reveals the need for further investigation. The current study is aimed to describe ASR patterns from a community and mental health samples. This study presents data from a stratified sample of Puerto Rican male and female 11-18 years old adolescents focusing its results in youngsters engaged in ASR. Uniqueness of this study stems from data from two representative samples of adolescents, one from the general community (N=994), and another of adolescents receiving mental health services within a specific period (N=550). Methodology included DISC IV and Non DISC Sexual Behavior individual interviews for both samples. Logistic regression models and bivariate odd ratios were used for statistical analysis. Results from community and mental health samples showed that the latter had consistently higher rates of ASR and lifetime reports of pregnancy, as well as lower age onset of ASR for females. In both samples no gender difference in prevalence of ASR was observed. Results also showed that older adolescents of the community sample meeting psychiatric diagnosis criteria and with lower parental attachment were more likely to engage in ASR; whereas in the mental health sample, adolescents with lower parental monitoring and parental involvement reported significantly more ASR. Further analyses revealed that, after adjustment for age and sex, disruptive or depressive disorders were associated with a higher probability of ASR in community sample. Otherwise, mental health sample showed significant association of ASR with depressive disorder. Whether mental disorder or lower parental-child relationships preceded or were consequence of ASR could not be determined due to the cross-sectional nature of the sample. In conclusion, adolescents with mental disorders initiate and engage in ASR earlier and more frequently; regardless of gender, older adolescents are more likely to engage in ASR; and parent-child relationship emerged as a highly relevant predictor of adolescent sexual behavior.

409.5 Assessing Midlife Women's Sexuality.

*Lisa K. Smylie¹, Eleanor Maticka-Tyndale² and Julie Fraser³. ¹University of Windsor, Canada; ²University of Windsor, Canada; ³Windsor Essex Health Unit.

Investigations into female sexuality in midlife have focused on the physiological aspects of hormonal and menopausal status. Mid-life, however, is a time of psychological and social-cultural changes for women that can have significant effects on their sexuality beyond menopause. With the baby-boom generation moving into middle-age, policy makers are now acknowledging the importance of understanding the sexuality of this generation, particularly the factors affecting the sexual behaviour, attitudes and preventative sexual health service use of people in this stage of life. Using data collected in the National Population Health Survey (NPHS), this study attempts to provide detailed, multifaceted descriptions of women's sexuality between the ages of 35 and 59 years (N = 15,249), with emphasis on psychological influences, including perception of one's body, distress and depression, as well as social constraints such as lack of access to sexual health services, family and work obligations, language barriers, lack of information, and financial status. The NPHS is a large-scale, national longitudinal survey covering various aspects of health and health care issues among the Canadian population. The analysis examines variations in reported sexual behaviours, sexual attitudes, and use of preventative sexual health services across regions of Canada and among various demographic subgroups of women. The study also examines psychological influences on female sexuality in midlife including feelings about one's body, distress and depression. Finally, the research highlights the distribution of social constraints on female sexual expression in this life stage, including lack of access to health services, lack of time due to family and work obligations, language barriers, financial constraints, and lack of information. This analysis demonstrates that, while the NPHS is the most comprehensive Canadian national survey on sexuality, it is out-of-date and ill-equipped for exploring social-cultural and psychological aspects of female sexuality in mid-life. Better data is needed in order to develop a holistic understanding of mid-life women's sexuality that can adequately inform social policy.

410.2 The contribution of the Internet to a transformation of sexual practices.

*Joseph J. Levy¹, Louis-Robert Frigault¹ and Alain Leobon². ¹Département de sexologie - UQAM, Canada; ²Unité mixte de recherche Espace et Société du CNRS Laboratoire CARTA, France.

Objective While the Internet has become an important tool for communication and meeting sexual partner among gay men, few studies have addressed these topics in Quebec. In this presentation, we will report the findings of a study which examined the impacts of Internet use on the sexual practices of Quebec gay men. **Method** A total of 932 gay and bisexual identified men residing in the province of Quebec completed an online questionnaire between May and December 2004 on the social, sexual and romantic uses of the Internet. The questionnaire covered several dimensions (e.g., the respondent's various uses of the Internet, the perceived advantages of the medium for meeting others, the

online and offline relationships and encounters experienced). The question pertaining to the repercussions of Internet use on the participants' sexual practices was formulated as follows: "As a result of your Internet use, did you discover or develop an interest for any of the following sexual practices?" The respondent could check as many of the 27 categories of practices provided (from bondage to voyeurism) and space was allocated for the addition of unforeseen practices. Results The average age of the respondents was 35.5 years. Most participants were Montreal residents, single and lived alone. The majority of participants (78.1%) indicated discovering or developing an interest in at least one sexual practice. In decreasing order of importance, these were in the areas of voyeurism (50.8%), masturbation (46.7%), oral sex (37.0%), anal sex (33.0%), talking "dirty" (30.6%), exhibitionism (30.5%), sex toys (19.8%), orgies (18.5%), and bisexuality (17.9%). The other practices respondents discovered or developed an interest in concerned from 12% to less than 2% of participants. Variations were observed as a function of socio-demographic factors. Discussion The results presented suggest the Internet, in providing access to a great diversity of sexual practices, can contribute to a transformation of individuals' sexual scenarios. However, despite this access, the participants appear selective in their interests, mainly choosing practices that can be exercised through the medium (e.g., voyeurism, exhibitionism, masturbation).

410.3 Sex education or child abuse? Sexual coverage in British teenage magazines - reactions from teenagers and adults.

*Susan M. Quilliam. British Association for Sexual and Relationship Therapy (BASRT), UK.

i: Introduction and Objectives To assess whether the advice, role models and editorial comment offered in British teenage magazines are helpful or harmful. ii: Main body / Results British magazines aimed at the 10-14 age range cover sexual topics through editorial comment, features, advice columns and celebrity profiles. There is much debate in Britain about whether such coverage is useful. Does it provide clear ethical guidelines and lead to responsible sexual decision making? Or does it encourage precocious sexual behaviour and so raise the level of teenage pregnancy? Is what is being offered educational or abusive? In her role as Consumer Correspondent for the Journal of Family Planning and Reproductive Health Care, the author has already carried out an initial press review of British teenage magazines with responses from teenagers and their guardians. The results will be published in October 2004 in Volume 30 Issue 4 of the Journal. This second stage paper would extend the initial report to carry out: 1: an analysis of eight teenage magazines from September 2004 to May 2005. 2: comments from 20 British teenagers and their guardians. 3: interviews with British sex education organisations; spokespeople for the magazines concerned; British press standards authorities, representatives of political opinion. Based on the initial exploration carried out for the Journal of Family Planning and Reproductive Health Care, it is expected that while young people, sexual health organisations and the media will judge the coverage of sexuality in teenage magazines to be helpful and educational, guardians and political representatives may often see it as harmful and abusive. iii: Conclusions The full study is still

underway; however the initial study suggests insights about teens' handling of sexual topics, and implications not only for media coverage but also for sex education.

410.4 On-line counselling for youth: experience of young empowerment and sexuality communication in Vietnam.

* Anh T. Hoang and Thien V. Pham. Consultation of Investment in Health Promotion, Vietnam.

Launched in May 2003, with funded from the Ford Foundation, the On-line counselling program on sexuality, HIV/AIDS and reproductive health for youth (called by short is CHAT - Counselling on HIV/AIDS and sexuality for Teens) has got high appreciation from the young people. With the web interaction, the counselling is received by youth as informative, anonymity, confidentiality and very youth friendly service, which enables them to express concern about sex and sexuality. Just for one and half year of operation, the web now get daily more than 10,000 hit per day and 50-60 counselling request. Especially, using this high-tech model has high potential in motivating youth in open discussions on sexual rights through postings and participating in forums. With the fast extension of the internet service in the country, the service not only meets the needs of urban but rural town youth as well. However, as this is new and the information technology intellecture and infrastructure in Vietnam is not very strong some concerns are also raised about the stability of the project. This report uses accumulated data from the program and analysis of counselling requests and comments.

410.5 Cyber-Education..One Step Closer to Cyber-Safety.

* Amanda E. Lambros. Curtin University of Technology, Australia.

Computers, widely regarded as one of the greatest innovations in history, affect many aspects of life. Worldwide, computer use has expanded in some countries even to almost every family and rates of use and access are still on the rise. Computers allow parents and teachers to foster learning at a younger age, however, they also potentially allow predators and strangers a window into our homes and private lives. Our most precious resource, our children, are being lured for developmentally inappropriate and dangerous sexual expression. This quantitative research aimed to examine the current knowledge of Cyber-Safety amongst parents, teachers and adolescents of Western Australia through a three-tired survey method. **Cyber-Safety** is a comprehensive educational approach that can begin to be taught during the first years of schooling and continue throughout the lifespan. This presentation will outline educational approaches regarding content and strategies, safety precautions on the Internet, how to avoid certain sites, the installation of *safety software* and the overall supervision and communication between parents, teachers and students about their activities on and off the Internet. As current Masters research, due to be completed in November 2004, this study is analysing results from three population groups to enhance information and education approaches to Cyber-Safety. Many parents

are not aware of what their children are doing on line, what times they are online and who their children are talking to. Teachers and schools are not spending enough time supervising the activities of their students whilst on the Internet and children themselves are often naïve and not fully aware of the potential dangers that face them each time they log-on to the Internet. This research, along with other complementary research in this area, shows that education and information are the keys to keeping children safe on the World Wide Web. It provides insight and a new innovative approach to Cyber-Safety and Education. Without proper education and communication, we are leaving children vulnerable to exploitation and harm by Internet Predators. This research is timely and important for educators, parents and adolescents not only in Western Australia but throughout the rest of the world.

411.1 Health professionals talking to patients about issues of intimacy and sexuality after a cancer diagnosis: Why is it so hard?

Amanda J. Hordern ¹, Annette J. Street and *Doreen Akkerman ². ¹Latrobe University/Austin Health Clinical School of Nursing, Australia; ²The Cancer Council Victoria, Australia.

Objective: The aim of this paper is to present the health professional perspective on communication with patients about issues of intimacy and sexuality in the context of cancer and palliative care. **Methods:** This reflexive inquiry involved a systematic and critical analysis of data from semi structured interviews (n=82), 33 national and international clinical practice guidelines and feedback from participants at 15 forums where preliminary research findings were presented to consumers and health professionals in cancer and palliative care. **Results:** Whilst there were a range of participant responses, the majority of health professionals engaged with patients in a very traditional manner, where they frequently made assumptions about patient need based on the patients age, diagnosis, treatment as well as gender and culture. There was an overwhelming assumption that patients would remain solely focused on medicalised concepts of cancer such as cure and survival outcomes. When patient sexuality was ever discussed by health professional, the topic usually became reduced to a genital, functional level, whereas patients were usually searching for information and support about how to live with the changes their cancer treatment had induced. It became increasingly apparent that the structure and culture of the cancer and palliative care settings made it difficult for patients to be regarded as individuals with divergent views about the importance of sexuality and intimacy when they were communicating with health professionals. **Conclusion:** Much has been written on the importance of raising the topic of intimacy and sexuality with patients in cancer and palliative care. Very little has been published about the reflexivity required for health professionals to confidently engage in communication with a patient about sexuality and intimacy after a cancer diagnosis. At a clinical practice level, this paper presents an in depth exploration of the avoidance, vulnerability, and risk taking underpinning the communication exchange between patient and health professional when health professionals attempt to address issues of intimacy and sexuality with patients in their care.

411.2 The challenges of oncosexology.

*Woet L. Gianotten^{1,2}, Leslie R. Schover¹ and Michael L. Krychman¹. ¹International Society for Sexuality and Cancer, The Netherlands; ²Erasmus MC, The Netherlands.

Cancer goes hand in hand with a wide range of problems in the area of sexuality, intimacy and fertility. Nevertheless, the vast majority of sexology professionals is scared of cancer and the vast majority of oncology clinicians is scared to discuss sex. So, many cancer patients don't get the proper care and attention they deserve. In this presentation a new subdivision of sexology will be emphasized. Oncosexology pays attention to various relations between cancer (and its treatment) and sexuality. In cancer fatigue, altered anatomy, impaired physiology, reduced hormone-levels, fear, disturbed fertility and changed intimate relationship are conspiring to destroy the sexual potency and satisfaction of a system. For proper oncosexological care some additional attitude and skills are needed, since serious physical impairment, violent emotions and approaching death are part of the deal. Professionals from the arena of sexology are challenged to consider including cancer survivors in their counselling. Oncology professionals are challenged to heighten their awareness of the sexual aspects of cancer and routinely to discuss sexuality with their cancer patients.

411.3 WAS : From 1974 to 2034. A Look into the Past. A Perspective - Invited Paper.

*Ruben J. Hernandez. Universidad Central de Venezuela, Venezuela.

Medical Sexology started scientifically in early 20th century (Heaberle). The Birth of Sexology has been explicit about its achievements (VI WAS WCS Washington 1983). From 1974 (Paris Congress of Medical Sexology) to 2004 (WAS XVI World Congress of Sexology La Habana) a look into the past may be summarized: 12 main events are described during these 30 years. Difficult to make a synthesis. But we must move forward, so let's do an exercise of imagination : 12 future pathways are described as roads for the development of Medical Sexology. Now is very easy to work in the field. The Academy and Sciences recognizes the importance of Human Sexuality in Education , Productivity and Quality of Life . The future is ours. SEXUAL HEALTH FOR ALL.

411.4 Facing a sensitive subject: Explorations on the meaning of sex research.

*Louis-Robert Frigault¹ and Robert Bastien^{2,3}. ¹Department of sexology - UQAM, Canada; ²Sante publique, Montreal-Centre, Canada; ³Departement de Medecine sociale et preventive, Universite de Montréal.

Objective Contemporary sex research has benefited from the HIV/AIDS epidemic, particularly from the resultant urgency to better understand sexual behavior in order to enhance prevention campaigns across the globe. Addressing sexual health problems has thus become the mainstay of sex research. Whether we are seeking to gain knowledge of the ill, the vulnerable, the abused or those who deliberately put themselves at risk, we are inexorably

facing sensitive subjects. The objective of this presentation is to reflect on how these subjects shape the way sex research is conducted and how subjectivity guides their interpretation. **Method** The process of data collection and the stance from which it is analyzed will be explored drawing from various studies conducted by the authors on sexual abuse, HIV / AIDS prevention, outreach and street work among prostitutes and sexual uses of the Internet. The authors will also provide a detailed analysis of the ethical principles guiding these studies and some relevant conundrums. **Results** Research on sex, especially "controversial sex", is far from neutral or objective. A consideration of the researcher's subject position, whether they are male or female, young or old, a parent or childfree, straight or gay, etc. is of crucial importance in sexological research. How we interact with research subjects is intimately linked to who we are as individuals. The determination of which questions are asked, which results are interesting and which words will be used to express them belong to the researcher's subjectivity. This subjectivity should be made explicit. The authors will illustrate how their own subjective comprehension of sex guides and creates bias in their research and how this may not be so terrible for science. **Discussion and conclusion** Hermeneutic complexity seems to emerge from what the authors call "sensitive subjects" in the scientific study of sexuality, notably, a form of "desensitization" that occurs as an effect of time. The experience of others can lead the researcher to extend the limits of his morality and merge the unacceptable with the acceptable. In light of these observations, the potential strengths, pitfalls and limits of micro-social research in the field of sexology will be discussed.

411.5 Sexual Health, Relationships and Spinal Cord Injury: The Experience of Cohabiting Couples.

*Blaine R. Beemer and *Lori Houger Limacher. Faculty of Nursing, University of Calgary, Canada.

Spinal cord injury causes sudden and serious challenges for the sexual and relationship dynamics of couples. Research in couples' sexual response to spinal cord injury has often emphasized quantitative surveys of physiological functioning that may not capture some of the complexities of couples' adaptation. In particular, the experience of the noninjured partner has received less attention clinically and in the research literature. Three cohabiting couples that have remained together after the male's spinal cord injury are interviewed both separately and conjointly. The conversations are tape-recorded and transcribed. This text is then interpreted using approaches consistent with Gadamerian hermeneutics. The experience of these couples is examined from a number of perspectives. As a couple facing a new and serious injury in one partner, what would they have liked to have received from clinicians regarding sexuality counseling in the acute phase of their crisis? How did they navigate the changes in social roles, body image, and desire caused by the injury? Did power dynamics in the relationship shift after this health-care crisis, and if so, how? Did their perception of themselves as sexual beings change in any way? The answers to these and other research questions are examined for what they can tell us about how to best support both members of a couple facing this serious health

challenge. The usefulness of Gadamer's hermeneutic approach as applied to studies in couples and sexuality is also discussed.

412.1 The Relationship between Static and Dynamic Predictors of Recidivism among Two Populations of Child Molesters in a Community-based Treatment.

*Joanne-Lucine Rouleau. Centre d'Etude et de Recherche de l'Université de Montréal, Canada.

Sexually deviant acts committed on minors are not recent phenomena. In Quebec, Giguere (2000) reports that historical documents from the 17th century relate sexual crimes committed on minors as well as adult women. Motiuk and Belcourt (1996) have identified that sexual offenders were representing 20% of the total population of federal penitentiaries in Canada. An important conclusion of this study was that the population of sexual offenders is constantly increasing in federal establishments. Consequently, the number of sexual offenders released from these establishments, as well as those living in the community, in an open setting supervisory context, or under youth protection measures, make demands for clinicians increasingly numerous, and require greater competency levels of their behalf. This presentation aims to describe two groups of child molesters, intrafamilial and extrafamilial, released from federal establishments, and referred to CERUM in comparison with two groups of child molesters, intrafamilial and extrafamilial, living in the community, and referred to CETAS. The comparison of static predictors shows that the majority of clients treated at CERUM present a recidivism risk level rated from moderate to high whereas the majority of clients at CETAS fall into the low recidivism risk category. However, results at phallometric assessments indicate that among offenders from CERUM, 56% presented with a deviant profile (children stimuli yielded greater reactions than adult stimuli), whereas among child sexual offenders from CETAS, the results indicate that 55% presented with a deviant profile. These results indicate that, depending on their needs, intrafamilial and extrafamilial offenders can benefit from treatment strategies based on deviant interest control learning. Beside these distinctions, it is important to keep in mind that, the presence of a deviant sexual arousal (as measured by plethysmography) being the individual characteristic showing the strongest correlation with sexual recidivism (Hanson and Bussiere, 1996), one must be cautious when determining the level of external supervision required for intrafamilial offenders, and planning their return at home and the possible encounters with the victim. Concerning treatment components, it appears important that, depending on their needs, intrafamilial and extrafamilial offenders be able to benefit from treatment strategies based on deviant interest control learning. In addition, the elaboration of relapse prevention strategies should be adapted to the specific needs of the two types of child molesters. As Stermac and Hucker (1988) have suggested, needs for understanding the victims (with whom they will possibly come into contact) require that the development of empathy for the victims be emphasized with intrafamilial offenders, as well as risk situation management styles, proximity to potential victims being taken into account. Parallel treatment methods such as the development of abilities for the building and maintenance of satisfying intimate relationships with adults and antisocial attitude modification will be able

to address the needs of certain extrafamilial offenders.

412.2 British Experiences in the Treatment and Management of Violent Sex Offenders.

*Don Grubin.

Perhaps surprisingly, in England, Wales and increasingly in Scotland it has been possible to coordinate the management of sexual offenders so that assessment, treatment and supervision is provided in a similar, consistent and systematic manner across jurisdictions. The spur for this has almost certainly been the introduction of sex offender registration in 1997, which meant that the police and probation services formally "knew" about sex offenders in their patches, and thus had an obligation to "do something" about them. The result has been Multi-Agency Public Protection Arrangements (MAPPA) which provide a statutory basis for the police, probation and prison services to work together. Assessment protocols using OASys (the Offender Assessment System) and Risk Matrix 2000 are used in all probation and police areas, probation services deliver only accredited treatment programmes, there is a large amount of information sharing, and constructive use is made of legal tools such as Sex Offence Protection Orders. More recently, the use of polygraphy is being piloted. Although known of this can be gone into in any detail in the course of this presentation, the structure will be explained, with the impact of polygraphy in particular highlighted.

412.3 Sexual Aggression.

*Paul Fedoroff. Royal Ottawa Hospital.

Dr. Fedoroff will summarize the panel's presentations by reviewing well-known publications supportive of three popular hypotheses: a) that sex leads to violence b) that violence leads to sex c) that sex and violence are epiphenomena Strengths and weaknesses of each hypothesis will be presented in order to challenge common answers to the question of what sex has to do with violence and to encourage a reevaluation of what we think we know.

501.1 Sex over 65.

*Jay C. Lee. University of Calgary, Canada.

Erectile Dysfunction (ED) is increasingly being recognized as a sentinel of underlying endothelial disease. Several population-based studies of ED prevalence have found significant associations between ED and diabetes, ED and prostate disease, ED and peripheral vascular disease, and ED and hypertension.¹⁻³ In addition, men with such comorbid conditions, men with anxiety and/or depression, and men being treated with certain drugs including antidepressants and thiazide diuretics, tend to have more severe and/or harder to treat ED.^{4, 5} Many factors can contribute to the development of ED, but one of the most

commonly associated factors is age. Between 40 and 70 years of age, the probability of developing moderate ED doubles from 17% to 34%, and the probability of developing severe ED triples, from 5.1% to 15%.¹ Thus, ED should be considered a significant health issue for men over the age of 40. Many physical and emotional changes occur with aging. Rates of certain medical conditions, such as diabetes, prostate disease, and cardiovascular disease increase with age and androgen levels decrease with age. Consequently and unfortunately, these factors all have a significant impact on ED, and can contribute to a decline in sexual function in the elderly. This case-based discussion will focus on sex in the patient who is over 65 years of age. The evidence surrounding the sexual patterns of the older patient and the co-morbidities that should be considered when treating the older patient will be reviewed. Many individuals with erectile dysfunction have multiple co-morbidities and the focus will be on how physicians can treat their ED patients so they are safe and happy. The objectives of this presentation are to provide information to enable the participants to:

1. Determine whether or not older individuals are sexually active
2. Identify co-morbidities that should be considered when treating an older individual with ED
3. Choose effective pharmacologic therapy for the older individual with erectile dysfunction.

501.2 Where Are We Going With ED Research? Selection of the Optimal Patient Approach to Management.

* Gerald B. Brock. St-Joseph Healthcare, Canada.

We live in a world of rapid technological advances. Healthcare is changing so quickly sometimes it is difficult for a busy clinician to keep up with the latest trends in research and clinical care. Increasingly, clinicians are seeing the value of an evidence-based medicine approach to health care, in order to provide the best possible care for their patients. Evidence-based medicine brings scientific research, clinical experience, and patient values and preferences into the clinical decision-making process. Erectile dysfunction (ED) can be caused by physiological, neurological, and/or psychological dysfunction, and is characterized as the consistent inability to achieve and maintain an erection sufficient for satisfactory sexual performance.¹ As such, the diagnosis is subjective, and is typically made by the patient and/or partner. While the clinician is essential for diagnosing the underlying pathology and providing treatment options, assessing the success of the treatment is a subjective decision typically made by the patient. Consequently, successful management of ED must combine clinical experience and patient values and preferences with the latest in scientific research. Phosphodiesterase 5 (PDE5) inhibitors, such as sildenafil citrate (Viagra), tadalafil (Cialis), and vardenafil HCl (Levitra), are highly effective, noninvasive, and well-tolerated ED treatments, with over 70% of men responding to therapy.²⁻⁵ However, about 20% of men will remain unresponsive to these pharmacological agents. More recently, PDE5 inhibitors also have been investigated for effectiveness in treating cardiovascular and endothelial dysfunctions.⁶⁻¹⁰ This presentation will focus on maximizing and optimizing patient treatment and patient management by combining new ED research findings with the clinical insights gained from working with over 700

patients with ED. Some of the new ED research topics covered will include rho-kinase inhibitors and guanylate cyclase activators. Some of the alternative uses for PDE5 inhibitors to be discussed will include congestive heart failure, pulmonary hypertension, and chronic (daily) use of PDE5 inhibitors.

501.3 The Psychosocial Outcomes of Tadalafil Therapy: What Drives Treatment Choice.

*John Dean. Human Sexuality Devon Partnership NHS Trust, UK.

The Psychosocial Outcomes of Tadalafil Therapy: What Drives Treatment Choice
Penile erection is a complex phenomenon involving physiological as well as psychological and neurological components. In a study investigating the variables important in the treatment of erectile dysfunction (ED), the 5 most important factors reported by patients were success, negative outcomes, risk, naturalness, and partner preference.¹ Because of the psychogenic component to ED, successful treatment must be mindful of patients' needs, expectations, and lifestyles. For many patients and their partners, successful treatment means a return to normal sexual function.¹ However, given the number of treatment options available, and the complex nature of ED, a patient may not be satisfied with an effective and well-tolerated therapy if that therapy does not meet patients' needs and expectations. There are currently three phosphodiesterase 5 (PDE5) inhibitors for the treatment of ED: sildenafil citrate (Viagra®), tadalafil (Cialis®), and vardenafil HCl (Levitra®). All three are highly effective and well-tolerated treatments. The three drugs differ, however, in their pharmacokinetic profiles. This presentation will focus on the results of an open label, crossover study comparing sildenafil citrate and tadalafil, taken by men with ED who were naïve to PDE5 inhibitor therapy.²⁻⁴ At the end of the study, 71% of men preferred tadalafil and 29% of men preferred sildenafil. This presentation will focus on the psychosocial variables associated with successful ED treatment. As part of the study, patients were asked to identify the reasons why they chose one drug over another using a drug attributes questionnaire which listed the following attributes: duration of efficacy; firmness of erections; consistency of response; time to onset of effectiveness; side effects; partner preference; and tolerability. Recognizing drug attributes that have a positive affect on treatment satisfaction may help to identify common reasons men chose sildenafil citrate or tadalafil for treatment. In addition to drug attributes, the effect of ED treatment on psychosocial factors was assessed using the Psychological And Interpersonal Relationship Scales (PAIRS). PAIRS is a self-report measure used to compare sexual self-confidence, spontaneity, and time concerns. As with the drug attributes questionnaire, the differences in PAIRS domain scores may help explain why men chose one treatment versus another for their ED. Combined, the drug attributes questionnaire and PAIRS may provide insight into what is important to men seeking treatment for their ED.

503.1 SSSS Presidential Symposium: The Influence of Gender on HIV Risk.

*Walter Bockting¹, *Suneeta Krishnan², Cynthia Gomez² and Linda Kaljee³.

¹University of Minnesota Human Sexuality Program, USA; ²Dept. of Medicine, UCSF, USA; ³Khanh Hoa Provincial Health Service, Viet Nam.

This symposium features research presentations followed by a discussion with congress participants on the influence of gender roles and power differences on the HIV risks of African American, Latina, Indian, and Vietnamese populations. Investigators will share findings of three studies funded by the U.S. National Institutes of Health. In a dialogue with congress participants, the implications for HIV prevention targeting the risks associated with differences and inequities between women and men will be discussed. **1) Sunneeta Krishnan, Ph.D.: Gender-based Economic Inequities and HIV Risk among Women in South India**- An analysis of the India National Family Health Survey data on Karnataka showed that women with cash earnings were more likely to report decision-making autonomy, but were also more likely to report spousal violence. Qualitative research with married low-income women and men in Bangalore revealed that married women seek employment only in the face of economic hardships, and that hardships are often associated with husbands' consumption of alcohol and unemployment, marital discord, and violence. **2) Cynthia Gomez, Ph.D.: A Gender-Economic Model of HIV Risk in African American and Latina Women** - This study tests an innovative model that will assess the intersection of culturally-prescribed sexual gender norms, socioeconomic context, and HIV risk. Important differences emerged in sexual gender norms between African American and Latina women. Women across ethnicity and class reported high risk sexual behaviors despite high knowledge and concern about HIV. **3) Linda Kaljee, Ph.D.: Gender, Sexual Stigma, and HIV Risk and Protective Behaviors among Vietnamese Adolescents**- In Viet Nam, premarital sex is strongly discouraged through traditional and governmental taboos that categorize it as immoral. This is particularly true for youth who are described as "too young" to know about sexuality, and for whom such relationships are considered destructive to their obligations to family and school. While this social stigmatization encourages abstinence, it discourages knowledge and use of other protective behaviors. Qualitative research illuminated how sexual stigmas are differentially experienced by young men and women.

503.2 Gender Identity, Gender Role and HIV Risk: Results from an Online Study of the U.S. transgender population.

*Walter Bockting. University of Minnesota, USA.

Needs assessments studies have shown that among certain subgroups of the transgender population, HIV prevalence and risk behaviors are high. Funded by the U.S. National Institute on Drug Abuse, this study employed an online survey and online in-depth interviews to identify transgender-specific HIV risk factors. Male-to-female and female-to-male transgender participants (N= 1,229) were recruited via banner advertisements on transgender community websites and messages posted to online mailing lists, journals, and forums. Eighty-five percent completed the survey. Randomly selected participants (n=131) completed the

online interview using a combination of asynchronous (private bulletin board) and synchronous (private chat) computer-mediated communication. The relationships between unsafe sex and crossgender identification and role were examined. Results indicated that female-to-males who are more committed to gender crossing were more likely to have unsafe sex. For male-to-females, however, the opposite was found; those who are more committed to gender crossing were less likely to have unsafe sex. Findings from the qualitative interviews suggested that, especially early in transition, transgender women and men's sexual relationships and HIV risk mirror that what is known about the risks of nontransgender women versus men. Transgender men appear to be at risk because of their own sexual behavior, particularly sex with men. Transgender women appear to be at risk, at least in part, because of the high risk sexual behavior of their male partners. Implications for the influence of gender on HIV risk more generally will be discussed.

503.3 Risky sexual behavior in low-income African American women in the U.S.:

Impact of sexual health variables.

*Beatrice E. Robinson, Karen Scheltema and Tonya Cherry. Program in Human Sexuality, USA.

Introduction and objectives This study aimed to extend our testing of the Sexual Health Model as it applies to low-income African American women. We used logistic regression analyses to test for associations between (a) 5 operationalized constructs theorized in the Sexual Health Model to impact overall sexual health (barriers to healthy sexuality, sexual anatomy and functioning, positive sexuality, sexual health care, and cultural identity) and (b) several measures of risky sexual behavior (consistent condom use, multiple concurrent partnerships, and overall sexual risk). **Description of Methods** The sample was drawn from 306 participants in a sexual health HIV prevention intervention targeting at-risk African American women from the metropolitan area of two large midwestern cities, randomly assigned to an intervention or control group. A subsample of 163 African American women who reported having been sexually active with a man within the last 3 months was analyzed here. Data were collected using in-person structured interviews by trained peers. Participants received monetary reimbursement of up to \$75. **Main body/Results** No significant relationship was found between acculturation and risky sexual behaviors. Having sexual difficulties was positively associated with overall sexual risk and multiple concurrent partnerships. Favorable attitudes toward condoms were positively associated with consistent condom use. Desiring or intending pregnancy was positively associated with inconsistent condom use and overall sexual risk behavior. **Conclusions** This is the first study to demonstrate relationships between sexual difficulties, multiple concurrent partnerships, and high-risk sexual behavior overall. It confirms previous findings demonstrating a relationship between desire and intentions for pregnancy and inconsistent condom use and high risk sexual behavior in general. It also confirms previous findings demonstrating the importance of condom attitudes in one's willingness to use condoms consistently. These findings are congruent with growing empirical support for an explicit focus on sexuality and relationships in HIV

prevention. Future studies should continue to investigate these complex relationships in diverse populations and pay attention to measurement issues which make it more difficult to find consistent findings across studies. If researchers could agree on consistent ways to measure major variables, we could be more confident that contradictory findings in the literature were not due primarily to measurement error.

504.1 Sexual Fear: Implications for Clinical Sexology and Sex Education.

*Howard J. Ruppel. Institute for Advanced Study of Human Sexuality, USA.

Sexual fear and its impact on society and culture is a topic that is under addressed by sexologists. This presentation will examine the role of sexual fear in clinical sexology by examining, through a consideration of clinical case histories, its impact on sexual functioning. Through the use of case histories, examples will be provided that demonstrate the way in which fear of sex can impact sexual behavior, sexual desire, and the capacity of individuals to change or adjust their sexual behavior. Sexual fear may also impact the ability of a society to establish effective programs for sexuality education. Efforts to encourage caretakers to "talk to children about sex" or to become "askable" cannot be effectively implemented unless the issue sexual fear or sexual negativism is addressed by these parent / caretakers educational programs. Efforts that emerged in the 60s and 70s to create sex positive approaches to sex education for professionals and for individuals have fallen short, and a decline in the number of sexuality training programs and fear based approaches (sex addiction, abstinence only education) to sexuality have emerged during the last decade. A case will be made for the need for sexologists to take the lead in launching a "New Sexual Revolution" that will systematically address, through primary interventions, sexual fear and its negative impact on sexual health and pleasure based interaction among humans. Sexual politics present a major impediment to addressing these issues. The need for constructing coalitions, trust building, and developing effective ways in which sex positive strategies can be implemented will be addressed.

504.2 Manufacturing Sexual Fear.

*John G. Ince. TAOL, Canada.

Though modern culture is often portrayed as sexually sophisticated, in fact most people harbor primitive sexual anxieties. This insecurity is no accident. It is the product of a fascinating but complex social system that operates in every family, school, media outlet and government office in most cultures. While the psycho-social systems that generate racial and gender prejudice have received significant academic attention, the system that produces equivalent negativity toward sexuality and genitals has been largely ignored. This presentation will provide an overview of the key elements of that system. As an illustration, the speaker will show how the system generates negative attitudes toward a specific sexual target: the sight of genitals and female breasts. Examining common child rearing practices, media policies and legal regulations the presentation shows how

successive generations of people acquire both aversions and delusions about genital visibility. This toxic learning process occurs mainly when children observe intolerant behaviors aimed at genital visibility. Such intolerance ranges from the subtle to the dramatic, from the frown of a parent who sees a child nude, to the arrest of recreational nudists at a public beach. When parents or respected social institutions attack harmless genital visibility, children learn the false lesson that genital visibility is somehow dangerous and worthy of attack. Intolerance thereby breeds irrational attitudes. And those attitudes in turn generate more intolerance. A child who believes that nudity is somehow immoral will grow up to be a parent who prohibits the nudity of children. Intolerance is the virus by which phobic attitudes leap from mind to mind. A similar psychological infection system generates irrational fears aimed at a broad range of other sexual subjects including sexual discourse, sex education, teen sexuality, masturbation, sex toys, sex workers and homosexuals. These sex-negative infection systems operate more virulently in some families, institutions, and cultures, than others. Such variation is not random. The speaker will identify the key variables that explain such variation, the key of which is the political structure of the family, institution or culture. The more hierarchic that structure, the greater the sexual fear; the more democratic the politics, the more relaxed the sexual attitudes. The speaker will discuss why political and sexual attitudes are so intimately linked.

504.4 Television in the making and unmaking of sexual fear.

*Joshua Gamson. University of San Francisco, USA.

Note: This paper is part of the Symposium on Sexual Fear. Rarely does television directly promote the notion that sex is something to be feared, but it is nonetheless the central public processor of sexual fears. This paper addresses the question of how commercial media, especially television, work to circulate sexual fear. Most television programming decisions are not explicitly moral ones (television producers have little invested in promoting sexual fear for its own sake) but stem primarily from market considerations and organizational routines. Those considerations and routines vary according to genre, market type, and business strategy. Thus the role of TV in the making and unmaking of sexual fear is indirect, uneven, and contradictory. Using recent examples from a variety of TV genres, I lay out four related ways television becomes embroiled in the publicity of sexual fear. First, and most plainly, much of mass-audience television is acutely responsive to images that might be disturbing to its audience, or perceived to be so by advertisers; this often leads to the suppression of controversial sexual behaviors and statuses, with the implied or explicit warning that viewing them may be dangerous. Second, in a sort of counterpoint, much television programming relies on sexuality to attract an audience, especially younger viewers. This leads, most visibly in sites such as MTV, to considerable revelation and demystification of sexualities, with the implied or explicit message that a wide range of practices and identities is neither dangerous nor frightening. As the television industry has become more fragmented, this sort of programming has increased. Third, much television programming relies on scandalous behaviors to attract an audience. Here, the notion that certain types of sexual desire and behavior are dangerous is amplified, as sexually

nonconforming behaviors are publicized and marked as problematic. Finally, often in response to those forces that push television towards visibility and normalization of sex, television routinely becomes the focal point for a reassertion of sexual fear by traditionalists in the culture wars.

505.1 The Crucible Approach to Enhancing Sexuality.

*K. Ruth Morehouse. Marriage and Family Health Center, USA.

The Crucible Approach is a powerful method of helping clients explore their sexuality, resolve sexual difficulties such as boredom or lack of desire, and increase their sexual satisfaction. This workshop will explain the importance of the differentiation process in achieving sexual fulfillment. Objectives: By completion of this workshop, participants will be able to (1) understand the process of differentiation and how this impacts sexual satisfaction, (2) describe at least two Crucible Approach interventions in working with sexual issues. Session Outline: The workshop will begin by explaining the differentiation process. Then the four aspects of differentiation will be described with examples specific to sexual relationships. Case examples will then be used to demonstrate Crucible Approach interventions, including using sexual behavior as a window into people's psyche, maintaining balanced alliances in treatment, working from a "close-in" therapeutic position, and working from a non-pathological approach. Workshop format will include didactic presentation with slides, questions and answer session and group discussion. Relevance: This session is relevant to sexology because therapists are eager for effective approaches to help couples improve sexual satisfaction, which go beyond the seminal work of Masters and Johnson. International interest in the Crucible Approach has blossomed in the past decade. While David Schnarch's books have been translated into seven languages, workshop training has not been widely available to clinicians from around the world. This workshop shows how to turn sexual difficulties into opportunities for personal differentiation. Target audience: Experienced clinicians from diverse backgrounds and theoretical frameworks. Ruth Morehouse, Ph.D. is a licensed clinical psychologist, an AASECT-certified sex therapist (Diplomate status), and a member of AAMFT. She is the co-director of the Marriage and Family Health Center of Evergreen, Colorado, home of the Sexual Crucible and Passionate Marriage Approaches. Dr. Morehouse has been a plenary speaker at the AASECT national convention, and a frequent presenter at other national professional conventions. She has presented workshops in the Crucible Approach throughout the world, and conducts an international clinical practice for clients who fly in for couples therapy to the Marriage and Family Health Center. A-V need: Powerpoint projector

505.2 Group Therapy: Treating Women With Sexual Dysfunction.

*Patricia A. Groessl. Harbor Psychological Associates, USA.

Women Sexual Dysfunction H12, B2, B4 Group therapy can be an effective therapy to end the sexual silence, educate and empower women. In a small group therapy context, women with sexual dysfunction can learn and grow

together. The group therapy can be a successful adjunct to individual treatment. Even though our culture is inundated with sexual images and references, sexual silence has long been an issue for women. Many women have never talked to their partners and/or friends about sexual issues. Rather they suffer in silence and succumb to the myths about how sex "should" be, making negative assumptions about themselves and their partners and, as a result, repress their own sexual pleasures. Group therapy is an opportunity to treat sexual dysfunction as an adjunct to individual therapy to help women learn and grow with the help of other women so they can each define their own sexual selves. The purpose of this workshop will be to: 1. Present guidelines for the design and implementation of sex therapy groups for women who experience sexual dysfunction. 2. Provide treatment techniques within a group context. 3. Describe effective adjunct therapies. Participants in the workshop will learn a framework of therapy providing cognitive and behavioral treatment strategies within a group context. Topics will include: 1. Considerations in the design of a group. 2. Group implementation. 3. An overview of group processes. 4. Methods of treatment. 5. A step by step model of treating women experiencing sexual dysfunction within a group context. Objectives of the Workshop: 1. The participant will be able to describe guidelines for the design and implementation of sex therapy groups for women experiencing sexual dysfunction. 2. The participant will be able to identify methods of treatment within a group context. Session Outline: 1. Group design considerations, for example, size, duration, number of leaders, degree of dysfunction, age, size and location of room, and open or closed format. 2. Group implementation - individuals screened before selection, use of tests and/or other instruments, contracting for attendance, expectations and group rules. 3. An overview of the group process - different styles therapists can use to facilitate groups. 4. Specific methods of treatment. 5. Use of homework assignments. 6. A step by step 12 week model of treating women with sexual dysfunction within a group. 7. Resources helpful in treatment - video tapes, bibliographies, field trips. Examples of group and individual sex therapy brochures. 8. Adjunctive therapies to group therapy. This workshop can be relevant as an adjunct to the individual treatment of sexual dysfunction in women. Small group therapy can be an effective and efficient way to educate and treat women with sexual dysfunction as to the potential of their own sexuality. The target audience for this workshop is sex therapists and clinicians working directly with women. Handouts for all participants will be provided regarding current treatment information. Case discussion and questions will be encouraged. All presenters participating in session: Lead Presenter - Patricia Groessl, EdD - Licensed Psychologist and Certified Sex Therapist. Amy Groessl, MSW, LCSW - Clinical Social Worker (a mother - daughter team) Dr. Groessl will describe specific treatment and the model of group therapy. Amy Groessl will present the design considerations, group implementation and group process. Patricia Groessl, EdD is a Licensed Psychologist and Certified Sex Therapist who has over 25 years of experience working with individuals and couples. She has run groups for over 20 years and has specialized in sexual dysfunction with individuals and couples. Amy Groessl, MSW, LCSW is a Certified Social Worker who has worked for over 10 years treating children and adults in individual and group therapy. She is specialized in treating women and girls with sexual trauma.

506.1 The Yin and Yang of Youth Safer Sex: Innovative Workshop Techniques Integrating East and West.

*Judy B. Kuriansky¹, *Heather Simonson² and Michele Montecalvo³. ¹Columbia University Teachers College, USA; ²Planned Parenthood of Nassua County, USA; ³Columbia University Medical School, USA.

± Topic and rationale: The problem of teens contracting HIV AND STIs is reaching epidemic proportions, in the United States and around the world. Many countries are just beginning to recognize the extent of this problem and need to address it. Designing appropriate, effective and appealing programs for youth is exceptionally important given this increasing problem, and the specific problems of addressing these issues in this youth population. Various programs have been developed and applied in schools and by NGOs to address health risks for young people, some that include exercises to increase self-esteem and improve decision-making as well as information about STIs, but the present approaches are the first to integrate eastern techniques, focusing on awareness and direction of energy, with western techniques of object relations and communication skills, to accomplish these goals. These techniques can be immediately applied by the participants in various of their clinical settings and even with caried populations, and can appeal to researchers to develop collaborative research efforts in this area. Objectives: 1) To impress upon the participants the seriousness of the epidemic of STIs in youth 2) To identify the unique aspects of working with youth in this areas 3) To present the importance and usefulness of developing unique approaches that appeal to youth 4) To demonstrate unique approaches that have been applied in various settings around the world and that have appealed to youth 5) To present preliminary data suggesting the effectiveness of these approaches 6) To encourage future trials, applications and collaborative research in this area Relevance to sexology: Workshop highlights new developments in the clinical field of sexuality and intimacy, that can be applied in varied settings to varied populations, that focuses on a new model of sexuality, and can further improve self-esteem, foster intimate relationships and even facilitate cultural tolerance. Method: Includes didactic and experimental elements. Use of worksheets, posters, as videos, as well as demonstrations and experimental elements where the participants can actually get a sense of the experience. Outline: Didactic information through multi-media presentation, interspersed with demonstrations and participation. Audience: Wide audience: all clinicians, interested researchers, professionals interested in youth programs, AIDS prevention, sexuality and teens, unique workshop approaches that can be helpful to all clinical populations

506.2 Beyond the Fallopian Tube - Functional Knowledge for Youth.

*Su Nottingham and *Al Craven. Waterford Schools & Wayne State University, USA.

3 numbers from chart on page 7: G4, G10, G3 Topic and Rationale: Educational materials that are usable, student centered, enjoyable, and enhance learning. Strategies that are well designed, sex positive and fun allow youth to personalize information to move toward becoming sexually healthy adults. Objectives of the

session: Participants will experience educational strategies designed for youth for small group and a full classroom experience. The materials presented will be student centered, experiential and help learning happen in a non-threatening manner. Participants will experience a variety of teaching strategies designed to involve the participants, address a variety of learning styles, allow for movement in the classroom and help students to personalize the information for positive sexual decision making. Materials presented examine risk reduction, relationships, sexual health, sexual decision-making, sexually transmitted infection, prevention and topic important to youth. Manipulatives, interaction and fun are key to the strategies introduced. Participants will experience numerous strategies be used to enhance curriculum for all ages. Session Outline: Based on the time allotted, interactive strategies will be presented, experienced and discussed as they related to the adolescent and pre-adolescent. Topics include functional knowledge for youth that move beyond systems and biology to relationships, decision making, intimacy, and risk reduction. The workshop is fast paced and provides participants will numerous activities that can be used to enhance their classrooms or presentations. Relevance of the session to sexology: The educational component and the movement toward developing sexually healthy adults begins with youth. Description of the target audience: Educators, Youth Leaders, Peer Educators, Presenters and Trainers. Presenters: Su Nottingham, M.A. and Al Craven M.Sc.Ed. Roles: co-presenters/facilitators Credentials: Su Nottingham – Mid-West American Alliance Teacher of the Year, Michigan Life Management Teacher of the Year, Adjunct Professor Wayne State University, Family & Consumer Science Teacher, Waterford Mott High School. Al Craven– Michigan Health Teacher of the Year, Adjunct Professor Michigan State University, Health Consultant and Genesee Intermediate School District. Both have presents at numerous conference and workshops throughout Canada and the United States including: Guelph Conference for Sexuality, AAHPERD (American Alliance for Health, Physical Education, Recreation and Dance), British Columbia Planned Parenthood, Kansas State Sexuality Conference. Ontario Health and Physical Education Association, Michigan÷Iowa÷Idaho AHPERD, author÷contributors for New Brunswick Sexual Health, along with materials implemented in over 3000 school throughout Canada and the United States Audiovisual Screen needed.

507.1 Educating patients and physicians on sexuality and arthritis.

*Monique Camerlain ¹, *Angele Turcotte ², *Richard Villeneuve ³, *Pierre Alarie ⁴ and *Stephane Dion ⁵. ¹University of Sherbrooke, Canada; ²Universite Laval, Canada; ³, Canada; ⁴University of Montreal, Canada; ⁵Medical Division, Pfizer Canada, Canada.

Objective: The purpose of this study is to improve doctor-patient communication on the sexual difficulties related to living with arthritis. **Method:** In 2004, a review of the litterature on sexuality and arthritis reveals that arthritis affects sexuality in: **-Opportunity -Image -Desire -Competence -Expression** Though 40% of patients would wish to be questioned and helped with their sexual difficulties only 15% will mention them spontaneously. A cascade of interactive presentations on "Sexuality and Arthritis" was organised in 2004 in Quebec City for patients (n=55), family physicians (n=15) and rheumatologists

(n=7). Comments and suggestions were noted during the discussion periods which confirmed that. -Patients have significant sexual difficulties as they try to cope with arthritis. -Family physicians are not aware of the extent of the problem and fail to question patients on this topic. -There is a lack of rheumatological manpower in Quebec which leaves rheumatologists little time to deal with a question that often makes them uncomfortable. They would support efforts to educate the public and family physicians. -All groups would like quality educational tools for patients on the topic and have suggested involvement by the arthritic society. A patient-educational pamphlet entitled *Sexuality and Arthritis* was prepared, with the cooperation of l'Association de Medecine Sexuelle du Quebec, the Quebec Division of The Arthritis Society and Pfizer Canada. The content is based on a review of the available literature and covers physical and psycho-sociological sexual difficulties of living with arthritis. In the pamphlet, the need for communication between the physician, the patient and the partner is stressed and solutions are proposed. A video for family physicians with a parallel scientific content was also produced. This video will be presented across Canada as part of a continuing medical education (CME) program in rheumatology for physicians and rheumatologists. Possibilities of having the pamphlet and the conference available on the website of The Arthritis Society of Canada are being explored. **Conclusion:** The success of this study confirms the real need for educational programs on sexuality and arthritis towards patients and health care professionals. To increase the communication between physician-patient, more work needs to be done to increase physicians' awareness on sexual difficulties of patients with arthritis and other chronic diseases. This study also shows how partnership between medical experts and patients associations is key for the successful development and implementation of these programs.

507.2 The assessment of sexual disorders in medical general practice.

*Pascal De Sutter¹, Christine Reynart¹ and Francois de Carufel². ¹IEFS, Université catholique de Louvain, Belgium; ²IEPR, Université catholique de Louvain, Belgium.

Introduction and objectives Sexual dysfunctions may present a singular challenge to general practitioners. Human sexuality is seldom touched in most medical schools and general practitioners feel ill-equipped to assess and diagnose sexual disorders. In order to help physicians to make a comprehensive evaluation of a medical problem and to sort out the influences of sexual disorders from other medical conditions, we have developed a protocol providing guidelines to conduct assessment. These strategies will allow physicians to make better diagnoses, to deliver more adapted treatments, and to make more appropriate referrals. **Main body / result** Results and outcomes A multidisciplinary team of physicians, psychiatrists, sexologists and psychologists has created an interactive/educational CD-ROM specifically designed for general practitioners. The CD-ROM presents the steps to follow to evaluate the various elements that could be involved in the assessment of the case of a man suffering from stress at work, fatigue and depression. Medical, psychological, and sexological procedures are described. Professional actors role-play the characters of the physician, the patient, and the wife. Techniques to address the subject of sex with patients and strategies to quickly evaluate a sexual disorder are detailed. Criteria of male

orgasmic disorder, the way it affects sexual interactions, and the impact it has on the life of individuals are also explained. Computerized animation, graphic illustrations, questions addressed to the viewers, and comments from specialists complete the presentation. The CD-ROM has been screened by experienced general practitioners and medical students. Preliminary results show that this interactive/educational approach is well-received by physicians and improves their understanding of how to make a sexological assessment and diagnosis. Conclusions An interactive/educational approach using a CD-ROM format helps general practitioners to develop a global strategy in the process of evaluating the various parameters - including sexual factors - affecting patients' health.

507.3 Burnout in middle ages women, following a minor event but reactivation of early sexual abuse and the diagnosis of Anxiodepressive Syndrome as described in the annex of the DSM4.

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TITLE Burnout in middle ages women, following a minor event but reactivation of early sexual abuse and the diagnosis of Anxiodepressive Syndrome as described in the annex of the DSM4. **INTRODUCTION AND OBJECTIVES** Examination of several case of work litigation between insurance company and treating doctors lead in 50% of the case to the diagnosis of Anxiodepressive Syndrome as described in the annex of the DSM4. As few doctors are aware of this diagnosis a great confusion ensue. Some consider minor events at work as Post Traumatic Stress Disorder or major depression. Others experts or treating doctors only see a diagnosis of Adaptation disorder with depressed and anxious mood. The first diagnosis can justify a leave of absence of one year and the more. The second diagnosis only justify 2 or 3 month of absence from work. **MAIN BODY/ RESULTS** Examination of 20 of this well documented cases show that 50% of these women had a reactivation of the stress of a sexual abuse during their youth which was not active previously. The diagnosis most appropriate was Anxiodepressive Syndrome witch is less intense than PTSD but much more incapacitating than a diagnosis of Adaptation disorder with depressed and anxious mood. This syndrome can be activated by a series of stresses not intense enough to be considered as PTSD. But the intensity of symptom and incapacity to function is similar. They suffer from insomnia, lack of concentration, memory impairment fatigue close to what we see in major depression but less intense. Some experts consider them as slightly impaired other as seriously impaired. This difference leads to long legal litigations witch in turn aggravates the case. **CONCLUSIONS** Sexual abuse has a long standing deteriorating effect even if it is possible for some women to ignore this effect until middle age. Then with a competitive work place, lack of family support a minor even can trigger an Anxiodepressive Syndrome. Several of these women are showing signs of dissociation (subscale SC6 of the MMPI2) and improve when given opportunity to take the new antipsychotic medication as well as an ISRS.

507.4 Couples' Perceptions of the Psychosexual and Emotional Changes Relating to Pregnancy.

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Clinical Question: What are couples' perceptions regarding the psychosexual and emotional changes occurring during pregnancy? Objectives: 1. To identify and describe couples' perceptions regarding the psychosexual changes occurring during pregnancy 2. To examine and analyse couples' perceptions of emotional intimacy during pregnancy 3. To test the interpersonal perceptual approach which is at the heart of the Polomeno Family Intervention Framework for Perinatal Education Method: This triangulated study consisted of qualitative and quantitative data. The convenience sample of one hundred eighty-two pregnant parents (91 couples) were attending prenatal classes in the Greater Montreal region. Data were gathered from 21 francophone groups. In the first part, groups were divided into women and men. The women were asked to react to two written statements appearing on large sheets of paper: "When I am pregnant, I feel", and "When I am pregnant, my male partner is". The men reacted to: "When my partner is pregnant, I feel", and "When my partner is pregnant, she is". Content analysis was conducted on the sheets of paper. In the second part, quantitative data were obtained from 2 questionnaires: the first related to the sociodemographic and pregnancy characteristics, and in the second, the couples completed the 10-item Emotional Support questionnaire. Using these data, a plenary followed in each group, using the interpersonal perceptual approach based on 3 types of similarity: actual similarity, perceived similarity and understanding. Findings: 1. The majority of the participants were married, expecting their first child, and working full time. The age range was from 20 to 44 years. The pregnancy was planned for most couples. The gestation period ranged from 16 to 34 weeks. 2. In the content analysis of the women's groups, the emotions were either positive or negative. Regarding the psychosexual changes, the women described the positive or negative reactions relating to their sexual desire and libido. The women appreciated gestures of affection and physical proximity as part of sexual activity. 3. In the content analysis of the men's groups, the men experienced both positive and negative emotions. Their female partners were also described as experiencing both positive and negative emotions. Regarding the psychosexual changes, men's perceptions were more negative, describing the decrease in the women's libido. 4. Perceptions in emotional support differed between the women and the men. Conclusion: Women's and men's perceptions differed regarding the psychosexual and emotional changes associated with pregnancy. The interpersonal perceptual approach which is used in the plenary session helps to open the conversation between the women and men groups and also within the couple. Understanding is increased after the plenary, leading to greater intimacy within the couple.

507.5 Marital and sexual enhancement program for retired couples.

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Elderly people live many years after retirement. It gives rise to numerous consequences for society as well as for individual themselves. Aging does not always constitute a "golden age" and many difficulties can be associated to this period of life: isolation, poverty, physical incapacity, overconsumption of medication, mental and physical health problems, etc. The transition from an active life to retirement is not an easy part of conjugal life and may be a stressful transition period for couples. In a matter of fact they have to learn how to live together in a more proximate way. They must redefine their roles. They have to learn how to manage their activities, face up the departure of their children and the end of their professional life. Physical and sexual changes associated to this period of life increase the difficulty to make these adaptations. Studies indicate that elderly divorce rate, even if the proportion is less than in young couples, is increasing. This higher rate of divorce and separation in older couples reflect the difficulties that can be associated to this period of life. Principal sources of dissatisfaction have been mentioned: sexual activities, quality of time pass together, and communication (Herman, 1994). A sexual and marital life enhancement program for retired couples has been developed to prevent marital distress in aging couples. Cognitive-behavioral interventions are administered to group of 5 couples during 12 weeks (2 hours a week). The subjects (n = 82 couples), aged between 55 and 69 have been randomly assigned to the enhancement program group or to the waiting-list control group. Results of the following data variables will be presented. Dyadic adjustment has been measured by the Dyadic Adjustment Scale (Spanier, 1976). Sexual general functioning and sexual satisfaction has been measured by the Derogatis Sexual Functioning Inventory (Derogatis, 1979). Others measures of sexual and marital functioning will also be presented. Questionnaires were administered before and after the treatment program or the waiting period. They were also administered at the three months and one year follow-up. Results obtained in 78 couples to these questionnaires and others non-mentioned indicate that our program is effective.

508.2 The Female Condom: A Viability Study Using a Spanish Sample.

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Introduction: The female condom is the only method which offers both birth control and disease prevention simultaneously, while being basically under the woman's control. The objective of this study is to evaluate the viability of using the female condom in couples between the ages of 20 and 30. Methodology: Women were given an informational chat about the female condom, in which they completed two questionnaires about their attitudes toward and knowledge about this dual method. Those who agreed to participate in the study along with their partners (who then also completed the questionnaires) were given five

female condoms and asked to use them over a two month period. After this period of time, both members of the couple were administered a second questionnaire asking their opinions about the product. The sample is made up of 25 couples (50 subjects) with a mean age of 25.80 years for the women and 26.47 years for the men. The average age of their first sexual encounter was 18.0 years for the women and 17.1 years for the men in the study. The female subjects have had 2.4 previous sexual partners on average, whereas their male counterparts have reportedly had 17.3. The subjects have been involved with their current partners for an average of 5.6 years. Results: When administered the initial questionnaire, 73.0% of the female subjects and 73.4% of the male subjects had heard about the female condom only a little, 60.7% of the women and 73.3% of the men had never seen one, and 96.4% of the women and 73.3% of the men had never used one. Before using the product, 98.1% of the female participants and 93.3% of the male ones thought it was a good method, and 90.7% of the women and 100% of the men involved in the study said they would be willing to use it. In the initial questionnaire, reasons for using the female condom were listed as follows: to avoid unwanted pregnancies (women = 40%; men = 26.7%); to protect against STD's (women = 6.7%; men = 13.3%); 46.7% of the women said they would use it if their male partners did not want to use the male condom or other available birth control methods. Based on the data from the follow-up questionnaire, rates of use were the following: 33.3% of the couples involved used one condom of the five they were administered; 50.0% used three; 16.7% used all five. None of the couples used more than the ones they were given. Their willingness to continue using this method varied greatly; whereas 40% of the female subjects said they would be willing to use the female condom always or almost always and another 40% said never, 75% of the male respondents claimed they would use a female condom sometimes while 25% said never. Conclusions: It is necessary to carry out promotional campaigns for the female condom in order to increase the public's knowledge about this method and to favor its use, as it is still a little known product which is used by an extremely small percentage of the population.

508.3 Weeping and sadness post-abortion: spontaneous or induced?

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Introduction.-For decades various techniques have been used to estimate the number of clandestine abortions, and although some of them have proven more reliable than others, a truly precise method has not been found, due to multiple reasons such as the stigma of the woman who undergoes an abortion, and the fear of legal punishment. **Objectives.**-We attempted to find out in an indirect manner the origin of abortions that concluded with a uterine sanitation procedure performed in a hospital. This was achieved by means of interviews with the women who were admitted for an ongoing abortion at the Hospital Materno Infantil in Merida, Yucatan, over a period of 6 months. **Methods and Materials.**-The interviews focused on the feelings brought to mind by the termination of pregnancy, and it was remarkable to find how reluctant the women were to comment openly on their experience with an induced abortion,

or to acknowledge the existence of places where this process was carried out. Above all, they avoided making the link between their case and any voluntary or induced manipulation. **Results.**-A large percentage of these women presented weeping as a first reaction or symptom after an abortion. Sadness was also referred by nearly all of the participants. Thus, the following question arose: Can weeping and sadness be considered as feelings of guilt or repent, or should they be regarded as an attitude of loss (assuming a spontaneous abortion)? Doubts increased when one of the studied women was identified by us as having expressed her intention of having an abortion during a visit to our Family Planning Clinic, a few days earlier, but who was part of the majority who cried and was sad after the uterine cleaning process. **Conclusions.**-We believe our results are in agreement with the reasons found in other studies for the reduced figures for induced abortions. These causes include fear of possible legal consequences, ethical, moral, religious, and social discrimination, and may discourage women to admit that they have chosen a voluntary abortion. Only after transvaginal bleeding and pain have started do they go to the health center. However, no major complication or death was encountered for this reason.

508.4 Masculinity and Fatherhood: An Approach to Men and Adolescents in an Action-Research Context.

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This work introduces a description and analysis of collected data during twenty workshops carried out with two groups of adolescent men, between 15 and 20 years old and members of the Inclusion Program of the Adolescent Father (Programa de Inclusão do Pai Adolescente – PIPA). The objective is to "contribute with the visibility of the paternity question among adolescents through interventions with the intention of educating, producing, and disseminating knowledge, through a critical review, as well as transforming the masculine identity and paternity." As an action-research PIPA happens through the Workshop method. This method enables an approach to the subjects in the context of small groups organized according to variables previously established. The Workshop is a collective construction resulting from the effort of each one and of everybody, and a place where investigation and educational intervention happen simultaneously. It is a place for learning, as each one is called to immerse in his own history in movement, sharing ideas, experiences and feelings, and also to offer this same history as work material for the Workshop group. The social practices that compose the every day life of the subject will be problematized by the group, opening perspectives for reviewing values and attitudes in relation to the reality and/or explaining contradictions and installing conflicts that can lead to personal improvement. At the same time, it constitutes a field research situation, as the experiences and discourses of the subjects and the group, shared among them, offer the necessary material for building the corpus that will be analyzed and interpreted by the researchers.

508.5 Zoophily as a Cultural Pattern and Its Relation With Male Sexual Tendencies in the Colombian Caribbean Coast.

*Juan Carlos J. Ramirez Nunez. Universad Del Sinu, Columbia.

This study, of descriptive nature, investigated about zoophily, its prevalence and relation with the sexual tendencies of Men in the Colombian Caribbean Coast, MCCC (n=180, average age: 27.5 years), with the objective of determining how true is the stereotype of the sexuality among this population, the reason for this activities, and the level of parental acceptance. The results showed a 76% of zoophilic activity AZ during adolescence (88% she-ass, 9% cow, 3% other animals), 24% did not practice it NZ; as for sexual tendencies: 67% heterosexuality H, 24% bisexuality B, 9% homosexuality h. Currently: 12% AZ, 88%NZ, 79% H, 13% B, 8% h. In justifying zoophily, 51% believe it increases the size of the penis, 27% believe it strengthens masculinity, 22% adopts it as a fundamental aspect of the culture of the Caribbean man; with regards to parental acceptance, there is a 63% parental acceptance; 27% parental promotion; 10% of the parents do not agree with it. It is therefore concluded that the variability of the homosexuality is explained as a transitory sexual tendency which may or may not be associated with zoophily. The predominance of zoophily during the adolescence of the MCC not is highly influenced by the belief in the strengthening of the masculinity and the growth of the penis, which involves parental and social acceptance, thus reinforcing the zoophilic practice as a cultural pattern of the Colombian Caribbean Coast. * Fellowship WPA Caracas 2003, Researcher attached to the Biomedical Research Center of the Universidad del Sinu, Colombia. Director of the San Carlos Health Center (Meta-Colombia); e-mail: juancrn@yahoo.com; jeanca21@hotmail.com

508.6 Effectiveness of the treatment of woman's hypoactive sexual desire disorder.

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Background: Epidemiological studies in the US, the UK and Sweden indicate that approximately 42% of women have significant complaints about their sexual lives. Without doubt the most frequent concern to low sexual desire. The approaches expressed in the DSM IV-TR and other clasificacions are not sufficiently accurate to determine when a patient suffers from hypoactive sexual desire (HSDD). In this context the demands for lack of desire increases day by day. Objectives: This study compared the efficiency and effects on sexual desire of bupropion, sexual therapy and combined treatment (sexual therapy and bupropion) Method: A design multigroup of four levels was elaborated. The patients answered the questionnaire FSM (the Woman's Sexual Function; Sanchez et al, 2004) and were included in the study those patients who after one month in waiting list, (while the results of the hormonal screening were obtained), presented: Absence of interest, absence of fantasies, significant changes in the sexual frequency, no depression and abnormal rates in the domains 1, 2 and 4 of the FSM. Then they were randomly assigned to receive either sexual therapy, or bupropion 150 mgr daily or combined therapy. Results:

A sample of 54 patients participated in the study, but only 32 completed the established criteria at the end point. After the statistical analysis they were not significant differences in the first time point (one month). In the second time point (three months) although the average punctuation in combined therapy (bupropion & sexual therapy) the differences were not statistically significant. The most important differences were established in the rates of withdrawal, when 23.3% of patients in sexual therapy left de treatment versus 12.9% of those who followed bupropion and 5.5% of those with combined therapy. Conclusions: In short term none of the treatments showed any further efficiency than the others, although the rates are better for combined therapy. The benefits of the treatment should be valued in a long term because, as an instance three months is not enough to asses the adaptation with a partner, in fact we are doing the following that would be presented in time. Low sexual interest has multiple reasons, in fact an adequate sexual biopsychosocial model for women has not yet been developed. We should elaborate more accurate models for the diagnosis of HSDD. Further details, tables and rates of the study will be shown in the exposition at the congress.

509.1 Understanding the Nature and Influence of "Force" in Sexual Encounters of Youth in two regions of Kenya.

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OBJECTIVES: To better understand and test hypotheses about what youth mean by and how they experience being "forced" to engage in sexual activity.

METHOD: Data are from focused group interviews (42 group interviews with 210 youth) and questionnaires (n=19,030) completed by youth ranging from 11 to 17 years of age from 160 communities in Nyanza Province and 40 in Rift Valley, Kenya. Data were collected between March 2002 and October 2003 as part of the baseline research and post-programme evaluation of an HIV-education initiative in upper primary schools. Questionnaire items were designed to test conceptualizations of force that emerged from focus group discussions.

RESULTS: In focus groups youth described force in sexual encounters as multifaceted, omnipresent, and as removing the possibility of resistance.

Elements of force were grounded in: biology; peer relationships; social norms related to sexuality, gender and generation; gendered economic roles and access; and the scripting of sexual encounters. Questionnaire items were constructed to measure the experience of each dimension of force and to test two hypotheses that emerged from the qualitative data: (1) that the experience of any dimension of force necessitates sexual intercourse; (2) that sexual intercourse is most often experienced within the context of experiences of force. Results of the quantitative analysis support the research hypotheses and lead to a rejection of the null hypotheses. **CONCLUSIONS:** The reported research is limited in scope to only two regions in one country, and to newly developed questionnaire items that require further testing. The results do suggest, however, that: (1) further research in this area is warranted; (2) that it is important to consider the context of "force" when developing an understanding of how youth experience sexual

encounters; and (3) that such an understanding needs to be integrated into HIV-prevention programmes targeting youth.

509.2 Love and Sexuality among Young Women Victimized in their Dating Relationships.

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Introduction: Adolescence is a period characterized by many novelties in various life areas, including those of love and sexuality. With their increased interest for a significant other, teenagers are increasingly motivated by the desire and need to share intimacy within an exclusive interpersonal relationship (love relationship). Some of these relationships are based on mutuality and interdependence while others are marked with inequity and various forms of intimate violence (partner abuse). **Objectives:** The main goal of this presentation is to illustrate the love and sexual representations of young French-Canadian women who experienced violence in one or multiple intimate relationships. **Methods:** The qualitative study explores dating violence from the perspective of 22 women between 15 and 19 years of age. Data collected from individual interviews were analysed according to grounded theory procedures. **Results:** Data analysis illustrates how these young women tend to idealise their romantic relationship. It also highlights the strength of the romantic attachment to the violent partner which is characterised both by fusion and blindness towards the violence. Therefore, sexual pressure and coercion are not perceived as sexually violent behaviours. **Conclusions:** These results suggest that young women impregnated by romantic representations are more sensitive to gestures of love than to acts of violence by their partners. Sexual violence is reduced to a simple obstacle in the pursuit of their romantic relationship. Therefore, young women, with their desire for a fulfilling love relationship, may not identify with prevention programs that address violence within relationships.

509.3 Meanders of identity formation and sexual orientation in male survivors of a sexual abuse.

*Gilles Tremblay. Université Laval, Canada.

As female survivors of sexual abuse, male survivors has to struggle with confuse emotions, depression, anger, and so on. But differently to females, the sexual abuse puts an emphasis, for male survivors, on questions about identity and sexual orientation. These are questions of a deeper level: the answers of Who am I? What is the meaning of my life? And so on. These questions remain very complex for men, particularly for male survivors. The process is sometimes very sinuous. The presenter will use his clinical expertise and his studies on identity formation in addressing this topic, which is sometimes difficult for psychotherapist to integrate in the therapy. The question will be approached in four times: first the male gender role identity formation, then the sexuality of traditional men and the sexual orientation, and finally some cues for psychotherapy with male survivors.

509.4 Partner to a rape victim. How is he doing?

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This study shows the psychological reactions of partners of women who have been sexually assaulted. The study also shows the consequences the sexual assault has had on the sexual relationship. Semi-structured interviews have been made with 10 men who were in intimate relationships with the women at the time they were raped. Data shows that the partners experienced fear, guilt, anger, and had difficulties in focusing on daily life after the rape. Their sexual relationships were disturbed for some time. The partners were confused on how to be supportive towards their spouses. Data highlights the need for psychological help and support for partners to rape victims. Relevant information and meaningful support seems to be needed in order to guide the partner to greater awareness of their feelings and needs both as individuals and as partners in relationships.

509.5 Initiating and responding? Modeling sexual consent behaviours among men who have sex with men and women who have sex with women.

*Melanie A. Beres. University of Alberta, Canada.

Despite the volume of research related to sexual violence, sexual consent has received very little attention from social science researchers. This is surprising considering that sexual violence is generally defined as sex without consent. A handful of studies have attempted to describe behaviours used to indicate consent to sex between same-sex and different-sex partners. Findings suggest that consent is most often communicated nonverbally, and consists of a wide range of different types of behaviours. Existing research has categorized consent behaviours using either common sense categories or data reduction techniques like principle components analysis and factor analysis. It is not surprising that the data reduction yields similar categories to the common sense labels by placing items into categories of 'verbal' and 'nonverbal'. Latent factors developed previously include 'indirect nonverbal', 'direct nonverbal' and 'no response'. Another common feature of previous research is the separation of behaviours used to initiate sexual activity from those used to respond to sexual initiations. Previously, data were collected from men who have sex with men and women who have sex with women regarding their use of various consent cues. Exploratory factor analysis was used to suggest latent categories of consent behaviours. The current study extends beyond this previous research by using structural equation modeling techniques to understand how the types of consent behaviours operate together. In this paper I will discuss development of this model. Specifically it challenges the current practice separating consent behaviours into initiating and responding cues. Continued research on sexual consent is paramount for those interested in understanding sexual violence and sexual assault. This paper provides suggestions for researchers interested in sexual consent including implications for constructing data collection tools and analyzing quantitative sexual consent data.

510.1 Sexuality in a Multicultural Society - Invited Paper.

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Sexuality in a multicultural society. In general terms you can assert that all religions has rules and prohibitions on sexual conduct. If you examine the christian religions (the Catholic, Ortodox and Prostestant church) and Islam you will find both resemblances and divergences about their views on sexuality and cohibition and how you should, or should not, behave when you are a true believer. You should also notice the fact that in most countries it is only a minority of the population who practises the religion and count themselves as true believers. When it comes to the Catholic and Ortodox church as well as Islam it was quiet easy to explain thier views and attitudes. But to explain it within the Swedish Evangelic Lutheran church, my own country, was much harder and complicated. But probably it is so, that when you study a religion from the outside it is easy to find univocal opions and rules, but if you try to explain them in their context , in the society they are exercised, you would undoubtedly encounter confusing and contradictory opinions or conducts among the different representatives and practiser of this religion. Bur regardless of the tensions within all religions, you can still see that there are certain fundamental principles in every religion, that leed to specific sexual attitudes and conduct . This paper will give you some glimses, into the above mentioned religions, from a sexological point of view.□

510.2 The First Time: Planning, Decision-Making, and Impact of FCE.

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The first coital experience (FCE), commonly referred to as loss of virginity, is a key event in the sexual development of young people and it has the potential to be positive and pleasurable. At the same time, the emotional readiness of younger teens (Herold & Marshall, 1996) as well as the risks of unplanned pregnancies and sexually transmitted infections are concerns for FCE (Koyle, Jensen, & Olsen, 1989; Maticka-Tyndale, Barrett, & McKay, 2000). Carpenter (2001) used in-depth interviews to investigate how individuals understood their virginity status and described three interpretational frames: (1) those who perceived their virginity as a stigma or burden, (2) those who perceived it as a precious gift, and (3) those who perceived it as a process or stage of maturity and development. Carpenter (2001) reported descriptive difference among the three interpretations including gender differences, communication patterns, relationship with partner, and satisfaction with the outcome of FCE. The main objectives of this study were to quantify Carpenter's (2001) findings and to expand them by exploring decision-making and attachment styles. Data were collected from 73 Canadian undergraduates using an on-line survey (more participants are being run). The survey included measures of Carpenter's interpretational frames, level of communication and planning for FCE, feelings following FCE, contraceptive use, decision-making and attachment style. Forty-three percent of the sample perceived their virginity status as a process, 31% as a gift and 12% as a stigma. No gender differences were found. Compared to the

process and gift groups, the stigma group more often reported their FCE partner as a stranger/acquaintance and their FCE relationship as less loving and of shorter duration prior to and following FCE. Significant differences were found between the three interpretational frames and levels of communication, planning, and decision-making prior to FCE. Both the process and gift groups reported their FCE has having a more positive impact on their lives than the stigma group. Attachment style was unrelated to interpretational frame, but was significantly related to communication patterns, feelings following FCE and some decision-making elements. How individuals perceived their virginity status was significantly related to their communication, planning, and decision-making behaviours prior to and during FCE. These findings have important implications for sexual health educators and health promotion programs designed for youth.

510.3 It Takes Two: The Role of Partner Ethnicity and Age Characteristics on Condom Negotiations Among Asian American Women.

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It is generally assumed that women communicate about safer sex in a similar manner across their romantic/sexual relationships. Past research has found that partner ethnicity and age moderate condom use. What has been missing in the research literature to date is a systematic study of how these partner characteristics influence the type of condom negotiation strategies that women use. This exploratory study extends previous research by examining whether ethnic background and age of one's partner shape the condom negotiation process. This may be especially important for Asian American women as they have the highest rates of cross-ethnic partnerships in the U.S. (Harris & Ono, 2001). Specifically, the study examined the use of four types of negotiation strategies (i.e., verbal-direct, verbal-indirect, nonverbal-direct, nonverbal-indirect) among Asian women. Methods: We conducted a web-based survey of 181 heterosexual Asian (Chinese and Filipino) college women across four universities. Logistic regressions were used to examine whether partner ethnicity and age predicted the type of strategy (i.e., verbal-direct, verbal-indirect, nonverbal-direct, and nonverbal-indirect negotiations) Asian women used. Results: Results indicated significant partner ethnicity and age effects. Asian women with non-Asian partners were more likely to use nonverbal-direct strategies than women with Asian partners. Asian women with older partners were less likely to use verbal strategies (both verbal-direct and verbal-indirect) than those with same-age partners. Conclusion: HIV prevention research focused on women must be more attentive to the dyadic nature of condom use (Amaro, 1995). An important interactive aspect of condom use involves the act of negotiating condoms with a sexual partner. Our study fills a critical gap in the condom negotiation literature, suggesting that Asian women do not use the same condom negotiation strategies in every relationship. Future research should examine how partner characteristics influence condom negotiations for women of other ethnic backgrounds. HIV interventions may benefit from thinking about how women's safer sex communications are partner-specific and begin discussions with women concerning how a sexual partner influences one's condom negotiation strategies.

510.4 African American male perspective on sex, dating and marriage.

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Introduction This research was designed to identify the processes urban, African American men go through when developing dating and sexual relationships. It also sought to capture their thoughts and viewpoints on marriage, family and sexual risk-taking with women. Specifically, the objectives of this research were to examine: 1. how dating and sexual relationships develop, 2. how various relationships are defined, 3. the basis for categorization of women, 4. views of marriage and family, 5. perceptions of sexual risk taking. During 2003, six focus groups and five individual interviews were conducted with 40 African American young men ages 18-25. The five individual interviews were conducted to followup on major themes that emerged from the focus group data. All respondents resided in New York City. **Results** Collectively, their personal accounts revealed several themes, each with underlying themes. Dating is viewed as a fun activity, but can also consist of activities that permit individuals to learn more about each other on a deeper, more personal level. Dating multiple women is acceptable behavior, but some men maintain serious relationships with multiple women simultaneously. Women were categorized by their sexual behaviors and their relationship with the young men. They have redefined family for themselves and marriage is not included in that definition. The young men are knowledgeable about sexually transmitted infection and pregnancy prevention, yet they continue to engage in unsafe sex practices. The young men claim to mistrust women and often feel manipulated by women. **Conclusion** There is an abundance of material written and discussed by the popular media about the deterioration of African American male/female relationships. Additional research needs to be conducted to ascertain the processes that lead to this deterioration. It is not sufficient to state the problem and offer no solutions. The findings indicate that young men in this study have created a new language and evolving types of relationships associated with dating. To acknowledge and incorporate the new language and these relationships into prevention messages and programs could assist in the goals of reduction of the spread of STIs and unwanted pregnancy.

510.5 Challenges of sex therapy and sex and relationship education among first generation immigrants from Middle Eastern countries.

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Introduction: In the last decade, there has been a considerable wave of immigration from Middle Eastern countries to Western Europe and Northern American countries. The differences which exist in social norms and politico-legal systems of the Middle Eastern countries and the destination countries have resulted in major controversies, which in turn create substantial challenges for sex therapists and sex and relationship educators. Among them, we can name resistance to new social norms related to sexuality, different attitudes towards

sex and relationship education and flexibility of Western law to enforce sexual education and rights.

Objectives: To identify main challenges of sex therapists and educators confronting first generation immigrants from the Middle East and to develop a conceptual model to explain the aetiology of these challenges.

Main body: Individuals, couples and families who emigrate from Middle Eastern countries encounter: A) a different politico-legal system regarding sexuality and relationships, mostly more democratic and decentralised and definitely not based on Islamic rules, and B) new social norms which influence them in different ways. Resistance to adaptation to new norms and a preference to maintain original norms and pass it on to second generations creates a conflict, which sometimes results in major problems in second generation's sexual health and relationships. Three main scenarios are discussed in this paper: 1) Middle Eastern parents who do not consent to sex education at school for their teenage daughters. 2) A young married woman from a Middle Eastern country who is exposed to a totally different approach towards sexuality and governmental supports regarding sexual rights, while her husband resists such transformation and is afraid of losing his cultural and family integrity. 3) Single individuals who have not received formal sex education in their countries and are at higher risks for sexually transmitted diseases and problems regarding their intimate relationships in the destination country.

Conclusions: Educational needs and sexual problems of first generation Middle Eastern immigrants should be recognised in the light of the following variables: A) immigrants' social norms, B) their attitude towards destination country's social norms for sexuality and sexual rights, and C) their religious and social class backgrounds.

511.1 Research on SRHR' beliefs and traditions among Afghan Refugees.

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Sexual and Reproductive Health and Rights are a part of human rights. Unfortunately, according to unstable social, cultural and economical situation in Afghanistan, this country has undesirable health indicators. A long term war has made the refugees to seek for an asylum in other countries such as Iran. As we know, becoming a refugee is one of the most important anxiety & stress and also it leads to deprivation of people to have access to SRHR services. Meanwhile no well attention would be paid to women and children during affliction. In our last programs, such as holding educational courses on SRHR and offering SRHR services, we confronted with many difficulties such as conflict in beliefs and values of the afghan's society. In this project, Some inspections were performed for finding Sexual and Reproductive Health and Rights' habits, beliefs and traditions and their main roots among afghan refugees with cooperation of themselves. Then we prepared the intervention program. Methodology: This inspection is a qualitative- descriptive-participatory research. At first step, 180 questionnaires were completed by afghan participants who were involved in project in 6 areas of Iran. The level of literacy of these people was at Diploma. The continuation of the program and achieved information were analyzed with

statistical, analysis, anticipatory methods. Main body: This inspection was done on 8 components of SRHR issues which are as follows: - Adolescent health for girls - Adolescent health for boys - Pre-marriage counseling - Family planning - Pre-natal & post-natal care - Common cancers - Menopause. The results indicate several important points which are mentioned below: 1. There is a lack of information on SRHR issues. 2. A high prevalence of wrong beliefs which have had roots in some traditions and customs and in some cases mistakenly would have been charged to religion beliefs. 3. No desire on information dissemination to adolescent and young people. Some of the achieved findings are as follows: 1. A low and defective awareness about HIV/AIDS and there is a negative approach to this matter. 2. Most of the young people especially girls didn't have right of making decision for marriage. 3. A high prevalence of familial and ethnical marriage. 4. A high prevalence of marriage under 18 years old. 5. No observance of basic health such as taking a bath in menstrual period and no washing of external genital system in this time. The reason of these actions have roots in incorrect beliefs. 6. There is no belief about prenatal care. 7-The high prevalence of the pregnancy under 18 years old and paying no attention to hygienic, nutritional and psychological status in pregnant women. 8- There are big size families, multiparty, not having beliefs in use of contraception, low male participation. 9-People should not interfere with God work and don't have right of decision making on family planning. 10- Menopause is equal to the end of the women life and there was lack of accurate information about this duration. Conclusion: According to the primary opinion poll, economic and service offering were the most important roots. Refugees found collecting cards and tree model procedures very useful. Based on the results, the most important roots of SRH problems were cultural issues and lack of information and the best strategy direction for improving SRHR and developing community are community-based project that empower people to think, design, act, ..

511.2 Conceptualizing Sexual Rights: Instrument of Conflict, Control Mechanism, or Sexual Health Advocacy Tool?

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The concepts of "sexual health" and "sexual rights" have emerged as important within discourses by health professionals, sexuality educators, feminists, human rights advocates, as well as in the programs of national and international meetings and organizations (e.g., WHO, PAHO, IPPF, UNFPA, WIHC, WAS). Specifically, conceptualizations of, as well as problems and assumptions related to, sexual health have appeared in a variety of professional journals. For example, special issues dedicated to sexual health have recently been published in both *The Journal of Sex Research* and the *Archives of Sexual Behavior*. While sexual health has had this recent surge of publication status, sexual rights has not. How are sexual rights and sexual health related? What are conflicts and problems of using a sexual rights discourse? What power grants the legitimate application of a sexual rights claim? In this presentation we initiate a discourse that attempts to extrapolate answers to these questions and the multitude of implications that derive from these questions. We first present

theoretical issues relating to sexual rights and sexual health, such as the globalization of western constructs. Then we examine conflicts that arise when applying sexual rights to specific institutions, groups, and individuals. These conflicts are categorized as internal conflicts between two sexual rights or conflicts between a sexual right and a social structure. Themes that illustrate conflicts involve individualism versus collectivism, cultural relativism, religious dogma, individual versus government responsibility, and the exploration of one's ability to transgress dominate notions of what is sexual healthy. Although we present difficulties, problems, and risks in promoting sexual rights as a universal standard of ethics for diverse cultures and countries, we believe the sexual rights framework has much to offer in efforts to promote sexual health and the protection of marginalized people. Nevertheless, we argue that it is important to be aware of the dangers and misuses of a sexual rights discourse.

511.3 The Women's Sexual Health Foundation.

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Introduction The Women's Sexual Health Foundation (TWSHF), a non-profit international foundation, founded in 2003, is the only foundation of its kind in the world to our knowledge. The Foundation functions completely with the support of volunteers. **Main Body** Research shows that 43% of women in the United States will be impacted by sexual disorders some time in their lives and a total of 24.4% of women report marked distress about their sexual relationship and/or their own sexuality. In Australia, from early to late menopausal transition, the percentage of women with scores indicating sexual disorders increased from 42% to 88%. In another study from Great Britain, 53.8% of women who had at least one heterosexual partner in the previous year reported at least one sexual problem lasting at least one month. Furthermore, persistent sexual problems, which were defined as lasting at least six months, occurred 15.6%. Based on comments received at TWSHF, it became apparent that the lay public and healthcare professionals were struggling to find accurate information pertaining to women's sexual health problems. In particular, this was true for medical conditions impacting sexual function such as hysterectomy with or without bilateral oophorectomy, diabetes, pelvic pain, medications such as SSRIs, and other conditions. The main mission of TWSHF is to be an educational resource to the public and healthcare professionals. With the assistance of an international advisory board, who also volunteer their time, very complex scientific information is summarized so that visitors to the Foundation's website at www.TWSHF.org, can have a better understanding of how women's health may be impacted by various medical and psychosocial conditions. The website features educational brochures, the Women's Sexual Health Journal, a tutorial on how to search for healthcare information specific to female sexual health difficulties, support groups, literature and books for professionals and the public, and information on seminars. TWSHF also works with medical schools to develop and present educational seminars that focus on women's sexual difficulties and women's sexual health. **Conclusion** Most importantly, TWSHF acts as a vehicle to validate women's concerns so that they no longer feel alone in their quest for information.

511.4 Promoting ideology at the expense of public health: sex education.

*Judith L. Peppard. Flinders University, Australia.

Comprehensive school sexuality education has been a component of Australia's successful HIV / AIDS strategy since the 1980s and is well accepted by Australian parents. When the 2003 launch of the Sexual Health and Relationships Education (SHARE) Program in South Australia was accompanied by protests from 'concerned parents' and calls for the program's withdrawal, many who worked in the health and education sectors were understandably surprised. For observers of the sex education battles that have taken place in the United States over the past two decades, the developments in South Australia would have been all too familiar. Through an analysis of newspaper accounts, promotional materials, reports of public meetings and Parliamentary records, this paper examines the similarities between the the strategies adopted by opponents of the SHARE Program in South Australia and those used by the Religious Right in the United States to install abstinence until marriage only (AUMO)sex education as national policy in 1996. The sex education debates in South Australia assumed broader significance once the links between the Family First Party, a new political party that was prominent in the opposition to SHARE, and the Religious Right became apparent. In the 2004 federal election, pre-election agreements were struck between Family First and the federal Liberal Party which was re-elected to office. When federal Parliament re-convened abortion was one of the first issues on the agenda and more recently there have been media reports that comprehensive sexuality education programs will be replaced by abstinence until marriage only sex education in the new HIV / AIDS strategy. Australia has a good public health record on the containment of HIV / AIDS and, compared to their United States counterparts, Australian teenagers have markedly better sexual health outcomes. Comprehensive sex education has played a role in these positive outcomes. However it would appear that the policies that contributed to those achievements are being challenged by forces seeking to promote specific political and ideological interests. There is a need for ongoing attention to the broader policy environment, to inform Australians, not only about the successes of the past, but also the strategies that may be used to undermine those successes.

511.5 Don't blame the Internet: Daily diary research of online sex seeking and HIV/STI risk behaviors.

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Introduction and Objectives: Recent research has explored the relationship between a history of Internet sex seeking and engagement in HIV/STI risk behaviors and infections. These retrospective studies have characterized the Internet as a "high risk environment." The objective of this study is to explore the association between Internet sex seeking and sexual risk taking using both between-subject retrospective data and within-subject daily diary data. **Methods:** One hundred thirteen men who have sex with men (MSMs) from the U.S. were recruited through a variety of Internet sites. Participants completed retrospective

questionnaires on their history of using the Internet to seek sexual partners and their history of engaging in sexual risk taking behaviors. Participants also completed daily diaries for up to 30 days, which asked about daily sexual behavior, including if partners were met through the Internet and what types of sexual contact occurred. Multilevel modeling was used to analyze the daily diary data. **Results:** Between-person and within-person data produced opposite results. In the retrospective data, a history of online sex seeking was associated with greater numbers of sexual partners in the last year, one-time sex partners, sex without condoms, and failure to discuss partners' sexual histories. In the daily diary data, unprotected anal intercourse was less likely to occur with partners met online relative to when partners were met by other means. This effect remained when unprotected anal intercourse was compared to protected anal intercourse or safer sex behaviors. **Conclusions:** This is the first study to compare between-person retrospective reports to within-subject daily diary data on the relationship between Internet sex partner seeking and HIV/STI risk taking. Based on retrospective reports, a history of using the Internet to seek sexual partners had a between-person positive association with sexual risk taking. The effect was in the opposite direction for the daily diary data, where a negative within-person association was found. These data suggest that finding sexual partners through the Internet is more *characteristic* of men who engage in sexual risk taking behaviors, but not *occasions* of sexual risk taking. They also highlight the need for greater attention to individual differences in research on HIV and other STIs.

513.1 Psycho-social Approaches to Male Sexual Dysfunction.

*Alain Giami. Inserm, France.

The paper will consider a range of psycho social approaches that will include: – A critique of the construction of the medical and epidemiological categories that are used to evaluate the prevalence of Erectile Dysfunction. An analysis of current research papers suggests an increase of the prevalence related to changes in medical definitions. – Identification and measurement of the impact of social factors (age, income, social class) influencing the prevalence of ED. For example, social factors such as unemployment has been found to impact the prevalence of ED. – Gender stereotypes influence the medical construction of sexual disorders. Whereas female sexual dysfunction is considered to be related to social context, relationships with partners and other psychological and emotional dimensions, male sexual dysfunction is usually related to organically (biological or physiological) causes. This raises the question of why psychological explanations are missing from accounts of the cause of this sexual disorder in men and not recognised as part of the etiology of ED. – The paper argues that it would be beneficial to incorporate psycho-social approaches into medical research and medical practice. This would make more visible the psychological consequences and subjective meanings relating to the personal experience of ED, and would necessitate the development of qualitative research methods to present the views of men, *in their own words*.

513.2 A Biopsychosocial Integrative Couple Approach to Male Sexuality.

*Barry McCarthy. Washington Psychological Center, USA.

In their teens and twenties males learn that sexual response is easy, highly predictable, and most important, autonomous. In other words, the man can experience desire, arousal, and orgasm without needing anything from his partner. When couples stop being sexual, whether at 45, 65 or 85 it is almost always the man's decision, made unilaterally and non-verbally, because he can no longer function with complete control and predictability. Sex has become more of a frustration and embarrassment, so he avoids. The promise of the medication approach to male sexual dysfunction is that a pro-erection drug, testosterone to boost desire, or a medication to delay premature ejaculation will serve as a stand-alone intervention and return the man to perfect sexual performance. The biopsychosocial, integrative couple approach introduces a new model of male and couple sexuality. The focus is on integrating intimacy, pleasuring, and eroticism and viewing his partner as his intimate sexual friend. Positive, realistic expectations establish a criterion of "Good Enough Couple Sex" with acceptance of a variable, flexible sexual style rather than perfect performance. If medication is used, it is integrated into the couple style of intimacy, pleasuring, and eroticism rather than a stand alone intervention. There are high rates of non-compliance and drop-out with both Pharmacological therapies and couple sex therapy so it is crucial to establish positive, realistic expectations of change as well as to develop an individualized relapse prevention program.

513.3 Pharmacological treatment of male erectile dysfunction: new perspective.

*Serge Carrier. McGill University, Canada.

The success of oral pharmacotherapy in the treatment of erectile dysfunction (ED) has been accompanied by a renewed interest into the physiology and signal transduction pathways involved in the male erection mechanism. This has not only led to an improved understanding of the molecular mechanisms responsible for male sexual arousal, but has ushered in several novel approaches to the pharmacological treatment of ED, as well as identifying new therapeutic targets. While currently available pharmacological treatments such as sildenafil, tadalafil and vardenafil successfully treat patients with ED with varying etiologies, the wide array of physical and psychological conditions that lead to ED coupled with different medication side effect profiles complicate treatment. New therapies under development are poised to change the dynamic of ED treatment, offering doctors and their patients alike several different tailored treatment options. Since currently available therapies have set the standard in terms of ease of use, efficacy, onset of action and low side effect profile, novel therapies have high a benchmark to which they must reach. The purpose of this review is to provide a window into the evolving advances in the pharmacological treatment of male erectile dysfunction.

513.4 Erectile Dysfunction as a barometer of Men's Health.

*Jacques Buvat. CETPARP, France.

Erectile Dysfunction (ED) is strongly associated with many risk factors and comorbidities. It can also be the early and first sign of a more general underlying disease. There is accumulating evidence suggesting it could be a sentinel event for cardiovascular disease (CVD) evaluation, because it represents a marker of vascular disease (VD), sometimes only at its very beginning (endothelial dysfunction), and a predictor of progression of CVD, including a two-fold increase in the risk of acute myocardial infarction. ED may also be the revealing symptom of other types of VD including High Blood Pressure and CerebroVascular Disease, or of Vascular Risk Factors likely to lead to VD or to aggravate it, while their treatment may prevent disease progression: diabetes, hyperlipidemia, heavy smoking, obesity, metabolic syndrome. This confirms the major importance of VD in ED etiology, although these highly significant associations with vascular risks or diseases do not rule out the necessity of social and/or psycho-behavioural factors for initiating and/or maintaining ED in conjunction with VD. ED may also be the revealing symptom of depression, a condition strongly associated with both ED and VD, and of endocrine diseases like hypogonadism and hyperprolactinemia. As such ED may be considered as a barometer of Men's Health, and men should be systematically screened for ED as part of periodic examinations. Early detection of ED may especially allow for early diagnosis of CVD and diabetes which may result, through fighting the risk factors, in an improvement in disease prognosis and a spontaneous reduction in ED, or a facilitation of its specific treatment.

601.1 The Couple Through Time / Couple et temporalité.

*Philippe H. Brenot. Department of Sexology, University Paris 5, France.

Summary - In today's society, the couple is the basic unit of our social fabric and is the focal point of both interest and worry, feeding as it does Western society's main fantasy i.e. creating a unique loving couple that defies the passing of time. A number of contrary forces go against this desire, the sort-lived nature of passion itself, the wear of daily existence, the events of life itself. Demographic studies confirm this and show that the time a couple stays together is inversely proportional to the life span of the two partners, and this due to the increase in past years of life expectancy and the growing number of separations (divorce or break ups). New types of couples (see P. Brenot, *Inventer le couple*, O. Jacob, Paris, 2001) are also faced with the numerous paradoxes that spring from the coexistence of three separate entities within their relationship the two partners and the couple itself. We can thus see young couples involving old partners, couples with partners with a large age gap. This triad (partners-couple) is confronted with the non simultaneous ageing of a number of different functions of a psychic, somatic, genital, sexual and erotic order. It is in fact this non simultaneity that can become a stumbling block and often necessitates the outside help of a sexologist to re-synchronise the couple. As far as the ageing of sexual functions is concerned, the pattern is also different here between men and women sexual reactions are modified, the phase of sexual arousal lessens in men

and the refractory period extends while the phase of lubrication in women becomes slower and orgasm shorter, although many women today feel more sexually fulfilled in the post menopausal years of their life. All of these factors have to be synchronised for the couple to be in harmony together. However, in the light of recent changes in the erotic lives of couples, what will the sexuality of new couples that are very open and free regarding love be like in twenty or thirty years hence ? No one has the answer to that question today.

601.2 Stress and Conjugal Life / Stress et conjugalité.

*Robert Porto ^{1,2,3}. ¹European Federation of Sexology, France; ²Marseille & Montpellier University School of Medicine, France; ³European Journal of Sexology, France.

Most of the research conducted on the treatment of male sexual dysfunctions is instigated by the pharmaceuticals industry, and only pertains to men in stable relationships. The result is that most of the data to which we have access concerns married men, and complies with the criteria of Evidenced-Based Medicine. This introduces a considerable bias in a field where emotional and psychological experience plays a decisive role. Marriage is one of the most emotionally-loaded life events. This means that it has one of the highest levels of pathogenic potential (e.g. on the Holmes and Rae Life Events Scale). As opposed to a single man, the man living with a partner is subjected to the stress shared by both sexes, for example all the challenges involved in adjusting to the partner's personality, maintaining sexual desire in a situation where the two partners live together with daily wear on the relationship.. A man living with a partner is also exposed to specific forms of stress, such as: - paternity and rivalry with the child (men are often emotionally immature) - adjusting to the cyclic female sensuality, whereas for a man it is more linear - coping with the contradiction woman/ mother. The stress of a conjugal relationship can be reflected in various secondary sexual dysfunctions, for example: - fast ejaculation ; a reaction to a fight for power. This stress can also be expressed as two forms of secondary anejaculation: - contraceptive anejaculation - anejaculation by conditioning to passive masturbation, brought to light by sexuality with intercourse. Last but not least, this stress can also be expressed as an erectile dysfunction; some of the different pathogenic situations involving the female partner will be examined.

601.3 Life Events, Anxiety and Erectile Dysfunction / Événements de vie et dysfonction érectile.

*Dr Mireille Bonierbale and Manon Vincent. CHU Ste Marguerite, France.

Introduction :The aim of this research was to study the role of an individual's recent experience in the onset of erection disorders. Our hypothesis was that the subjects were more vulnerable to anxiety causing difficulties for them in adapting to outside events. Method : Our sample was a group of 26 patients suffering from secondary erection disorders and a group of 20 control subjects. We used the Life-Events Questionnaire developed by F. Amiel-Lebigre (1986) to make a list of events experienced during the five years prior to the onset of erection disorders for the patients, and during the five years prior to the date at

which the questionnaire was filled in for the control subjects. The subjects were all asked to give a score between 0 and 100 to each event according to its emotional impact on them. We also measured the subjects' anxiety scores using the State-Trait Anxiety Inventory or STAI (Spielberger, 1983). Our hypothesis was to use the State-Trait score to reflect long-standing anxiety specific to each subject. The results show that there had been a much greater number of life events during the year prior to the onset of erection disorders for the patients than for the control subjects. A detailed analysis of this peak of events revealed that the most common events were those of an emotional nature and those involving a loss, or bereavement. We also noted that the patients often assigned a high emotional impact score to this type of event. In addition, the results did not show any higher state-anxiety and/or trait-anxiety scores for patients than for control subjects.

601.4 Men Sexuality According to Time and Comorbidity.

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Based on questionnaires, numerous French epidemiological studies have reported that Erectile Dysfunction (ED) ranged from 11% to 44%, depending on the way the information was collected and on the way ED was defined. All the studies stratified by age showed rising prevalence of ED as the population aged. The relationship between ED and ageing can reflect the impact of functional difficulties on men sexuality. Indeed, emotional problems, stress, love and intimacy dysfunction and deterioration in economic position have been reported as risk factors for ED, rapid ejaculation and low sexual interest. However, a trained physician would not consider only these psychological factors. All main epidemiological studies have also reported that there are common organic risk factors associated with sexual dysfunctions for men as : diabetes mellitus, cardiovascular diseases, lower urinary tract symptoms, prostatic cancer and hypogonadism. Today, all these diseases can be improved by a specific management, with a positive impact on the patient sexuality. More the symptoms decrease, more the sexuality improves. But, the goal of treatment should not be only to facilitate the achievement and maintenance of erections or to pharmacologically delay ejaculation but to restore a lasting and satisfying sexual function including the resolution of couple issues. Regarding the complexity of men sexual dysfunction aetiologies, there is a vital need for collaboration between clinicians and particularly between psycho-sexologists and urologists. Indeed, in many cases neither psychotherapy alone, nor medical intervention alone, is sufficient for the lasting improvement of sexual problems.

601.7 What place for the 2005's men? / Quelle place pour l'homme en 2005 ?

*Michèle Pujos-Gautraud. , France.

Since the beginning of the Humanity, the man's place in his couple was clearly definite in the occidental life by social rules. Since almost 40 years, these conditions have radically changed: sexual bounds became more important than filiations; therefore, couple is more important than the family and finally the individual

than the couple. The consequences are very important for the men which have lost their predominance inside the family: a lot of marriage ends with a divorce creating a new deal for the men but also new stresses for them: for the first time they have to live alone, to give care to their children when they have them on week-end but on an other side they have lost the power to decide if they want or not having children and even transmitting their name in a lot of countries. Therefore we see more and more stressed or depressive men in our consultations; the challenge is now how sexotherapists can help them recovering their self confidence.

601.8 Stress and Erectile Dysfunction: the Physiopathological Mechanisms Involved / Stress et dysfonction érectile: quels mécanismes pathologiques.

*Pierre Bondil. CHG Chambéry, France.

Quoique la relation entre stress et dysfonction érectile (DE) ait été suspectée depuis longtemps, l'épidémiologie analytique n'a établi que récemment que le stress est un facteur indépendant et pertinent de la DE. Qu'il soit aigu ou chronique, ses mécanismes directs sur la fonction érectile (qui est aussi sous commande neurovégétative) sont assez univoques. Physiologiquement, la décharge orthosympathique provoque une vasoconstriction périphérique des artères à destinée pénienne et contracte l'éponge vasculaire érectile. Lors d'un stress aigu, l'absence ou la perte de l'érection est ainsi naturelle puisque sa gestion requiert toutes les ressources de l'individu et bloque pendant le temps d'adaptation nécessaire, les autres fonctions du corps non indispensables à la survie. Par contre, en cas de stress chronique, les mécanismes induisant et surtout auto-entretenant la DE sont plus complexes et représentent un bon modèle de l'étiologie multifactorielle habituelle de la DE. La chronicité des stress et de la DE (source de stress chronique) annule l'action positive du stress en provoquant notamment une sécrétion accrue de vasopressine et diminuée d'ocytocine et une hypertonie orthosympathique à l'origine d'un état de tension générale. Au niveau pénien, ce « stress caverneux chronique » se traduit par une verge flaccide contractée, une difficulté accrue à obtenir l'érection et une facilité à la détumescence « prématurée ». Le stress biologique mais aussi psychosocial qui survient plus ou moins vite selon les capacités d'adaptation de chaque individu va aggraver la baisse de sécrétion du NO neuronal et endothélial. La survenue fréquente d'une anxiété ou d'une dépression réactionnelles fragilise l'individu. Leur interaction fréquente le rend de plus en plus vulnérable aux facteurs stressants tandis que l'excès de stress peut provoquer une anxiété généralisée ou une dépression notamment si le terrain est vulnérable ou prédisposé à l'origine de cercles vicieux aggravant la DE. Au total, la complexité de l'impact biopsychosocial sur la DE nécessite de connaître les modifications biologiques mais aussi la psychologie et la « proximologie » du sujet ayant une DE.

602.1 Pathophysiology.

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Women's sexuality is multifactorial, rooted in biological, psychosexual and context-related factors, either correlated to couple dynamics but also family and sociocultural issues. It is multisystemic: in men and women, a physiologic response requires the integrity of the hormonal, vascular, nervous, muscular, connective and immunitary system. Three major dimensions: Female Sexual Identity, Sexual Function and Sexual Relationship interact to give to women's sexual health its full meaning or its problematic profile. Women's sexuality is discontinuous throughout the life cycle and is dependent on personal, current contextual and relationship variables as well as historical factors. Female Sexual Dysfunction (FSD) is age related, progressive and highly prevalent, affecting up to 20% to 43% of women in the fertile age, and 46% of the elderly ones, still sexually active in the late postmenopause. Prevalence figures vary greatly among studies, due to methodological biases. Unbiased prevalence estimates from population samples have been rare, and incidence estimates have been non-existent. Female Sexual Dysfunctions (FSD) may occur along a continuum from dissatisfaction (with potential integrity of the physiologic response but emotional/ affective frustration) to dysfunction (with or without pathological modifications), to severe pathology, biologically rooted. However, sexual dissatisfaction, disinterest and even dysfunction may be appropriate for an "antisexual" context (for example, a partner affected by Male Sexual Disorders or abusive) and they should not be labeled per se as "diseases" or dysfunctions worth of medical treatment. FSD may occur with or without significant personal (and interpersonal) distress. Sexual problems reported by women are not discrete and often co-occur: co-morbidity is one of the leading characteristics of female sexual dysfunctions. Co-morbidity between FSD and medical conditions - urological, gynecological proctological, diabetabolic, cardiovascular and nervous diseases, to mention a few - is beginning to be recognized. For example, latent classes of sexual dysfunctions by risk factors in women indicate that urinary tract symptoms have a RR = 4.02 (2.75-5.89) of being associated with arousal disorders and a RR=7.61 (4.06-14.26) of being associated with sexual pain disorders, according to the epidemiological survey of Laumann et Al., 1999. Endocrine, infectious, muscular, vascular, nervous (particularly pain associated) and psychosexual factors contributing to the shared pathophysiology between FSD and associated medical conditions will be presented. The attention dedicated to co-morbidity - both between FSD and between FSD and medical conditions - reflects the clinical relevance of this association, especially in the urogynecological domain. This will be the major focus of the presentation.

602.2 Sexual, Psychological and Relational Concerns of Post-Menopausal Women.

*Sandra Leiblum. Robert Wood Johnson Medical School, USA.

Many- but by no means all- women report sexual problems that either began, or are exacerbated, by menopause. A variety of predisposing (health, temperament, physical resiliency, developmental history), precipitating (life-stage stressors, menopausal complaints), maintaining (medications, psychiatric disorders) and contextual factors (current stress, relational discord) contribute to

such common menopausal complaints as loss of desire, arousal problems (loss of vaginal lubrication, reduced genital sensations, lack of subjective feelings of sexual excitement), muted or absent orgasm and dyspareunia (Althof, Leiblum, et. al, 2004). Perhaps the most notable complaint of peri and post-menopausal women is reduced or absent sexual desire. Loss of sexual interest is reported by about a third to one half of surgically and naturally menopausal women (Leiblum, Koochaki, et. al, 2004). Loss of sexual desire following menopause is due to a variety of factors including unsatisfactory past sexual experiences, the health, sexual motivation, interest and sexual dysfunction of the woman and/or her partner, the existence of both treated (and untreated) depression and anxiety as well as other psychiatric problems, body image concerns, substance abuse and medications, and certainly, the hormonal changes associated with aging and with menopause. Post-menopausal women present with a number of non-specific concerns as well as frank dysfunction: distress about the absence of sexual passion and seduction, concerns about sexual performance (eg., taking too long to become aroused) differing levels of sexual interest with one's partner, sexual "script" incompatibility, inability to communicate sexual disinterest or sexual preferences, feelings of boredom and/or resentment related to the discovery of extra-marital affairs or a partner's reliance on pornography, etc. Finally, one of the more common contributors to post-menopausal sexual disinterest is relationship discord. Whether long-standing or acute, unresolved relationship issues are often associated with reduced or absent sexual interest/desire as well as arousal and orgasmic problems (Dunn KM, et al.1999). Despite some conflicting findings, there is general consensus that treatment aimed at addressing relationship issues has a better long-term prognosis than therapy that only focuses on resolving sexual dysfunction. References Althof, S., Leiblum, S. et.al. (2004) Psychological and Interpersonal Contributions to Male and Female Sexual Function and Dysfunction. In Source Book 2nd International Consensus Conference on Male and Female Sexual Medicine. Paris, France. Dunn KM, et al. J Epidemiol Community Health. 1999;53:144-148. Leiblum S, Koochaki P, Rodenberg C, Rosen R. Prevalence of Low Sexual Desire and Sexual Activity Levels Among Populations of Menopausal Women. NAMS Oral presentation, 2002

602.3 Evidence from Randomised Double-Blind Clinical Trials.

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Sexual complaints are among the most frequently reported health problems of women attending menopause clinics. This has led to concerns that changes in the hormones estradiol (E2), and/or testosterone, associated with natural or surgical menopause may adversely affect sexual functioning, and that estrogen and/or testosterone therapy may provide some improvement in sexual functioning. The purpose of this paper is to review the double blind randomized control trials examining the effects of estrogen and/or testosterone therapy on sexual function among naturally or surgically menopausal women. Trials were

reviewed only if they included a placebo or drug comparison. Power, validity of measures, hormone levels and other methodological issues were examined. Based on this review, it was found that, in groups of women, estrogen therapy is associated with increased frequency of sexual activity, frequency of masturbation, enjoyment, desire, arousal, fantasies, satisfaction, vaginal lubrication, feeling of physical attractiveness, and general sexual function, and reduce dyspareunia, vaginal dryness and sexual problems. These effects are seen with mean blood estrogen levels in the normal range premenopausal women. Testosterone therapy (in combination with estrogen therapy) is associated with higher frequency of sexual activity, satisfaction with frequency of sexual activity, pleasure with sexual activity, interest, enjoyment, desire, thoughts and fantasies, arousal, responsiveness, pleasure of masturbation, and general sexual function. These effects also were seen with mean blood levels of free and bioavailable testosterone in the physiologic range for premenopausal women. It is not known whether specific blood hormone levels are related to sexual functioning, or how these group effects apply to individual women.

602.4 Evidence From Epidemiological Studies.

*Lorraine Dennerstein. The University of Melbourne, Australia.

This lecture utilizes population-based studies to examine the changes which occur in the different domains of women's sexual function in middle-aged women and how these relate to aging, hormonal changes related to menopause and other psychosocial and physical factors. Cross-sectional studies confirm decline in sexual functioning with age and length of relationship and an additional decrement coinciding with mean age of menopause or menopausal status. Longitudinal studies allow us to disentangle the effects of aging from those of menopausal hormonal change. The Melbourne Women's Midlife Health Project is a longitudinal population-based sample of 438 Australian born women who were aged 45 – 55 and still menstruating at baseline. A validated measure of sexual function was used, the Personal Experiences Questionnaire short form (SPEQ). By the postmenopausal phase there was a significant decline in most domains of sexual function (sexual interest and arousal) and a significant increase in dyspareunia, correlated with decreasing estradiol but not with androgens. Analytic techniques which can include psychosocial factors and the effects of time are necessary to understand the relative importance of hormonal factors. We found the most important factors (in decreasing order of importance) influencing a woman's sexual functioning are: her prior level of sexual functioning, losing or gaining a sexual partner, feelings towards the partner and then estradiol level. The Melbourne sample were Caucasian women. Studies carried out in Europe have also reported substantial differences between countries in domains of sexual functioning such as frequency of sexual intercourse but nevertheless found a similar pattern of decline in sexual interest and arousal with menopause across all countries. The above report has focused on changes related to the natural menopausal transition. Surgical menopause where both ovaries are removed would be predicted to have more deleterious effects on sexual function, as all ovarian estrogen and androgen will be removed. There is some evidence for this when reproductive and age groups are matched. Conclusions: An

incremental decline in most aspects of sexual function occurs as women pass through the menopausal transition. This is related to falling estradiol levels. Other factors such as prior sexual functioning and partner related factors have larger effects on women's sexual function than do hormonal factors.

604.1 The Isostacy Schema for Understanding Gender Diversity.

*Ariadne Kane¹, *Vern L. Bullough² and *Arlene I. Lev³. ¹Educational Institute for Sex and Gender Diversity, USA; ²State University of New York, USA; ³Choices Counseling and Consulting, USA.

Gender has always been a major pathway for identifying biologic sex. In addition, it has served as a means for full-self expression of the individual in society. As societies have changed, so too has gender expression. Change in both perception and role over time has given rise to what is now called *Gender Diversity*. Our panel will focus on three perspectives of gender diversity as seen through the Trans-gender Phenomenon. Vern Bullough will present a historical perspective as seen through the writings and activities of medical and psychological investigators in the 20th century. His work as a health-care educator and sexologist will shed new light on the awareness and unfoldment of the **Phenomenon**. Ari Kane will present a sociological perspective as seen and experienced over the last 30 years. His work as a sexuality educator and gender specialist offers a unique window of opportunity to explore and create a new gender schema. He has developed a new and usable model for gender diversity. Known as the **Isostacy Model for Gender Diversity (IMGD)**, it can be applied in both conceptual and clinical settings to provide a broader understanding of *Gender Diversity in a Post Modern Period*. Arlene Istar Lev will present a clinical perspective regarding the interaction dynamics of gender between the individual and changing values in society. Her focus will be on a holistic, developmental process of the trans-gender person and its importance as a positive and adaptive factor in the *Journey* of that person. She will also cover issues related to the diversities of gender expression and the impact of *TG Emergence* on familial relationships.

605.1 Ethics in sexology.

*Rosemary Coates. Curtin University, Australia.

Aim. To apply modern bioethics to the practice of sexology. Rationale. Many practitioners, in all areas of sexology, would have only a cursory knowledge of modern bioethics. This session will explain and substantiate the principles and illustrate their application to everyday work scenarios. Since Beauchamp and Childress, 1989, text on the modernization of medical ethics there has been a general, global acceptance of the approach to ethics in the health and welfare professions. The World Association for Sexology has redrafted its Guiding Ethical Principles to reflect this. This discussion will highlight the principles and how they might be interpreted to meet some of the moral dilemmas facing sexologists. A debate will be encouraged to explore a number of ethical issues that arise in every day practice. case studies will include scenarios from a number of

professional sectors including clinical sexology, educational sexology and sexological research. References Beauchamp T and Childress J 1989 Principles of Biomedical Ethics Oxford University Press

606.1 Public, Political, and Legal Threats to Sexuality Professionals: Past, Present, and Future.

*William W. Finger, Ph.D. ^{1,2}, *John DeLamater, Ph.D. ³, *Peggy Kleinplatz, Ph.D. ⁴ and *Emil ML. Ng, MD ⁵. ¹James H. Quillen Veterans Affairs Medical Center, USA; ²James H. Quillen College of Medicine, East Tennessee State University, USA; ³University of Wisconsin-Madison, USA; ⁴University of Ottawa, School of Psychology, Canada; ⁵Department of Psychiatry, University of Hong Kong, China.

Please note: given travel restrictions and religious affiliations, this presentation can only be given on July 14 or 15, 2005. Anyone entering the field of sex education, sex counseling, sex therapy, or sex research would be naive to expect that such work would not on occasion offend and even inflame certain individuals or segments of the population. This may be especially the case today in the U.S., with the current conservative political agenda, and apparent support for individual attacks on sexuality educators and research, broad-based attacks on research funding, and political restrictions on international funding of sexuality education and counseling programs. However, such attacks are not limited to the U.S., or to the present. Other countries have struggled with sexually oppressive regimes throughout history. Political and moral standards fluctuate, and with them, acceptance, benign indifference, or active oppression and rejection of sexuality professionals and their work. For example, political and legal harassment and oppression of prominent sexologists was rampant in China in the first half of the 20th century, and although communist China, started in 1949, had no specific oppression of sexologists, the general restriction on freedom of speech and human rights severely curtailed their work. Although the situation has improved since China adopted the open-door policy, recent attacks, especially from conservative religious groups, continue. This presentation will provide historical overviews and the current status of the political and legal oppression of sexuality professionals. Sexologists from China, Canada, and the U.S. will review the history of oppression in their regions, as well as current or recent attempts to intimidate, regulate, oppress, harass, or otherwise interfere with the important work of sexuality educators, clinicians, and researchers. Many of the presenters will speak from personal experience, and describe how it has affected their work, professional reputations, and personal lives. The panel will also identify effective ways of avoiding, anticipating and responding to such attacks, and resources that can be used when confronted with such aggressive tactics. This presentation is intended to appeal to all sexuality professionals, regardless of specialization within the field, or country of origin.

607.1 Issues With Sexual Sadists and Sexual Murderers.

*Jean Proulx ¹, *Anthony Beech ², *Tony Ward ³ and *Dawn Fisher ¹. ¹Centre intern. de

criminologie comparée/Université de Montréal, Canada; ²University of Birmingham, England; ³University of Wellington, New Zealand.

Developmental and personality factors in sadistic sexual aggressors of women (Proulx): Although it may seem obvious that sadistic sexual aggressors differ from the nonsadistic ones, few studies have investigated this topic. The comparative studies carried out by Gratzner and Bradford (1995) and by Langevin and his colleagues (1985) highlighted some differences between sadistic and nonsadistic sexual aggressors. Unfortunately these two studies had small samples, and investigated a limited range of variables. The aim of the current study was to compare sadistic (N=43) and nonsadistic (N=98) sexual aggressors in terms of their developmental, psychopathological, and offence characteristics. Subjects were classified as sadists or nonsadists based on MTC-R3 sadistic scale (Knight and Prentky, 1990). Prior to 18 years of age, the following developmental factors were more frequently reported among sexually sadistic offenders than among nonsadists: 1) being socially isolated; 2) a low self-esteem; 3) frequent temper tantrum; 4) deviant sexual fantasies; 5) the use of pornography and 6) psychological victimization (humiliation). Regarding psychological factors, sexually sadistic offenders showed higher mean scores than nonsadists on the schizoid and on the avoidant personality disorder scales of the MCMI. In addition, following a phallometric assessment, sexually sadistic offenders showed a higher mean rape index than the nonsadists. **Sexual murderers' implicit theories (Beech, Ward and Fisher):** Data will be presented on qualitative interviews with 28 sexual murderers. The data were subjected to grounded theory analysis. Here five implicit theories (ITs) schemas related to offending were identified: Dangerous world - where the individual concerned felt that he had been treated unjustly and abusively which resulted in feelings of anger and resentment which were taken out against his victim; Male sex drive is uncontrollable - where offenders reported that their urges were so compelling, and compulsive, that they led to rape and murder; Entitlement - where offenders reported an entitlement to sex; Women as sexual objects - where women were seen as little more than sexual objects; Women as unknowable - where women were viewed as deliberately deceptive. These ITs were found to be identical to those identified in the literature as being present in rapists. Two theories were present, or absent, in such a way that three groups could be identified: 1) Presence of dangerous world and male sex drive is uncontrollable; 2) Presence of dangerous world, with complete absence of male sex drive is uncontrollable; 3) Presence of male sex drive is uncontrollable with complete absence of dangerous world. These groups were found to differ in motivation: Group 1 being primarily motivated to carry out fantasies around urges to kill, rape/murder; Group 2 were motivated by grievance, resentment and anger towards women; Group 3 were motivated to sexually offend but were quite prepared to kill their victim to avoid detection, or secure compliance in the course of their sexual assaults. The results are discussed in terms of treatment provision for type of sexual offender.

608.1 Teenage Sexual Culture in Russia - Invited Paper.

*Igor S. Kon. Institute of Ethnology and Anthropology, Russian Academy of Sciences, Russia.

Objectives. Overview of the changing sexual values and behaviors of Russian adolescents since 1990, on the evidence of sexual surveys and qualitative interviews Main body. Longterm trends of adolescent sexuality in Russia are more or less the same as in Western countries (earlier age of sexual debut, growing acceptance of erotica, premarital sex, homosexual experiences and so on). The liberalization of Soviet sexual morality, which started back in the 1960s and 1970s, was continued in the 1990-th. In 1993 25% of 16 years-old urban girls and 38 % of the boys had coital experience; in 1995 the respective figures for comparable samples are already 33% and 50% (Chervyakov and Kon, 1998, 2000, Kon 2001). In 2002 the percentage of Moscow boys with coital experience is growing from 6.6 % in the 7-th grade to 55.4 % in the 11-th grade, for the girls, respective figures are 2.5 % and 35.4 % (Sobkin et al., 2004). According to an international comparative survey, in 2001/02 40.9 % of Russian 15-years old boys and 16.4 % of the girls already had coital experience (Ross,Godeau,Dias 2004). These figures are quite comparable to the US and West European. Yet in Russia the changes are occurring very rapidly, and Russian youth has inadequate information about sexuality and sexual health (Ketting et al. 2001). The main sources of formation about safe sex for Moscow teenagers in 2002 have been TV (38.8%), advertising (31.9%) and friends (26.1 %) (Sobkin et al., 2004).Russia has an extremely high rate of unwanted pregnancies, abortions, STD and HIV spread (Kontula 2003, Kon 2004). Until 1997, Russian public opinion was in favor of sex education. In all national public opinion polls since 1989, from 60% to 90 % of adults, depending on their age and social background, strongly supported the idea of school sex education, with only 3 to 20 % against it (Kon, 2004). Yet in the 1996 the Communist Party, Russian Orthodox Church and nationalistic organizations, supported by US fundamentalists, initiated a militant anti-sexual crusade. This campaign is openly nationalistic, xenophobic, sexist, and homophobic. Everything traditionally Russian is represented as pure, spiritual and moral, and everything Western as vile and dirty. Sex education is depicted as a devilish attempt of US secret services to undermine Russian national security and to depopulate Russia. Previous attempts to introduce sex education in schools have been blocked. There are no educational programs neither on TV nor at Internet. Sex research is also under permanent attack. Conclusions. General trends of Russian teenage sexual culture are part of a global historical process. Sexual attitudes and practices of Russian teenagers are highly diversified according to age, gender, educational, regional, urban/rural, ethnic, religious and social background. The administrative control over adolescent sexuality is impossible. Politically motivated anti-sexual campaign has extremely dangerous epidemiological, public health and demographic consequences. It is also widening already yawning generation gap.

608.2 Theory of the Physiological Variant Applied to Gender and its Function - Invited Paper.

*Fernando J. Bianco. , Venezuela.

Theory of the physiological variant applied to gender and its function. Since 1973, we have been using the constructo PHYSIOLOGICAL SEXUAL VARIANT, to explain the Sexual Responses observed in human beings. Homosexuality, in these terms, was conceived as being an expression of the SEXUAL PHYSIOLOGICAL VARIANT. We had been setting the basis for a theory without realizing it. This notion became more and more apparent as we continued elaborating concepts and constructos, which culminated in the reflexive analysis done by the author in recent years. We now know that we had in fact elaborated a theory. Morles affirms that "theory" is a "combination of interrelated definitions, concepts, axioms, hypotheses, principles and laws". Theory, in terms of Marx & Hillix, is "a formal explanatory aspect which differs from the observable empirical aspect that is studied on the basis of certain patterns".

608.4 The Effect of Social Capital and Sociodemographics on Adolescent Risk and Health Behaviours.

*Lisa K. Smylie, Sheri Medaglia and Eleanor Maticka-Tyndale. University of Windsor, Canada.

Much of the research on adolescent sexual health has focused on risky sexual behaviour in isolation. Adolescence, however, is a developmental period characterized by heightened potential for various risk-taking behaviours, including tobacco use, binge drinking and risky sexual behaviour, that are strongly associated and that have important implications for general health and well-being. These risk behaviours among adolescents are important health issues because of the social and economic costs associated with them, including accidents, violence, suicide, chronic or acute health conditions, truncated educational achievement and reduced employment opportunity, as well as direct financial burdens to health care and to other social services. This paper considers sexual risk-taking behaviour among youth in the broader context of risk behaviour. Since sexual risk-taking is found to cluster with other risk behaviours, such as tobacco use and binge drinking, the strength of this paper comes from consideration sexual risk behaviour in the context of other forms of risk-taking in adolescence. This study uses the concept of social capital to understand psychosocial influences on adolescent risk-taking in the Canadian context. Using data from the 1996/1997 the National Population Health Survey (NPHS), the paper contrasts three interpretations of social capital by Bourdieu (1985, 1990), Coleman (1988a, 1990), and Putnam (2000) in their association with adolescent risk behaviours, including smoking, alcohol consumption and risky sexual behaviour. Social capital indicators were significant predictors of risk behaviour among males and females, however they were stronger for males than females. The findings support the conclusion that social capital is an important explanatory framework to consider when trying to understand adolescent behaviours.

608.5 Sexuality and well-being among older women : a cross-cultural approach (Brazil, France, Portugal).

Doris Vasconcellos¹, Rosa Ferreira Novo³, Kim Vion-Dury¹, Dominique Kuntz¹, Odair

Perugini De Castro ², Angela Ruschel ², Maria Clara Pinheiro De Paula Couto ² and Alain Giami ⁴. ¹Université René-Descartes, France; ³Université de Lisbonne, Portugal; ²Universidade da Terceira Idade, Brazil; ⁴Inserm, France.

Introduction Contemporary demographic, scientific and social change raises new questions about the sexual experience of older adults, a subject neglected by researchers until recently. The relationship between sexual health and more general health issues such as self-esteem, a sense of autonomy as well as a sense of well being and quality of life has now been recognized. While aging is a bio-psycho-social process characterized by recurring physiological changes, the subjective experience of aging is influenced by cultural representations and stereotypes. This is particularly true of issues related to sexuality and aging and especially among older women. **Objectives** This study investigated how women, enjoying good health and an autonomous social life, accounted for experiences of sexual pleasure and satisfaction as well as how they described experiences of sexuality. A cross cultural comparison was performed with specially designed research instruments. **Methods** A qualitative cross-cultural research (Semi structured interview schedule was designed for use across cultures and was administered to women past menopause (52 to 74 years old) in Brazil, France and Portugal. In depth interviews were carried out by clinical psychologists with 10 women in each country (N = 30). The issues explored included : sexual experiences and relationships, self-image, perceptions of gender differences, past and present sexual and emotional experiences and current quality of life. **Results** Older women accounts of opportunities for sex and pleasure demonstrate the influence of past experiences. They reported a decline in their enjoyment of sexual contact over time. Renouncing sexual intercourse was most often attributed to husband poor health or lack of interest. New and fulfilling relationships, however, facilitated a revival in erotic interest. **Conclusions** Although cultural differences were identified, individual experiences across the life span appear to be of paramount importance in understanding older women sexual health. Personal past experiences seem to influence present attitudes and expectations about sexuality, pleasure and love.

608.6 Sexuality of Middle-Aged and Senior People : Comparison Between Married and Unmarried People.

Araki Chineko, Ishida Masami and Okawa Reiko. Den-en Chofu University, Japan.

Introduction The Sexuality Study Group of JSSS (represented by Chineko Araki) first conducted a study on married people, then a study on unmarried people at the age ranging from 40s to 70s regarding sexual consciousness and the realities of their sex lives. This time, the author would like to make a presentation focusing on the state of sexual contact between married couples and that of unmarried people. **Method and Subjects** The subjects are men and women ranging in age from their 40s to their 70s. The survey on those who were married was conducted from October 1999 to March 2000, and the survey on those unmarried, from September 2002 to December 2003. This time, the selected subjects are seven-hundred twenty-two married people who had sexual contact with their spouses in the past year, as well as one-hundred sixty-two unmarried

people who had sexual contact with someone in the past year. Results In comparing the state of sexual contact between married couples and unmarried people, it was found that more unmarried people reported that they always engage in foreplay □and that the types of foreplay were also varied; kissing the lips and genitals were especially frequent among those unmarried. Furthermore, the amount of time required for sexual intercourse including foreplay was longer among unmarried people. Between men who were married and those who were unmarried, there was little difference in the level of satisfaction derived from sexual contact, but for women, the level of satisfaction was higher among those who were unmarried. Sexual communication was rich among those who were unmarried, and unmarried women feel that their partner understands their sexual desires and were active and positive regarding sexual contact. Conclusion In comparing married couples and unmarried people, the difference was more notable among women. Through sexual communication with their partner and the consciousness that women should enjoy sexual contact as the main player, it was found that women could have a satisfactory sex life even in their middle and senior age.

609.1 Marriage Equality For All: The Status of Same Sex Marriage.

*Debra W. Haffner. Religious Institute on Sexual Morality, Justice, and Healing, USA.

During the two years since the WAS meeting in Cuba, marriage equality has become a reality in parts of Europe, Canada, and the United States. This presentation will include an up-to-the-minute overview of countries, provinces, and states that sanction marriages for same sex couples as well as present information about the impact of these laws. It will also include an overview of laws that deny marriage to same sex couples and efforts to restrict marriage equality. Special emphasis will be placed on the changes occurring in the United States and Canada. In particular, religious support and opposition to marriage equality will be presented, including a theological framework for supporting same sex marriages.

609.2 Riding Bareback: A qualitative examination of the subjective meanings attached to condomless sex by men who have sex with men.

*Bruce W. Whitehead. University of Calgary, Canada.

Bruce Whitehead, supervised by Dr. Jan Clarke. University of Calgary at Red Deer College. Abstract. This paper examines links between sexual behavior and sexual identity. The subjective meanings attached to condomless sex, or 'barebacking,' were explored through qualitative interviews conducted with men who have sex with men. This paper focuses on an initial analysis of the interviews, in which two intersecting themes of intimacy and masculinity were identified as central to participants' subjective meanings attached to barebacking. Participants in this study described conflicting relationships to the construct of sexual intimacy as it relates to their sexual behavior. Intimacy was perceived and experienced as being both paramount and illusionary in regards to the sexual intimacy afforded by condomless sex. The participants often framed their

behavior in relation to their heterosexual peers and invoked their gender, in terms of masculinity, as explanation for their perceived lack of sexual responsibility. Perceptions of, and the internalization of, masculinity appeared to be bound up with the pursuit of condomless sex as both a means of achieving and distancing oneself from sexual intimacy. *This research remains ongoing.

609.3 Effect of an Intervention on Attitudes toward Gay Men : An Attitude Function Perspective.

BJ Rye, L Marchildon and A Chalmers. St. Jerome's University, Canada.

When implementing diversity awareness programs (e.g., workshops, panel discussions, or video presentations), it is important to evaluate program effectiveness. While many who deliver said programs assume effectiveness, current research is mixed regarding the impact of interventions on attitudes toward homosexuality. The current study investigated the effect of a video intervention on attitudes toward homosexuality. This study considers "attitude function," or the reasons why participants held the attitudes they do, when evaluating the intervention's effectiveness. Herek's (1986) Functions of Attitude model was the theoretical framework used. Participants (n=138) completed a pre-test assessment of their attitude functions vis-à-vis gay men. Participants were assigned randomly to either control or experimental group (i.e., independent variable) and their attitude function was considered a quasi-independent variable. Experimental participants watched an abridged version of Brian McNaught's "Growing up gay" and completed homonegativity scales. Control participants completed these dependent measures prior to viewing the video. Participants also completed a video evaluation and free response questions. Results indicated that the experimental group had significantly more favorable attitudes toward gay men relative to the control group. All individuals, regardless of attitude function, gained from the intervention. However, those whose attitudes were based on "ego defensive" functions (i.e., their comfort/unease with homosexuality) were the most negative toward homosexuals relative to those with other attitude functions (e.g., attitudes based on past experience). The results of the quantitative items were also related to the qualitative portion of the study. This particular intervention was deemed successful at promoting more positive attitudes toward gay men. The video was considered of good quality and appropriate as an educational tool for a variety of audiences. Future research may wish to explore the possibility of different types of diversity programs having a differential impact on participants contingent upon their attitude function. In particular, those whose attitudes are serving ego-defensive functions may need additional intervention to combat more negative attitudes.

609.4 HIV seroconversion among men who have sex with men: When sexual pleasure is a source of vulnerability.

* Joanne Otis ¹, Marie-Eve Girard ¹, Michel Alary ^{2,3,4}, Robert S. Remis ^{5,6}, René Lavoie ⁷,

Bruno Turmel ⁴, Jean Vincelette ⁸ and Roger LeClerc ⁷. ¹Département de sexologie, Université du Québec à Montréal, Canada; ²Département de médecine sociale et préventive, Université Laval, Canada; ³Centre hospitalier affilié universitaire de Québec, Canada; ⁴Institut National de Santé Publique du Québec, Canada; ⁵Department of Public Health Sciences, University of Toronto, Canada; ⁶Direction générale de la santé publique Montréal-Centre, Canada; ⁷Coalition des Organismes Communautaires Québécois de lutte contre le sida, Canada; ⁸Department of Microbiology and Infectious Disease, Hôpital Saint-Luc du CHUM, Canada.

In North-American gay communities, despite the implementation of prevention efforts, HIV infection continues to threaten the health of men who have sex with men (MSM). The objective of this presentation is to discuss the importance of sexological factors to our understanding of HIV seroconversion among MSM. As a part of a longitudinal study conducted in Montreal from 1996 to 2003, seronegative MSM at baseline (n:1890) were tested for HIV and completed a questionnaire every six months. Guided by epidemiological, psychosocial, sexological and ecological models, this study explored a diversity of factors (individual to macro-social) potentially associated with risk behaviour and seroconversion. This presentation will report the main findings of the Omega Cohort Study's final data. In this sample, the incidence of HIV was 0.62 per 100 person-years (95% CI: 0.41–0.84), and remained relatively stable between 1996 and 2003 despite an increase in unprotected anal sex between serodiscordant partners. In addition to the most commonly identified risk factors (needle sharing and unprotected receptive anal sex), this study's findings highlight the important role of anal sex, in and of itself and of having a large number of partners (>50 partners in the previous 6 months) in seroconversion. In terms of cognitive factors, only lower perceived control over condom use in the months preceding seroconversion and a greater belief in the possibility that they will one day become infected with HIV, were found to characterize men who seroconverted. The other variables significantly associated with seroconversion were generally sexological in nature: being a sexual sensation seeker (factor: adventurism); seeing anal sex as the ultimate sexual pleasure and an expression of power; using a variety of means to heighten sexual pleasure (e.g., voyeurism-exhibitionism, erotic conversations, sex toys and alcohol or drugs). Seroconversion in the gay community does not seem to be associated with social indicators (e.g., poverty, discrimination, low community involvement) of vulnerability but rather to complex and intimately tied personal factors, in which sexual pleasure is the prime source of vulnerability to HIV. The challenge is therefore to integrate both the clinical and educational perspectives of sexology with the current prevention efforts among MSM.

609.5 Detection (diagnosis) of homosexuality in people who hide it and present with treatment resistance.

*Subhas Chand. Chief Psychiatrist & Sexologist, S.U.T. Super Speciality Hospital, India.

Topic and Rationale: Some patients hide their homosexuality tenaciously and display overtly heterosexual behaviour (even enter an extramarital affair), in an attempt to divert attention from homosexuality. There is an amusing array of strategies homosexuals use to bedazzle others. (The Hetero-aversion that accompanies homosexuality is the relationship cruncher). Therapy in such a situation will be unrewarding if the underlying homosexuality is not detected and properly addressed. **The objective of the session** is to help therapists learn a method to by-pass the conscious filtering censoring layer of mind and enter the sub/un-conscious mind **Session out-line** Description of the Gestalt method in detection of sexual orientation. Use of drugs in hypnosis, How to use of word association test in hypnosis, How to use projective methods in hypnosis to desensitise and abreact Use of Milton Eriksonian (symbolic) language to by-pass resistance Use of Visual Sexual Stimuli to detect homosexuality. **Relevance to Sexology** Sex therapy in countries where there is condescension towards homosexuals is riddled with the problem of hidden homosexuality resulting in treatment failures. Detection of homosexuality / active exclusion of homosexuality is necessary in difficult sex problem cases to avoid wasting of time and money. **Targeted audience** Any professional in psychiatry psychology sexology etc involved in sex therapy. Anyone doing / intending to do epidemiological study of homosexuality.

609.6 Link between Psychosocial Categories and Teenager's Discomfort Facing Gay and Lesbians in Daily Life.

*Gilbert Émond ^{1,3}, Janik Bastien-Charlebois ^{2,3} and Groupe de Recherche et d'Intervention Sociale gaies et lesbienne GRIS-Montréal ³. ¹Concordia University, Canada; ³GRIS-Montréal; ²Université du Québec à Montréal, Canada.

GRIS-Montreal is volunteer group visiting more than 600 high school and college classes, 18 000 students with 100 gay and lesbian volunteer contributors in 2004-2005. Goal is to demystify homosexuality and its life styles. A questionnaire, completed in class, evaluates before and after meeting relative discomfort of students regarding homosexuality. Contributors are one gay and one lesbian visiting the class and answering all teenagers' questions about their life experiences. Objectives: Establish relative psychosocial characteristics importance (age, sex, religion, sexual orientation, etc.) in discomfort composition of teenagers regarding homosexual's presence in daily life contexts of interactions. Classify importance of characteristics. Help contributors to understand students' reaction to gays and lesbians (GL): could some ethnocultural characteristics allow contributors to anticipate students' reaction to GL and help to prepare targeted contributions? Method: Half of the visited classes are sampled from year 2002-2003 (= 44 schools, 276 classes, 7124 surveyed questionnaires). Descriptive statistics and non parametric multilinear regressions are performed, all very precise with $p < 0,05$. GRIS volunteers participate to this community based research program. Discomfort is measured by an in-house index of easy going feeling regarding work, sport activities and friendship shared with GL, also regarding witnessing GL affective demonstrations in public. Discomfort is more deeply pronounced when students don't know GL, are young men, grew up in

non traditional religions of Quebec province, are younger, distanced from known GL, practice their religion or cannot identify sexual attractions and a sexual orientation for themselves. Globally, only 18 % of variance is explained by this statistical model, leaving a large place for individual experiences and socialisation in GL (dis-) comfort development of students. Ethnocultural benchmarks seem not sufficient to support contributors to anticipate discomfort facing GL.

610.1 Sexual activities, desire and sensations in 227 paraplegic and tetraplegic men and women.

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Introduction. As part of a general survey on aging in the spinal cord injured population, we investigated the quality of sexual life of 227 tetraplegic and paraplegic men and women. **Results.** The data showed that 60% of the participants were engaged in a stable relationship, which lasted for the most part (51.5%) for more than 3 years and which had begun either before (32%) or after (30%) the trauma. Of the total participants, 86% reported having desire, 60% having regular sexual relationships with a frequency varying from 2 to 3 times a week (19%), one a week (17%), once a month (15%) and less than once a month (19%). As far as sexual functioning is concerned, 49% of the participant reported having reflexogenic erection or lubrication, against 27% reporting psychogenic erection or lubrication, and 33% reported ejaculation or orgasm. In men, 30% relied on sexual medication, with 19% using Viagra, 3% to 6% using intracavernous injections and less than 3% reporting orgasm or physical signs associated with orgasm such as changes in heart rate (36%), respiration rate (29%), muscular contractions (27%), cutaneous (17%) and autonomic (13%) responses. **Conclusion.** Sexual life is therefore a reality amongst spinally injured men and women and sensations of pleasure and orgasm should be investigated more often, as our studies suggest that sexual rehabilitation with biofeedback combined with cognitive restructuring may be an interesting avenue in sex therapy for spinally injured patients.

610.2 Strategic programme in sexual health is needed in Finland.

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Finland is a Northern European country with 5.5 million inhabitants and a high level of technology, education, and social welfare. In international comparisons, sexual health is good according to many statistical indicators (abortion rates, number of STDs, teenage pregnancies). To maintain and develop this level requires national aims, collaboration and resources. Nationwide activities in the field of sexual health in the last ten years include: - An official training program in sexual health in co-operation with other Nordic countries. The program is open

to different professionals and has three course levels: two (10 and 30 credits) are available in many polytechnics, while the highest (60 credits) is available in one. - An online sexual health program (2-10 credits) was developed to enhance the expertise of health care personnel and is being piloted this year in polytechnics. - Two national studies (one targeted to teachers and one to students) looked at the teaching of sexuality in undergraduate medical education. They concluded that the sexual effects of diseases and treatments should be integrated more widely into the different disciplines of medicine. - The health knowledge and behaviour of teenagers has been monitored nationwide for 10 years. Trends in sexual behaviour among adolescents are quite well known. Health knowledge is a part of the official curriculum in secondary schools and high schools and includes sexual matters. Sex education material for teachers and school nurses are available via the internet. - Sexual issues have been included in guidelines for health personnel in maternity and child clinics, and in school health services since 2004. - Many networks, meetings and seminars were arranged with NGOs and training key personnel in the field of sexual health to provide common goals and inspiration. While there have been many activities, more collaboration is needed at all levels of society to promote sexual health; at national, regional and local levels, and not only in health issues, but also in education and social welfare. The Ministry of Social Welfare and Health is preparing a program for sexual health in Finland with broad administrative collaboration to boost professional expertise and research

610.3 Reclaiming Sex and Intimacy Following Recovery From Crystal Meth.

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The association between the use of crystal methamphetamine and increased risk for HIV and other sexually transmitted diseases has been well documented in recent years. There is also recent evidence that crystal meth affects the efficacy of protease inhibitors in fighting the virus. Given the high correlation of the use of this drug and the dangers of HIV, it is vital to better address recovery issues from crystal methamphetamine. Many men hit bottom and give up the drug, only to describe themselves as sexual cripples. This paper presents preliminary findings on treatment approaches to address the sexual recovery of individuals who have given up crystal meth. Use of crystal meth is rampant in gay communities across the country and is a significant risk factor for HIV. Because their sexual behavior has become so fused with use of the drug, sexual involvement after stopping meth use becomes a risk factor for relapse. Many men attempt to reconcile this risk by remaining abstinent from both the drug and sexual involvement. The author is a psychotherapist and sex therapist in Fort Lauderdale, Florida, with a largely gay practice. In order to better document these effects, a web-based convenience sample survey was posted with both quantitative and qualitative questions regarding HIV, sexual behavior, use of crystal, and the impact of the drug on both sexual functioning and primary relationships. The author will present findings from this survey and include treatment implications for intimacy and sexual health of those in recovery from the drug. Underlying psychosocial issues such as improved energy and self-esteem, particularly among men who are long-term survivors, must be

addressed. A hierarchy of treatment issues is proposed as a result of information gathered in the survey. This research is critically important not only to reduce the rate of new infection, but also to increase the well being of those in recovery who are living with the virus.

610.6 Social construction of sexuality in adolescents in light of Foucault's apparatus of sexuality.

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This work is a theoretical study of the apparatus of sexuality according to Foucault and its implications in the social construction of adolescent sexuality in Brazil. It is important to underline certain institutions which we consider of extreme relevance in this sociocultural construction. Among them are included family, school, church, health, as well as the state and its public politics which are fundamental not only in the sphere of teaching, but also in the health system, medias, and urbanization (through legislative, legal and executive powers). In particular in the north of Brazil, in the Amazon, we still have beliefs, legends that also play a role in this, for example, the legend of Boto and Iara. Our hypothesis is the following. In order for an adolescent to live out a healthy, pleasurable sexuality it is necessary for all the aforementioned elements to be taken into consideration because they will exert power which can either transform or conserve. Our intention is to debate the role of these diverse mechanisms of power and we believe it is necessary in the least to get to know the working environment, its socio-economic reality and its characteristic beliefs, cultures, traditions and difficulties. The latter are important for successful implementation of a health system that deals well with sexuality.

611.1 Psychoneurobiological perspective of PE. A systematic review and analysis.

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Deficiencies in the design of and lack of reporting standards for clinical studies on PE have hindered attempts to identify best practices. Brain mechanisms that ejaculation in particular are poorly understood. Currently, an evidence-based approach is gradually replacing the authority-based psychological attitude of PE. The present study provides insight into the regions of human brain that play a role in ejaculation. The neurobiological bases of PE are examined from the starting point of current neurosciences and in comparison with the biopsychosocial systems approach. It is suggested that an etiopathogenetic explication is not feasible so far and that the best therapeutic strategy is a multimodal one. The analysis in question will frame an interrelation between bio and psychosociopathology. The paper discusses the combined approach and reviews the literature.

611.10 Concordance of perceptions of patterns of sexual activity among men with ED and female partners.

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Objective: To characterize the concordance of perceptions of sexual activity among men with erectile dysfunction (ED) and their female partners enrolled in the Men's Attitudes to Life Events and Sexuality (MALES) 2004 and Female Experience of Men's Attitudes to Life Events and Sexuality (FEMALES) studies.

Methods: Consent was sought from all men with ED participating in the MALES 2004 study to interview their partner; 283 female partners subsequently consented themselves and were separately interviewed via mailed or internet questionnaire concerning their perceptions of sexual activity with their partner. The same questions were administered to men with ED and to their female partners concerning perceived frequency, periodicity, and predictability of their sexual activity. **Results:** Men with ED and their female partners reported concordant frequency of sexual activity of any kind, both currently (4.79/month vs 4.67/month, $p=n.s.$) and prior to the development of ED (3.17/month vs 3.05/month, $p=n.s.$). Among subjects who were sexually active with their partner in the last year ($n=272$), concordant perceptions were reported concerning frequency of multiple acts of intercourse and the occurrence of sexual activity the morning after activity the previous night. Regarding the predictability of partnered sexual activity, men with ED and their partners also demonstrated remarkable concordance concerning the predictability of their sexual activity in relation to time of day, day of the week, and advance knowledge of the likelihood of sexual activity occurring. **Conclusion:** In a multinational sample of men with ED and their female partners, remarkable concordance exists surrounding perceptions of their joint sexual activity, demonstrating harmony and synchronicity within couples. This is in contrast with other literature on concordance of perceptions of sexual activity in couples and may reflect a heightened awareness or communication within the couple as a result of the ED.

611.11 Cardiovascular safety of vardenafil and alpha-blockers combined: subgroup analysis of a post-marketing study.

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Introduction: From a large international post-marketing surveillance study in subjects with erectile dysfunction treated with vardenafil in routine medical practice, the German cohort was the first to be analyzed. Results from 5032 sites of this prospective, non-interventional study conducted between March and December, 2003, showed that vardenafil (Levitra®) 5, 10, and 20 mg is effective and safe in a real-world environment. This analysis investigated the cardiovascular safety profile of vardenafil in patients receiving concomitant alpha-blockers. **Methods:** The impact of concomitant use of vardenafil and alpha-blockers on cardiovascular safety was assessed by a descriptive subgroup analysis. Special attention was paid to cardiac safety parameters, particularly to

incidence rates of dizziness, hypotension, syncope, stroke, and myocardial infarction. **Results:** Data from a total of 29,358 subjects were analyzed. A high percentage of subjects (23.4%) was over 65 years of age. Concomitant alpha-blocker treatment was reported for 1239 (4.2%) of subjects. The most frequently used alpha-blockers were tamsulosin (n=725), alfuzosin (n=223), doxazosin (n=189) and terazosin (n=103). Relevant comorbidities of patients on alpha-blockers included presence of cardiac disease (28%), vascular disease (50%), hypertension (42%), and benign prostatic hyperplasia (82%). Adverse events (AEs) were reported by 28 (2.3%) subjects receiving alpha-blockers and vardenafil concomitantly. These AEs were typical for these classes of compounds. There was no clinically relevant difference in incidences of AEs between patients using and not using alpha-blockers. A total of five subjects reported dizziness. Serious AEs were reported in two subjects receiving tamsulosin; one subject reported severe fatigue, and one patient reported syncope within 5-24 hours of taking the first vardenafil dose. There were no reports of stroke, myocardial infarction, ventricular tachycardia, torsades de pointes, or death. **Conclusions:** In this large, post-marketing surveillance trial, data from 1239 subjects treated with alpha-blockers concomitantly with vardenafil showed a favorable cardiovascular safety profile.

611.12 Vardenafil on demand compared with tadalafil administered 24h before sexual intercourse in patients with ED.

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Objective: In the Men's Attitudes to Life Events and Sexuality (MALES) 2004 study, couples usually engaged in sexual activity with little or no advance planning, within 1 hour of the decision to do so, and only once within 24 hours (Fisher et al J Sex Med 2005;2 (suppl 1):19). Whether there is benefit in utility of long-acting PDE-5 inhibition becomes of interest since planning is required. The efficacy of vardenafil (VAR) vs tadalafil (TAD) was assessed in context of sexual activity initiated soon after dosing with VAR compared with a time at which TAD is reportedly still efficacious. **Methods:** In this open-label, randomized, parallel-group, 4-week study, 614 men with erectile dysfunction (ED) >6 months received the recommended starting doses of VAR (10 mg) or TAD (10 mg) with instructions to initiate sexual activity 1 hour post-dosing with VAR or 24 hours post-dosing with TAD. The primary efficacy variable was the mean per-patient rate of positive responses to the Sexual Encounter Profile (SEP) question regarding erection maintenance to intercourse completion (SEP3), observed 15 mins - 4 hours and 22-26 hours in the VAR and TAD groups, respectively. Secondary variables included mean SEP3 responder rates ≥ 2 successful attempts (intent-to-treat 'ITT' population). **Results:** The mean baseline International Index of Erectile Function, erectile function (IIEF-EF) domain score (n=598, ITT) was 12.7 (moderate ED). Patients receiving VAR 10 mg experienced significantly superior mean per-patient SEP3 success rates at 1h post-dose compared with

patients receiving TAD 10 mg when assessed 24h post-dose (78.8% / 68.9% 'p<0.01'). Mean SEP3 responder rates were also higher in VAR vs TAD-treated patients at 1h and 24h, respectively (76.5% / 54.6% 'p<0.001'). The most frequently reported adverse events in the VAR and TAD groups were headache (5.1% and 5.0%, respectively) and flushing (3.2% and 1.0%, respectively). **Conclusion:** VAR 10 mg, when used on demand, which is the predominant pattern of sexual behavior, provides significantly higher efficacy in intercourse success compared to TAD 10 mg taken in advance.

611.13 REM-sleep deprivation leads to a Decrease of Nocturnal Penile Tumescence (NPT) in young healthy males: The significance of NPT-measurements.

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Objective: Measurement of Nocturnal Penile Tumescences (NPT) is an established tool in the diagnostics of erectile dysfunction. This study was performed to determine the influence of a disturbance of the physiological sleep pattern on NPT in young healthy males and to evaluate the significance of NPT-measurement for the diagnostics of erectile dysfunction under in patient-conditions. **Patients and methods:** 10 healthy young males, mean age 25.2 years (25-32) were examined during 3 nights under sleep laboratory conditions. A 12-channel-polysomnography was performed to record the sleep stages, NPT were continuously measured with the RigiScan™-device in all three nights. In night 2 we performed additional measurement of vital parameters as heart rate and blood pressure. In night 3, in addition sleep was interrupted and blood was drawn via an i.v.-line every two hours to determine the serum levels of testosterone, FAI (free androgene index), estradiole, LH, FSH, prolactine, DHEA-S and SHBG. **Results:** We found a significant decrease of REM-sleep in night 3 versus night 1 (8 vs 17%, p>0.05) and a significant reduction of the overall duration of erections (50.2 vs 98.8 min, p>0.03). Phase 3 and 4 sleep was also decreased, whereas S1 and S2 sleep was increased. Analogue, the total number of events was significantly decreased in night 3 (3.7 vs 5.5, p>0.05). The amount of NPT, correlated to REM-sleep, decreased from 80% in night 1 to 53% in night 3 (p>0.03). There was no impairment of the circadiane rhythm and pulsatile secretion of the measured sexual hormones seen in this study. **Conclusion:** The disturbance of the physiological sleep pattern leads to a significant reduction of REM and S3/4 sleep combined with a significant decrease in the number and overall duration of nocturnal erections, with young healthy adults showing a pattern similar to patients with erectile dysfunction. Therefore, a normal sleep pattern is crucial for the evaluation of NPT-measurements in the diagnostics of erectile dysfunction and a combination with polysomnography should be performed to exclude false positive results. ®™

611.14 Changes in Penile Cavernography and Venous Leakage Under Testosterone Therapy in Hypogonadal Patients With ED “Case Report”.

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Objective: Evaluating the impact of Nebido™ injection on the venous leakage/cavernosographic changes in patients with obesity and metabolic syndrome. **Material & Methods:** We selected 9 hypogonadal patients with severe ED and metabolic syndrome who didn't respond to 20 mg penile injection of Alprostadil™ intra-cavernosally. Testosterone level was in hypogonadal range at 2.1 ng/ml (normal range 3.5 - 8.6 ng/ml). Penile cavernosography was performed and resulted in venous leakage in three cases, one of them with diabetes mellitus (DM) Type I and one with DM Type II. Re-evaluation of cavernosography followed in these 3 patients after three months under long-acting Testosterone therapy 1.000 mg i.m., in day one, week 6 and then quarterly in accordance with Nebido™ therapy protocol. **Results:** One patient with DM Type II reported of improved sexual function within 9 weeks under Nebido™, interestingly this cavernosography showed no venous leakage at all in his control cavernosography under Nebido™ in week 12. He reported an improved sexual desire domain from 4 to 8 and his erectile function domain from 10 to 24. The other two patients are still under follow-up. **Conclusion:** This interesting initial result suggests that testosterone has a positive impact on the haemodynamic process and the veno-occlusive properties in the penile trabecular tissues. The disappearance of venous leakage in this case is encouraging the treatment with testosterone in hypogonadal patients with metabolic syndrome to improve the penile resilience and veno-occlusive features. By end of May 2005 this unique clinical experience would be clarified by illuminating update in terms of subjects and cavernosography methods. This clinical data correlates with the results of Traish et al., published in Journal of Andrology March/April 2005 "Adipocyte accumulation in penile corpus cavernosum of the orchietomized rabbit: A potential mechanism for veno-occlusive dysfunction in androgen deficiency". Neurovascular pathology of cavernosal tissues in hypogonadal patients is also an important factor due to pathological PDE-5 expression and impaired smooth muscle cells relaxation.

611.15 Assessment of conservative therapy of Peyronie's disease: Results of a standardized survey among German urologist.

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Introduction and Objectives: The efficacy of conservative therapy of Peyronie's disease is still matter of debate. For most drugs and other modes of therapy a distinct proof of efficacy is missing. The aim of this study was to evaluate the frequency and the rating of the different conservative modes of treatment of Peyronie's disease in Germany. **Methods:** A representative survey was performed among 3187 German urologists by a standardized questionnaire to evaluate the currently used concepts of therapy in the year 2003, their efficacy and their tolerability. **Results:** 636 urologists participated in the study. Altogether they treated 6019 patients with Peyronie's disease in 2003. The majority of

urologists treated between 3 and 15 patients per year with a mean history of 6 months. Regarding all modes of the therapy including surgical procedures the administration of potassium-paraaminobenzoate was with 22% of all treated patients the most common treatment. The use of this drug was followed by the surgical plication procedures (19%), the administration of Vitamin E (14%), and extracorporeal shock waves (10%) respectively. Regarding drug therapy alone the majority of cases were treated by potassium-paraaminobenzoate (46%), followed by Vitamin E (29%). The other oral applicable drugs and intralesional administrations are used considerably less frequently. Conclusions: The most commonly used modes of treatment were assessed to have the best results regarding efficacy and tolerability. However, this finding is contradictory to the few controlled studies regarding the efficacy of the different drugs. The high number of patients treated demonstrates the importance of conservative therapy for Peyronie's disease. Therefore, it is regrettable that no conservative mode of treatment is currently available that cures the symptoms of this disorders in all patients being affected.

611.17 Cardiovascular safety of vardenafil in patients on antihypertensives and/or alpha-blockers: analysis of 17 placebo-controlled trials.

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Objective: To evaluate the cardiovascular (CV) safety of vardenafil when used concomitantly with antihypertensive therapies (AHT) and/or alpha-blockers.

Methods: Drug-related CV adverse event (AE) data were compiled from 5091 vardenafil- and 2949 placebo-treated patients in 17 phase III studies in men with erectile dysfunction (ED) for >6 months receiving vardenafil 2.5, 5, 10, or 20 mg or placebo for 12-26 weeks. Event data were defined using updated MedDRA terms and stratified by (1) no AHT (placebo n=1917, vardenafil n=3359), (2) >1 AHT excluding alpha-blockers (placebo n=828, vardenafil n=1355), and (3) alpha-blockers alone or with ≥1 AHT (placebo n=204, vardenafil n=377). **Results:** The incidence rates of drug-related dizziness was slightly higher in vardenafil-treated vs placebo patients, but without additive effects by AHT or alpha-blocker use. In the vardenafil group, drug-related dizziness was reported by 50 (1.5%) patients receiving no AHT, 21 (1.5%) patients receiving ≥1 AHT excluding alpha-blockers, and 7 patients (1.9%) receiving alpha-blockers with or without ≥1 AHT.

Corresponding incidences in the placebo group were 8 (0.4%), 3 (0.4%), and 1 (0.5%) patient in the three subgroups, respectively. Drug-related syncope was experienced by one patient (receiving vardenafil plus alpha-blockers with or without ≥1 AHT). Drug-related hypotension (including postural) was experienced by 1 patient (<0.1%) receiving placebo and no AHT, 3 patients (<0.1%) receiving vardenafil and no AHT, and 2 patients (0.1%) receiving vardenafil plus ≥1 AHT excluding alpha-blockers. No patient experienced drug-related myocardial infarction (MI), and 1 patient receiving placebo plus alpha-blockers with or without ≥1 AHT experienced drug-related cerebrovascular accident (CVA). For all serious AEs (regardless of relationship to study drug), MI,

CVA and syncope occurred with frequencies ranging from 0 to 0.8% with no predilection for treatment group or AHT use. Two patients in the placebo group experienced syncope while on AHT (not alpha-blockers). Three vardenafil-treated patients experienced syncope while receiving alpha-blockers, and one while receiving another type of AHT. **Conclusion:** Pooled safety data from 17 placebo-controlled trials demonstrated no increased in drug-related CV-AEs other than dizziness for vardenafil. Additionally, neither alpha-blockers nor AHT increased drug-related CV-AE rates in vardenafil-treated patients.

611.18 Assessment of Sexual Dysfunctions in patients with Diabetes Mellitus.

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Introduction and Objectives: Several studies reported data on increased risk of sexual dysfunctions in population of diabetic men and few presented data increased risk of sexual dysfunction in diabetic women. This study was designed to evaluate the frequency and types of sexual dysfunctions in patients with diabetes mellitus. **Methods And Material:** With this purpose total of 54 married, ranged in age from 20 to 55 diabetic patients were evaluated with semi-structured psychiatric questionnaires and Golombok-Rust Inventory of Sexual Satisfaction (GRISS). **Results:** According for GRISS points 59.35% of diabetic patients had sexual dysfunctions. In comparing diabetic males to those diabetic females with sexual dysfunctions, male diabetic patients had higher percentage of sexual dysfunctions than female patients and it was statically significant ($p < 0.005$). There was sexual dysfunctions in 24 of 34 (70.6%) male patients. The most common problems were premature ejaculation (%73.5) and erectile dysfunction (%64.7). Sexual Problems were found in 8 of 20 (%40) female patients. The most common problem was unsatisfaction with frequency of sexual relationship. There was no statistically significant relationship between sexual dysfunctions and sociodemographic traits ;treatment mode, onset age, duration, and types of diabetes; presence of diabetic complications; blod glucose level and family history of diabetes ($p > 0.05$). No association was found between sexual dysfunctions and sexual history traits (sexual knowledge level, premarital sexual relationship, first coitus partner, marital satisfaction, view of partner's attractiveness). **Conclusions:** Sexual problems are frequent in men with diabetes. Although diabetic women have lower percentage of sexual dysfunctions than men , they deserve more attention in clinical practice and research.

611.19 Vardenafil compared with tadalafil when sexual intercourse is attempted up to 45 minutes after dosing.

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Introduction: Initiation of sexual intercourse generally occurs <1h after deciding to do so (Eardley et al BJU Int 2004;93:563-7). The objective of this study was to compare the efficacy of vardenafil 10 mg (VAR) with tadalafil 10 mg (TAD) when intercourse was attempted ≤ 45 minutes post-dosing. **Patients and methods:** In this 4-week study, 759 men (erectile dysfunction 'ED' >6 months) received VAR or TAD, with instructions to attempt penetration ≤ 45 minutes post-dosing. Primary endpoint was mean per-patient success rate for successful completion of intercourse (Sexual Encounter Profile question 3 'SEP3') within 45 minutes for all doses taken with the intent of intercourse (all valid doses). A further subset analysis was undertaken including only those where intercourse was attempted within 45 minutes (ie excludes those where an attempt was not made within 45 minutes). SEP2 (penetration success rates) and International Index of Erectile Function, erectile function (IIEF-EF) domain scores were also assessed. **Results:** At baseline, mean EF domain scores suggested moderate ED in both treatment groups: VAR 14.1 (n=368) and TAD 13.8 (n=363). Overall least-square mean SEP3 per-patient success rates were significantly higher with VAR vs TAD, both for all valid doses taken within 45 minutes with the intent of intercourse (29.7% vs 20.5%, $p < 0.001$) and doses only where intercourse was attempted within 45 minutes (63.6% vs 50.8%, $p < 0.001$). SEP2 success rates were also significantly greater with VAR vs TAD, both for doses within 45 minutes taken with the intent of intercourse (35.5% vs 26.9%, $p < 0.001$) and for doses only where intercourse was attempted within 45 minutes (73.6% vs 62.1%, $p < 0.001$). EF domain scores improved to 22.8 with VAR (mild ED) and 21.3 (mild-moderate ED) with TAD at week 4 ($p < 0.01$). VAR and TAD were generally well tolerated. The most frequently reported adverse events included headache, flushing, and nasal congestion (all <8%). **Conclusion:** Intercourse-completion rates with VAR were superior to those with TAD during the time-interval after deciding to have sex in which most couples engage in sexual activity.

611.2 Premature Ejaculation: Considerations about an integrative model of treatment. (6th. Version since 1998).

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Objectives: To analyse an integrative treatment plan, which consist in the association of different psychotherapeutic and pharmacological techniques, that we have developed since 1998. This plan includes the use of: Clorimipramine or Sertraline, Hydro quinon creams, Magnesium, Bach Flowers Remedies, drugs for the treatment of anxiety, ICI, or Sildenafil, Sexual Therapy including exercises such as: Kegel exercises and the Masters & Johnson Stop-Start exercises. We also support our plan in a psychotherapeutic approach, to deal with couple conflicts. Another objective is to determine the relationship between anxiety disorder and premature ejaculation. As final objective, we intend to analyse those cases which

proved to be resistant or directly did not respond to the treatment. **Materials and Methods:** This in an observational and retrospective research. We started from a basis of 3.000 patients treated for premature ejaculation of which we selected and took the last 160 patients who consulted and followed our therapeutic model completely. On the average, the treatments lasted 8 sessions and from that point we valued the patient satisfaction responses through the ejaculation control reached . We made a follow up two years after discharged. **Results:** 38% of them were under 25 years old, 31% presented premature ejaculation secondary to erectile dysfunction, 98% presented some level of anxiety, 49% reached the ejaculatory control after 8 sessions of treatment, 10% showed a poor response, being necessary the four additional sessions. Telephonic and personal controls revealed satisfactory resolution of EP. **Conclusions:** Last years, this model seemed to work very well and similar attempts were performed in Caracas and Sao Paulo. The worst responses were patients who presented deep conflicts with their couples. Many of those patients who did not respond to the treatment, presented a negative response to the different drugs and to several combinations of them. In these patients, the premature ejaculation persisted in spite of their attempts performing the Stop-Start and Kegel exercises. We followed and controlled their evolution two years later, finding very good results and confirming the stability of the results reached once they finished our treatments.

611.20 Men With Both Premature Ejaculation (PE) and Erectile Dysfunction (ED) Experience Lower Quality of Life than Men With Either PE or ED Alone.

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Introduction and Objectives Men suffering from both erectile dysfunction (ED) and premature ejaculation (PE) have been reported to experience distress, low satisfaction with their quality of life, and low sexual enjoyment. It has been reported that approximately one third of men with ED also have concomitant PE. We hypothesized that men suffering from both ED and PE would report the greatest negative impact on quality of life and sexual enjoyment. **Methods** A multi-country internet-based survey of 12,134 men was conducted in 2004. The Premature Ejaculation Prevalence and Attitudes (PEPA) Study enrolled men aged 18-70 in the United States, Germany, and Italy. Respondents answered questions about general quality of life, relationships, sexual experiences and attitudes, health, and demographics. Men in the PEPA Study were categorized as having PE via their survey responses regarding distress, timing of and control over ejaculation. Men were also asked if they self-describe as having erectile dysfunction/impotence. These groups were quantified, described, and contrasted. **Results** Approximately one-third of men reported that the length of time from penetration to climax was a problem for them or their partner, and approximately one-quarter of men additionally reported distress and/or lack of control over ejaculation; about 15% of men self-reported ED. While almost one-quarter of men with PE also had concomitant ED, over half with ED also suffer from co-morbid PE. Men who suffered from concomitant PE and ED had lower scores for quality of life and sexual enjoyment compared to those with either PE or ED alone. **Conclusions** A much higher percentage of men with ED may also

have concomitant PE than previously thought. This large-scale study of men showed that the distress and negative impact of co-morbid PE and ED on men was greater than either PE or ED alone. Further study and analyses are needed in order to better understand the origin of distress, bother, sexual enjoyment, and diminished quality of life among men who suffer from sexual dysfunction.

611.3 Premature Ejaculation: Impact on the Female Partner.

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Introduction and Objectives: Premature ejaculation (PE) is the most common male sexual dysfunction, affecting approximately 30% of the adult male population. PE negatively impacts both the man and his partner; however, the effects of PE on the partner have not been explored extensively. The objectives of the current analysis were to provide information surrounding partner perceptions of ejaculatory function and to assess sexual satisfaction, distress, and interpersonal difficulty in female partners of men with and without a diagnosis of PE. **Methods:** Data were obtained from a 4-week, multi-center observational study that enrolled subjects with PE (n = 207) and without PE (n = 1380) and their partners. Subjects were classified as PE or non-PE by a clinician according to the DSM-IV-TR criteria. At Weeks 2 and 4 of the study, female partners completed single-item, patient-reported outcome measures that assessed female perception of subject control over ejaculation (5-point scale; 0=very poor to 4=very good), satisfaction with sexual intercourse (5-point scale; 0=very poor to 4=very good), and personal distress (5-point scale; 0=not at all to 4=extremely) and interpersonal difficulty (5-point scale; 0=not at all to 4=extremely) resulting from their partner's ejaculatory latency. Responses were compared between partners of men with and without PE using the 2-sample *t* test. **Results:** Compared with partners of men without PE, partners of men with PE had significantly lower perceptions of subject control over ejaculation (mean, 3.28 vs 1.45, respectively; $P < 0.0001$) and ratings of satisfaction with sexual intercourse (mean, 3.36 vs 2.10, respectively; $P < 0.0001$). In addition, compared with partners of men without PE, partners of men with PE had significantly higher levels of personal distress (mean, 0.41 vs 2.19, respectively; $P < 0.0001$) and interpersonal difficulty (mean, 0.22 vs 1.52, respectively; $P < 0.0001$). **Conclusions:** This study documented the psychosocial impact on the female partner resulting from the man's premature ejaculation. Female partners of men with PE reported lower satisfaction with sexual intercourse and greater personal distress and interpersonal difficulty compared with partners of men without PE.

611.5 Sexual ecology of men with ED: timing, periodicity, and predictability of sexual activity.

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Objective: The Men's Attitudes to Life Events and Sexuality (MALES) 2004 Study examined the frequency, periodicity, and predictability of sexual activity of men with erectile dysfunction (ED) in an effort to describe the sexual ecology within which their sexual activity takes place. **Method:** Respondents from the MALES study cohort of men with ED from 8 countries (USA, UK, Germany, France, Italy, Spain, Mexico, and Brazil) (n=2912) were re-contacted where possible (n=1841) for MALES 2004, with a total sample achieved of 808 men. Of these, 694 men aged 20-80 years with self-reported ED who reported current sexual activity with a partner were queried on the frequency, periodicity, and predictability of their sexual activity. **Results:** 77% of men in this sample were aged > 50 years, 77% were married or living with a partner, of which 92% were of > 2 years' duration. Mean frequency of sexual activity was five per month, with 67% of men sampled having sex once a week or less. 72% had no set pattern regarding the day of the week; 44% of the activity took place at night, 34% showed no set pattern, and 22% in the morning or afternoon. 69% of men were unable to predict sexual activity more than 30 minutes prior to the actual activity. Men rarely had intercourse more than once within a 2-3 hour time period, and rarely had intercourse in the morning after having intercourse the night before. **Conclusion** In this sample, most men (72%) could not predict which day of the week sexual activity would occur, nor could they anticipate the occurrence of sexual activity more than 30 minutes in advance. For most men with ED, a therapy that offers rapid onset, eg within 30 minutes, is an appropriate fit for the sexual ecological circumstances within which they function.

611.6 Modulation of erectile function with long-acting testosterone injection (Nebido™) i.m. in hypogonadal patients.

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Objective: To assess and evaluate the impact and efficacy of long-acting testosterone injection alone to restore the erectile function in hypogonadal men. **Material & Methods:** A total of 17 hypogonadal men (mean age: 58) with erectile dysfunction (ED) were prospectively evaluated for a mean of 14 weeks under long-acting testosterone (Nebido™) i.m. Blood tests included total testosterone, DHT, lipid profile, blood sugar and HbA1c, as well as prostate specific antigen. Time average for ED 3.8 years. Physical and sonographic examination for prostate were performed. BMI and waist circumference every three months. Sexual function assessment was performed using the International Index of Erectile Function (IIEF) in the baseline and after 12 weeks. Patients received i.m. long-acting testosterone (Nebido™) at day 1, after six weeks and thereafter planned to receive the same therapy at an average of 12 weeks. **Results:** 11 patients reported of significant improvement in the sexual desire domain (main value 4.5 to 8.4). Erectile function domain from 12 to 25, following treatment with (Nebido™) for 9-12 weeks. No patient was excluded from study in this

period of time. No patient reported about irritation or pains in the gluteal injection areas or any other adverse events. The remaining 6 patients who suffered from ED longer than 7 years reported about improvement of sexual desire but no significant improvement in erectile function domain, although they showed normalized values of total testosterone. These men are still under follow-up. No change in PSA or prostate gland were noticed so far. Conclusion: This encouraging result suggests that a testosterone therapy alone could have restored the erectile function in the majority of the hypogonadal patients of this group. Further evaluation of the rest group and/or additional subjects will enlighten the influence of testosterone alone in the follow-up reports. In case of ED patients in rush the combination therapy with PDE-5 inhibitors is recommended.

611.7 A prospective, placebo-controlled, randomized study on Potassium paraaminobenzoate (Potaba) for the treatment of Peyronie's disease.

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Introduction and Objectives: The aim of this study was to investigate the effect of potassium paraaminobenzoate (Potaba) in Peyronie's disease in a prospective, randomized, double-blind, placebo-controlled, multicentre study during a 12-months treatment period. **Methods:** 103 Peyronie's disease patients with a history <12 months, non-calcified plaques and without pre-treatment were included. 51 were randomized to potassium paraaminobenzoate, 52 to placebo receiving 4x3g/day for 12 months. Follow-up was performed during the treatment period. Response was defined as regression in plaque-size and/or reduction in penile curvature of at least 30%. Data analysis was focussed on 75 patients who completed the study 'valid-cases (VC)'. **Results:** No severe adverse events occurred. Response rates were 74.3% on potassium paraaminobenzoate and 50.0% on placebo (p=0.016). Mean plaque-size decreased from 259 mm² to 142 mm² in the treatment arm. In the placebo group, plaque-size aggravated from 259 mm² to 303 mm² after 6 months but improved slightly to 233 mm² after 12 months. Differences between the groups were significant (p=0.042). Preexisting curvature did not improve under the drug (p=0.066), but comparing the development of new curvature or deterioration of preexisting curvature under potassium paraaminobenzoate penile deviation remained stable. However, under placebo penile curvature deteriorated significantly in 32.5% of the cases (p<0.001). No significant differences concerning decrease of pain could be observed between the two groups (82.6% vs. 77.3%). **Conclusions:** The results of this study indicate a significant plaque-related effect of potassium paraaminobenzoate. There was no relevant difference with regard to improvement of preexisting penile deviation. However, under potassium paraaminobenzoate a significant protective effect on deterioration of penile curvature was demonstrated. Thus, potassium paraaminobenzoate seems to be useful to stabilize the disorder and prevent progression of penile curvature.

611.8 The kind of sexual therapist that we need.

*Oscar Diaz. Cenesex, Cuba.

Little attention has received in the last meetings of sexology, the current state of sexual therapists formation. In the era of potent therapeutic resources such as Viagra, fluoxetine and penile prosthesis, some colleagues may think that a comprehensive view of the human sexuality is not necessary for the treatment of sexual dysfunctions. In Cuba, we are in the middle of a process of design of a 6 month intensive course for the certification of sexual therapists. The design of this course is based in the information obtained of different sources: Observation of all the sexual therapy units in Cuba. With the information obtained of this process, we made the diagnosis of the more common deficiencies present on these consultations. Interviews to sexual therapists, asking them to point out what they wish to include in a course like this. Review of the abstracts books of the last regional and world meetings of both the World Association of Sexology and the international Society of Impotence and Sex Research, looking for papers dealing with this topic. Detailed interviews with therapists from around the world that, for their experience or scientific degree we considered as key informants. As a result of this process, we created a 6 weeks intensive course with the aim of bring information and to develop attitudes for sexual therapy. Details of the course will be given during the exposition.

611.9 Association of PDE-5-inhibitor use in men with ED and sexual function of female partners.

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Objective: The objective of the Female Experience of Men's Attitudes to Life Events and Sexuality (FEMALES) study was to characterize female partners of men with erectile dysfunction (ED) enrolled in the Men's Attitudes to Life Events and Sexuality (MALES) 2004 study, with respect to female's attitudes, beliefs, and sexual experience. The current analysis investigated the association between use of PDE-5 inhibitors by the male partner and sexual experience of the female partner. **Methods:** From the sample of men with ED participating in the MALES 2004 study, 283 female partners were subsequently recruited and interviewed via separate questionnaire. In addition to other items, female partners of men with ED were asked "before (and since) your partner experienced difficulties with his erection, how frequently (almost always, most times, sometimes, a few times, never) during sexual activity with your partner did the following (I experienced sexual desire or interest, I became aroused, I reached orgasm, I experienced pain with sex) occur?" Results were stratified by concomitant PDE-5 inhibitor use/nonuse by the partner. **Results:** Female partners of men with ED reported significant declines in the proportion of time they almost always/most times experience desire (38%), arousal (41%), orgasm (48%), and satisfaction with sexual activity (41%) subsequent to their partner developing ED. Pain with sexual activity was not affected. Women whose partners were current users of PDE-5

inhibitor therapy reported significantly greater frequency of desire (54% vs 43%), arousal (56% vs 40%), and orgasm (46% vs 30%) than did women whose partner was not a current PDE-5 inhibitor user. **Conclusion:** The development of ED has a profoundly negative effect on the sexual experience of the female partners of men with ED. Current PDE-5 inhibitor use by the male partner was associated with significant improvement in sexual function concerns by the female partner. These data provide evidence that use of PDE-5 inhibitor therapy by men with ED may improve the sexual experience of both partners.

612.1 Policies on the Expression of Sexuality of the Psychiatric Inpatient.

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Introduction: Conditions for most hospitalized psychiatric patients are not conducive for satisfying emotional, loving and sexual relationships: lack of privacy, absence of clear policies for staff supervising patients who are being sexually intimate, unclear guidelines for competent consent, etc. These realities must be considered and require that the administration of Centre hospitalier Robert-Giffard provide policies that will insure patient safety and dignity with regard to intimate relationships. It is imperative to establish standards for behavior that will meet the needs of patients and of staff. Objectives: The goals of the newly formulated policy are to state the hospital's position with respect to 1) the expression of the patient sexuality, 2) the role of the staff and 3) the Institution's responsibilities. This policy has evolved in a new paradigm which views sexuality as positive. It clarifies the role and the responsibilities of the Institution in creating conditions favorable to the expression and the development of healthy patient sexuality. Methodology: First, the workgroup surveyed 95 patients and 462 of the hospital's employees. A working multidisciplinary committee formulated a policy which was then submitted to and approved by the administrative and clinical authorities of the Institution. A training programme will be developed and presented to the staff of one unit. Finally, the preliminary results of the experiment of the policy will be presented. Conclusion: The application of the present policy offers patients of Centre hospitalier Robert-Giffard (CHRG), where the policy was developed, guidelines that are more adapted to sexual needs in a psychiatric setting while clarify in the role and the responsibilities both the staff and the Institution.

612.2 Educational workshops for social life and sexuality to young adults suffering from schizophrenia.

*France F. Desjardins. Le Mûrier, Quebec.

Since January 2005, the non-profit organisation Le Murier offers educational

workshops for social life and sexuality to young adults suffering from schizophrenia. Those participants are living in De Carignan group home in Montreal. Two mental health workers from the organisation, Caroline Chausse, sexual educator and France Desjardins, project coordinator and program creator are teaching a series of fifteen workshops. Many subjects, such as intimate relations and sexual intercourse in a social context are being covered during the program. Such themes are: seduction, differences between love and friendship, couple's communication, intimacy, equality in a couple, respect in a lover's relationship, anatomy, contraception, sexual response, masturbation, menstrual cycle, sexual dysfunctions and the industry of sex. Furthermore, this project takes place in a research trying to figure out the impact of such a program on participants, as well as targeting precisely the needs regarding the sexual life of the people suffering from schizophrenia. The program, aiming at many goals, has been inspired by a sexual education guidebook, created by George and Behrendt (1985)(Liberman RP (1992). Handbook of psychiatric rehabilitation, Editions Maxwell Macmillan Canada): a) to increase knowledge and comfort with participant's sexuality; b) to help participants to identify and clarify their values and attitudes regarding sexuality; c) to help participants acquire the ability to take decisions in link with sexuality; d) to overcome difficulties related to sexual dysfunctions regarding use of medications; e) to prevent deterioration of their sexual aptitudes; f) to improve their abilities towards intimacy. Each week, a workshop lasting an hour and a half takes place. Up to now, 60 percent of all residents from the targeted group home participate. They seem to enjoy the sessions and show respect to one another. Besides, they often talk about it during the week. They try as well to convince other residents to participate. Those workshops will end by mid April. At that time, we will unveil the impacts and the results. Throughout the project, in collaboration with the organism, we are encouraging both dialogue and reflection on the choices that the beneficiaries make in link with their sexual health.

612.3 Sexual citizenship education for adults suffering from mental health problems.

* Annick Bourget. Pracom Inc., Québec.

Social and professional integration is the objective many community organisations, particularly those who work with people suffering from mental health problems, seek to achieve. This objective is directly related to what every individual should enjoy, that is to say the total and satisfactory exercise of his citizenship. Citizenship education is not only applied in school but also in community organisations as the work of mental health workers could be qualified as a form of citizenship education. However, the sexual dimension is completely absent from this form of education. This presentation hopes to detail how to approach the set up and execution of a sexual citizenship education project. This program was applied and tested on adults suffering mental health problems attending a community center in Montreal. Sexual citizenship education is not like traditional sexual education. The program is a participative education project in which participants become actively involved in researching sexual knowledge and information, and how to apply this information to their environment. The role of the sexologist is to accompany the participants in this

research process. The pending results will enable us to establish the main advantages of such a program. This will allow us to determine obstacles that must be overcome. In addition, we will discuss what the people involved have learnt and how they learnt it, as well as to assess the goals they set and reached. Finally, the results will allow us to set parameters to which the sexologist must respect in a sexual citizenship education program. All this will allow to have a better understanding of sexual citizenship.

613.1 The Reality of the Sexual Life of Mental Impairment People Today. What Implies Its Development?

* Monique T. Martinet and Martine Laclic. Association Air, France.

The objective of this communication is, starting from concrete cases, comparatively to highlight the characteristics of the sexual life of the people having a mental handicap at that of the people without intellectual deficit. Then, starting from the reports carried out, to release from the axes of intervention tending to allow these people to exert their sexual rights and to tackle the questions of the parentality. Can one retain common characteristics of the emotional and sexual life of the mental handicapped people. Which are the origins: their handicap and/or impact of the environment. How these people exert their statute of adult, their creativity, the expression of their desire, their pleasure, their freedom/their assent, their protection, their representations of the concept of sexuality. Of which helps they need from a point of view of development ? The attitudes of the professionals with regard to the sexual life of the mental handicapped people in the institutions hardly rest on bases: theoretical concepts, "good practices", consensus of team, limit interventions of the teams. What implies the assertion concretely that the people in situation of mental handicap have right to an emotional and sexual life. How to bring the families of these people to a constructive step on this topic. It would be surely very advantageous to inventory how this question is perceived, approached all over the world according to the various experiments and cultures.

613.2 Voices of the Heart, Voices of the Body, How to accompagny them.

* Catherine Agthe Diserens. Service Santé Jeunesse, Switzerland.

"Sexual education is an impossible yet essential task". This challenging and dynamic observation by Dr. Stanislas Tomkiewicz is all the more provocative when it is aimed at disabled children and teenagers! In the realm of widely varying disabilities, emotional capacity and sexual drive are often intact, but these needs are expressed through unusual means. The questions of disabled children and adolescents illustrate the strength of their self-consciousness and how their preoccupation with the lack of knowledge of the intimate parts of their body and of the opposite sex can push them to action. And, when they do not have access to speech, their bodies will express their needs and their shortcomings. Giving words to these basic needs will appease, postpone experimentation, and enable the development of more responsible behavior in matters of sexuality. By slowly building up their and acknowledging their

emotional and sexual dimension, the focus is put on the child or adolescent, as opposed to their . It also confers respect on their intimacy and personal life! In order to meet these needs, Geneva's Youth Health Services "SSJ" has developed a new mission in recent years. Since 1975, this health education service, under the Department of Education, has been systematically teaching sex education to all children in the public school system from primary school through the end of school. It now also offers specifically adapted sexual education classes for all children and adolescents with special needs and disabilities. The SSJ recognizes the right, of all disabled children and adolescents, to an emotional, intimate and sexual life that takes into account their specific needs and challenges. The SSJ has a deep-rooted conviction that the socialization of their sexuality is essential to their integration into society, and sees this approach as a means of moving towards reaching their goal of non-discrimination. By following this innovative path, the SSJ is filling in some gaps in the system and is helping to lift taboos!

613.3 The Sexual Rights of the Mentally Handicapped Person : A New Frame of Reference.

* André Dupras. Department of sexology, Université du Québec à Montréal, Canada.

The objective of this communication is to present a frame of reference to help transform the way we think and act concerning the sexual life of mentally handicapped persons. The suggested approach involves isolating main themes underlying the recent evolution of the concept of handicap. The sexual question can then be added to new trends that are manifesting in the field of services to people with disabilities. The last decade was defined by a social movement aimed at the recognition of handicapped persons as full citizens who participate actively in social life. Sexual citizenship, in this context, is merely a component of more general citizenship. Sexual citizenship could be defined as a status that acknowledges the sexual identity of individuals as well as their right to a fulfilling sexual life. It is frequently mentioned that the sexual rights of handicapped persons are not respected. Various situations and practices bear witness to the presence or lack of respect for the status of full sexual citizens among handicapped persons. Therefore, a disabled person may or may not control the possibility of becoming involved in a sexual encounter. They may or may not have access to information or intimacy. They may or may not decide to act upon their sexual orientation. However, sexual rights are the foundations upon which sexual citizenship must be built. Handicapped persons are no longer considered as objects of care but as subjects of rights. Sexual rights are simply part of the general rights that any person is entitled to. They must be explicitly enforced and asserted. The list of sexual rights from the WAS could serve as a departure point to achieve this goal. Furthermore, measures making sexual rights accessible and identifying restrictive situations should be inventoried. In this context, professional intervention targets the defence and development of sexual rights.

614.1 Certification for Sexuality Professionals: No Longer a Luxury.

*William W. Finger ^{1,2}, *Stephen Conley ³, *Lars-Gosta Dahlof ⁴ and *Beverly Whipple ⁵.

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We are witnessing a tremendous interest in the field of sexual health: increased public awareness of sexuality issues and demands for information and treatment, increased pharmaceutical attention to sexual concerns and associated financial incentives; and increased public, political and legal scrutiny of the field. As with any burgeoning area with a consumer base and potential financial incentives, unscrupulous individuals may take advantage of unwitting or uninformed consumers. Already under increased legal, political, and public scrutiny, it is incumbent upon the field to minimize any activities that may support criticism of and attacks on sexuality professionals. While regulation is often resisted by professionals, self-regulation through the development of standardized, internationally-recognized minimum requirements in education, training, and experience for sexuality professionals can provide protection for consumers as well as increase and maintain the legitimacy of sexuality professionals. In our current environment, some form of regulation or standardization of services and practice is no longer a luxury for the field of sexuality. This session will provide a historical overview of developments in the area of certification for sexuality professionals, as well as the current status of national and international efforts to establish certification guidelines. The rationale for developing standardized minimum qualifications for sexuality professionals will be discussed. The current certification requirements of the American Association of Sex Educators, Counselors and Therapists (AASECT) will be reviewed, including guidelines for certification of international members. Current efforts in international outreach will be reviewed. Means of obtaining certification, or adapting existing certification requirements for international needs, will be provided. (This symposium is Part II of AASECT-sponsored panels, and follows Public, Political, and Legal Threats to Sexuality Professionals: Past, Present, and Future)

615.1 Sex? A Healthy Sexuality Resource: A Population Health Odyssey in Resource Development.

*Shirley Campbell, Larry Maxwell, Catano, Jan Wood, *Maureen Flick and *Helen Farrell. Scotia Office of Health Promotion/ Department of Health department: Public Health, Canada.

Sex? – A Healthy Sexuality Resource was developed by the Nova Scotia Department of Health, Office of Health Promotion, district Public Health Services, the Department of Education and community health partners using a three-year-long population health developmental process. The goal of this collaborative, applied research process was to create a resource for youth, written at a grade 6 reading level, that addressed healthy sexuality issues identified by youth in language and a format that youth felt would be appropriate to them. This resource was developed to assist public health in: – reducing the number of pregnancies in girls under 19 –increasing the % of students in Grade 11 who had Never had sex and –reducing the incidence of STIs. The content for the resource was developed using evidence from focus groups with 250 youth throughout the province. These focus groups identified what

youth said they or their friends "wanted to know, needed to know or wish they had been told" about healthy sexuality when they were in grade 7. Based on this input, a draft resource was developed by a plain language writer and then taken out to another 250 youth in the province to ensure it contained the information that youth wanted, that it was easy for them to read and understand, and that they liked the language and format. With positive evaluations received from youth, the resource was focus tested with parents, teachers, and health and education professionals throughout the province. The resource also underwent expert review by national and provincial health, education and legal professionals to ensure the copy was up-to-date, accurate and consistent with current practices. As part of the collaborative process, and because youth said that the school was the best place for them to receive information on sexual health, school boards throughout Nova Scotia were given the opportunity to review the new resource prior to it going to print and were asked to work with district Public Health staff to distribute the resource to all students in grades 7 to 12 in September 2004. During this presentation we will: – review this new resource (September 04) and discuss why it was needed – explain our testing and review process; – review the results of our focus groups with youth, parents, teachers and health professionals – describe our writing and design processes and compromises – discuss some of the challenges we faced and the lessons we learned throughout our journey – discuss our plans for follow-up evaluation. end of abstract. We feel we would have enough to share with our process, evaluation and literacy learning to make this into 3, 20 minute sessions. Your suggestions would be appreciated. We will have our process evaluation and youth post-evaluation results to share as well. We would like to bring along copies of the book to sell at this conference as well. Thanks for your consideration Shirley Campbell We would need an LCD & computer set-up.

616.1 Sexual health and pleasure, as a youngster, I need to know and defend my rights.

*Selma Gonzalez-Serratos. Faculty of Psychology National Autonomus -University of México, México.

Intoduction Along the years, the Human Sexuality Program PROSEXHUM of the Faculty of Psychology at the National Autonomus University of Mexico UNAM, has promoted sexual health and sexual rights among the university students community trough workshops, designed for the young people needs, giving them clear, true and scientific information, as well as working with their attitudes, towards freedom of choice, to exercise their sexual rights, pleasure and sexual responsibility. **Objectives** Promote sexual health of the youngsters, based on reflections about their sexual behaviour and sexual rights, recognizing their bodies as a source of sensuous pleasure. **Session outline** 1.-Group integration. 2.- Basic concepts: sex-sexuality, human rights sexual health. 4.-Sexual rights of the young people. 5.-Pleasure: reflections and exercises about their sensuous body potential **Methodology** Methodological strategies used in this workshop, includes group participative work, cooperative and significative learning techniques, sensuous integrative work with the body., to promote reflection and analysis. We work in an ample room with chairs and tables that can be moved to give free

movements to the participants. We used, blankets, aromatic candles, incense, music and CD recorder, fruits, masking tape, slides, paper for drawing and writing, balloons, a plastic ball. Relevance of the session for sexology: Never the less that actually sexual information is accessible, we need to promote scientific information and work with attitudes to give the knowledge and the attitude change, towards an integrative sexual health opening formal educative spaces to promote reflection, proposals, and responsible decisions and choices about the sexual behaviour of the youngsters, recognizing and respecting their sexual rights. Description of audience: - Workshop for young people and professionals that work with them. The group can be from 15 to 25 participants.

617.1 International Comprehensive Sexuality Education: the Threat Under U.S. Global AIDS Policy.

*Vanessa R. Brocato. The Sexuality Information and Education Council of the U.S., USA.

This discussion will help advocates to learn about the use of guidelines for comprehensive sexuality in their own countries, by profiling the implementation of such guidelines in Nigeria. In addition, advocates will learn about the impact of the Bush Administration's global AIDS policy on comprehensive programming, again using Nigeria as a case study. In 1992, local non-governmental organizations dedicated to young people's health in Nigeria began a partnership with the Sexuality Information and Education Council of the United States (SIECUS) to implement comprehensive sexuality education countrywide. Since then, Nigeria has successfully adopted comprehensive guidelines for sexuality education, and over 100 organizations nationwide have endorsed the Guidelines and are using it in their programming efforts. In 2004, the Bush Administration named Nigeria one of 15 focus countries to receive a huge influx of HIV/AIDS related aid under the President's Emergency Plan for AIDS Relief (PEPFAR). Under PEPFAR, countries will receive significant support for abstinence-only-until-marriage programming targeting youth. This presentation will describe the current state of sexuality education in Nigeria. It will also explain the so-called prevention strategy under PEPFAR and explore the beginnings of the conflict between the two approaches in Nigeria.

617.2 Understanding Religious and Political Opposition to Sexual and Reproductive Health and Rights.

*Vanessa R. Brocato ¹ and *Alia Khan ². ¹The Sexuality Information and Education Council of the United States, USA; ²Planned Parenthood Federation of America, Global Partners, USA.

This discussion will help advocates to learn about the exportation of U.S.-based

opposition to sexual and reproductive rights and health and to draw links between seemingly separate struggles in the field. To date, no other country has seen the sheer volume of political and religious opposition to sexual and reproductive rights, but, within the past decade, more significant, active, and determined opposition to reproductive rights has begun to take hold in countries and regions throughout the world. This rising opposition is not only reflective of the tactics and arguments created by U.S.-based radical right groups but also often linked directly with U.S.-based leadership, research, and funding. These opposition groups have found sympathetic allies in a broad range of religious and political entities, as varied as the Catholic hierarchy and leaders of nationalistic movements in newly independent countries. They capitalize on fear, building liaisons with those who oppose immigration, primarily from poorer to wealthier (largely northern and western) countries, and offering a simple so-called solution to the countries hardest-hit by the HIV / AIDS pandemic. Nongovernmental organizations, such as Human Life International and The Abstinence Clearinghouse, have established regional and national offices and affiliates in other parts of the world, facilitating the flow of strategic and financial support to nascent opposition movements in countries outside of the United States. The situation is exacerbated by unilateral, heavy-handed U.S. policies, such as the global gag rule and ideologically earmarked HIV-prevention funds, which are designed to stifle progressive advocacy while allowing, even encouraging, right-wing fundamentalist opposition to flourish. This presentation will profile the activities of opposition groups working worldwide to undermine the full range of sexual and reproductive rights and health, including the right to abortion and the right to comprehensive sexuality education. It will also offer some successful advocacy efforts to oppose this opposition.

617.3 Evidence on Abstinence-Only-Until-Marriage Programs.

*William Smith. The Sexuality Information and Education Council of the US, USA.

The current US Administration has made the promotion of abstinence-only-until-marriage programs a hallmark of its efforts to curb the spread of HIV / AIDS, other sexually transmitted diseases and out-of-wedlock pregnancies. The promotion of these programs is also a major part of the US government's international HIV / AIDS initiative dealing with prevention. Over a billion dollars have been spent on these programs domestically with perhaps an additional billion available internationally over the next five years. Yet, very little sound research exists on abstinence-only-until-marriage programs and whether or not they have positive outcomes for public health. This presentation will provide an overview of what is known about the efficacy of abstinence-only-until-marriage programs from published research and the many state-based evaluations that have been conducted around the country. The presentation of data will cover changes in sexual behavior, use and non-use of contraception, and the limited data available on actual rates of STD's among those participants in abstinence-only-until-marriage programs. Additionally, the presentation will describe the legislative language and policies that guide the use of federal funds that are specifically designated for the exclusive purpose of teaching abstinence-only-until-marriage.

617.4 Abstinence-only-until-marriage programs as reproductive health policy?

*William Smith. The Sexuality and Information Council of the US (SIECUS), USA.

For nearly twenty five years, the US government has funded various types of programs to teach abstinence-only-until-marriage as a means of promoting behavior change around sexuality. Over \$1 billion has been spent in this time with \$600 million coming in just the last five years. What is this doing to the landscape of sexuality education and other sexual health promotion programs in the US? This presentation will supply an answer to this question as well as supply the underlying evidence to suggest that a better approach is needed to protect sexual and reproductive health not just for young people, but throughout the life span. Additionally, a review of some of the most commonly used abstinence-only-until-marriage curricula will highlight the efforts of these programs and their proponents to denigrate confidence in the efficacy of condoms as a means of disease and pregnancy prevention, as well as their providing other misleading information that left unchecked, can have a significant and detrimental impact on sexual and reproductive health.

618.1 Tasfih, Tqaf, Induced vaginismus to protect virginity, an assault on female integrity.

*Mansour EL Feki ¹, Soumaya Naamane-Guessous ², Joseph J. Levy ³ and Hajer Karray ⁴.

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Among the magico-religious rituals rendering women impenetrable through vaginal sealing, is Tasfih or Tqaf, an ancient practice found in countries bordering the Mediterranean. The purpose of this practice is to preserve female virginity until marriage. Although it continues to be performed in North African societies, its sexological and psychosocial repercussions have not yet been examined in depth. The goal of this presentation is to explain the anthropological basis of this practice as well as to highlight contemporary issues drawn from a series of interviews with twenty (20) North African women living in Tunisia, Morocco and Montreal. As with other forms of female genital mutilation, this ritual can contribute to provoking vaginismus, along with all its deleterious effects on a woman's physical and psychological integrity and her sexual health and well-being. The authors will take the opportunity to circulate a petition that will be presented to the World Health Organization and United Nations authorities in order to raise awareness of the detrimental impact of induced vaginismus. A list of guidelines will be provided with the intention of helping these countries implement legislation to protect women's physical, psychological and sexual integrity against such practices that lead to immeasurable harm, irremediable pain and suffering in the utmost isolation, all in the name of custom and ritual. Proactive measures in sexual health policy will be proposed.

619.1 Developing Culturally Appropriate Interventions to Sexual Health Issues in Low Budget Countries: A Rapid Response Methodology (RRM) – A hands on Workshop.

*Ronny RA. Shtarkshall ¹ and V. Soskolne ². ¹The Hebrew University of Jerusalem, Israel; ².

While significant advances were made in the development of theory anchored responses in Health Promotion and Education in general and in the fields of sexual and reproductive health in particular there are few methodological advances in the field of developing culturally appropriate responses. This is highly important in the field of sexuality. Moreover, in the area of HIV/ AIDS, the issues of urgency and low budget are added as constraints to the development process. This workshop describes a methodology developed for the development of rapid response culturally appropriate interventions in Israel between 1987 and 2000. The methodology was developed mainly through working with two immigrant groups and also with numerous trainees from developing countries in five continents. Some of the main elements of the methodology include: 1. Superimposing stages of the development process on overlapping periods of time. Data collection and analysis, training of trainers and facilitators, and experimental implementation are run in parallel. 2. Continuous deliberate data collection throughout the process using multipurpose tools in the training and implementation processes. 3. Cultural collaboration through utilization of "Intsighters" and "Outsighters" and training them to work together. 4. Reiteration of the development process. The aim of this workshop is to demonstrate to the participants the principles of the methodology and its application and to give them experience in using some of its tools in development and training processes. A mixed methodology of presentation, case examples and experiential exercises will be used throughout the workshop. I will also give examples of the utilization of this method in low-budget countries: KwaZulu-Natal in South Africa and Albania.

701.1 The Future of Monogamy: Anthropological, Sociological, and Clinical Perspectives.

*Pepper Schwartz ¹, Helen Fisher ² and Ulrich Clement ³. ¹University of Washington, USA; ²Rutgers University, USA; ³Kussmaulstr, Germany.

This symposium presents three disciplinary approaches to non-monogamy: anthropological, sociological, and psychological. While most countries promote monogamy at the social policy level, and most surveys of western countries show overwhelming support for moral condemnation of non-monogamy, the fact remains that a considerable amount of non-monogamy exists and that some relationships tolerate an occurrence (or occurrences) and may even negotiate conditions under which non-monogamy is allowed in committed relationships. The bright light of the media has made the public aware of non-monogamy in celebrity marriages (particularly in political and entertainment circles) and themes of non-monogamy are common in books, movies and many forms of

mass media. Has this added visibility and conversation about non-monogamy changed our social and personal experience of this issues? Drs. Fisher, Schwartz, and Clements will each comment on contemporary non-monogamy (practice, attitudes, and reactions) and offer interpretations of whether or not we are seeing social change and/or new clinical perspectives on this age-old sexual issue.

702.1 Vulvodynia: A Multidisciplinary Theoretical, Empirical, and Clinical Perspective.

*Caroline F. Pukall ¹, *Yitzchak M. Binik ^{2,2}, *Sophie Bergeron ^{3,3} and *Nicole Flory .
¹Queen's University, Canada; ²McGill University, Canada; ³McGill University Health Center (Royal Victoria Hospital), Canada.

Topic and rationale: Vulvodynia, defined as burning vulvar pain, is a highly prevalent complaint, affecting up to 16% of women in the general population. Despite the significant consequences of vulvodynia on sexuality, psychological functioning, and quality of life, little is known about its etiology and its diagnosis is one of exclusion. Health care professionals faced with affected women are often at a loss regarding how to reduce the pain and resolve concomitant sexual dysfunction when typical medical treatments fail. The purpose of this workshop is to inform the audience of current theoretical, empirical, and clinical advances in the study and treatment of vulvodynia, and to promote a multidisciplinary approach to its investigation and management. **Objectives:** 1) To provide the audience with a theoretical background on current conceptualizations of vulvodynia; 2) to introduce a multidisciplinary pain approach to its study and treatment; 3) to impart empirical findings using this approach; 4) to present results of a randomized treatment outcome study; and 4) to demonstrate the effects of hysterectomy on genital and pelvic pain. **Session outline:** The session will be organized by Caroline Pukall, who will welcome the audience, introduce the speakers, and manage questions, comments, and the discussion. The first speaker, Yitzchak Binik, will present current conceptualizations of vulvodynia. The second speaker, Caroline Pukall, will present research emphasizing the importance of pain measurement in women with a common form of vulvodynia, vulvar vestibulitis syndrome. The third speaker, Sophie Bergeron, will present results of an ongoing randomized treatment outcome study in women with vulvar vestibulitis. The final speaker, Nicole Flory, will present research demonstrating the effects of hysterectomy on genital and pelvic pain. **Session methodology:** A brief overview of the session will be provided, followed by 4 presentations, each lasting 20 minutes. After each presentation, there will be 5-10 minutes for questions. Any remaining time will be devoted to discussion. **Relevance of the session to sexology:** This session will add to the backgrounds of audience members the multidisciplinary pain perspective of vulvodynia. It will help them broaden their conceptualization of vulvar pain and allow them to gain a better understanding of how to best classify, study, and treat this common but misunderstood sexual health problem affecting women. In addition, as the session will emphasize current and novel research in the area of vulvodynia, it will be of great value to researchers in the field of gynecology, pain, and sexuality. **Description of the audience:** This session is directed to health care professionals (e.g., physicians, gynecologists, urologists, physiotherapists,

psychologists, psychiatrists) and researchers with an interest in vulvar pain and/or dyspareunia. **Roles and qualifications:** Caroline Pukall will chair the session, introduce the speakers, and manage the questions and comments. Yitzchak Binik, Caroline Pukall, Sophie Bergeron, and Nicole Flory will each speak for 20 minutes and respond to questions specific to their area of expertise. Drs. Binik, Bergeron, and Pukall have a PhD in Psychology, hold academic positions, and have been clinically trained in the area of sexual dysfunction and couple therapy. Nicole Flory holds a MA in Psychology and is currently a PhD Candidate in the Department of Psychology at McGill University.

703.1 Representations of performance in seduction, romantic relations and sexual relations among young adolescents: elaboration and validation of a measuring instrument.

*Francine Duquet¹ and Clément Dassa². ¹Université du Québec à Montréal-Département de sexologie, Canada; ²Université de Montréal, Département de médecine préventive et sociale, Canada.

The purpose of this study was to develop and validate a measuring instrument concerning the representations of performance in seduction, romantic relations, and sexual relations among young adolescents. Since, to the best of our knowledge, no performance theory currently exists, we proceeded to review the literature on the concept of performance, extending it to the world of adolescent sexuality. We also documented the cult of sexual performance, particularly as it relates to seduction, romantic relations and sexual relations. The various preliminary stages pertaining to the validation of a measuring instrument have been carried out: developing a reference range from the literature review, holding focus groups with secondary education-level youths in grades I, III and V to further develop the pool of items, developing the measuring instrument, submitting the first version of the questionnaire to an expert committee, pre-experimentation with a small group of youths, and experimentation with our sample (505 secondary education-level adolescents in grades I, III and V). We then performed statistical analyses to ascertain the repeatability and validity of the measuring instrument. Factorial analyses allowed us to further define conceptual elements for the validation of our measuring instrument. Five factors were identified regarding seduction (Appearance; Empathy and sociability; Stereotypes associated to popularity; Self-confidence and assertiveness; and Attractiveness and attraction), four factors regarding romantic relations (Harmony and communication; Devotion and selflessness; Romantic behaviours; Active sex life), and, finally, five factors regarding sexual relations (Authenticity and presence; Sexual Performance; Prevention; Openness to intimacy and Stereotypes). Our results indicate that these factors provide significant meaning; in and of themselves, they are the representations of performance regarding seduction, romantic relations and sexual relations among youths in our study. Other analyses also allowed us to identify the profile of those respondents considered to be - in a performance context -. In short, the various stages of validation carried out indicate that our instrument is consistent and valid. However, some changes were made to build its validity further. Our study is an essential first stage in the process of validating an innovative measuring

instrument. Considering the potential applications of this measuring instrument, other analyses regarding the establishment of population standards will be necessary. We therefore suggest various avenues for future investigation regarding research, intervention in sex education, as well as a more clinical approach.

703.3 A sex education program,.

*Hélène Manseau, Martin Blais, Philippe-Benoît Cote and Vanessa Legault. Département de sexologie - Université du Québec à Montréal, Canada.

The results of our study are based on the principles of grounded theory and are derived from an in-depth analysis of unstructured interviews with twenty-four young men on their experiences with fatherhood, their sex lives and their conceptions of sex education. The risks of experiencing premature fatherhood among these young men were high. Though their average age was a little over 16, together, they reported thirty-seven episodes during which they believed they become fathers. This presentation will report the main themes that spontaneously and repeatedly arose in their discourse. An exhaustive analysis of all recorded interviews was conducted. A sentence by sentence coding of the interviews with the software NUDIST and an analysis of the grouped excerpts facilitated the development of conceptual categories based on similar points of view appearing across the largest proportion of interviews. Overall, the interviews revealed that young men who are vulnerable to premature fatherhood and sexual risk-taking: 1) do not want to be fathers; 2) play a stereotypical "hyper masculine" role in their sexual relationships; 3) use condoms only occasionally and as a function of their intuition; 4) have great trouble in love despite its perceived importance; and 5) feel isolated in their search for answers to questions about sexuality they deem are truly important. Regarding sex education, in essence, the youth said they wanted: 1) to exchange more openly on questions that preoccupy them; 2) to demystify women and learn techniques to be better lovers or partners; 3) sex education to be delivered in an untraditional setting. Based on a theory of sex education arising from our analyses and grounded in the perspective of particularly vulnerable youth, we recommend that intervention workers specifically designated with these tasks, help youth: 1) to overcome their isolation in the search for answers to their sexual preoccupations; 2) to better manage the dictates of masculinity; 3) to develop the capacity for interpersonal intimacy; 4) to master erotic abilities and sensuality to foster regular condom use; 5) to take position and recognize the implications of premature fatherhood in order to better avoid or face it.

703.5 Sexual evaluation provided through a model of sexual health in sexocorporal approach.

*Jean-Yves J. Desjardins ¹ and Lise L. Desjardins ². ¹Clinique d'évaluation et de traitement sexologique, Canada; ²Institut Sexocorporel International, Canada.

OBJECTIVES AND INTRODUCTION -Offer a model of sexual health in the evaluation through the sexocorporal approach -Deepen the physiological

componants of the excitation function. -Bring out the innovative, structural and circular aspect of the sexocorporal approach. The sexocorporal approach is a sexological approach developed by Pr. Jean-Yves Desjardins, psychologist and clinical sexologist for the last forty years. This approach respects the globality of the person through the sexual evaluation and the sexoclinical treatment. The evaluation includes all the componants which arise, develop, interact and harmonize in the practice of human sexology. MAIN BODY The presentation of sexual evaluation drawn from a model of sexual health and its various componants: -Aspects of identity (identity, sexual identity related to gender, feeling of belonging to one's sex) -Physiological componants (sexual arousal, its curbs, its sources and its expression. -Sexodynamic componants (the function of sexual pleasure, sexual desire, sexual assertiveness, sexual code of attraction, sexual imaginary and sexual aggressiveness) -Cognitive componants (knowledge, ideologies, way of thinking, idealization) -Relational componants (erotic communication, erotic seduction, erotic skills) CONCLUSION Reflection on a basic essential axiom in clinical sexology: fundamental unicity body-mind, mind-body, and openness to leads to sexological treatments.

704.1 Use of Clinical Hypnosis in the Treatment of Sexual Dysfunction.

*Evelyne Sara Schreier. Evelynne Sara SCHREIER, FRANCE.

After a brief presentation of the advantages of "Milton Erickson Hypnosis" in the treatment of "Psychogenic sexual dysfunctions", I will discuss the concept of the "Negative Self Hypnosis" (NSH) cycle, which perpetuates these difficulties. A man having erectile problems, often engages in negative self talk, which go with mental images of repeated failures, which in turn reinforce the outward symptom. Presenting case studies, I will explain how and when to use hypnosis. The suggestions offered during sessions are not arbitrary and stem from the patients values and preferences. They are always based on what they express to me before hypnosis. It should be emphasized that the therapist should be well trained in clinical hypnosis as well as sexotherapy. The goal is : through hypnosis the patient learns to change the negative cycle into a positive one. This process leads into a positive self hypnosis as a post hypnosis suggestion of the therapist, which in turn leads to resolution of the problem, enhances sexual capacities, and a better use of personal ressources. Once they take control of what they say to themselves and of the self defeating images, with a growth of self confidence, the process of recovery and cure take hold rapidly. Regarding sexual enrichment, positive self hypnosis also provides a tool for the "letting go" so necessary for enjoyable sex. For the 2 hours round table : Title : USE OF CLINICAL HYPNOSIS IN A PARISIAN SEXOLOGICAL PRIVATE PRACTICE After a breaf introduction of this method, I will discuss the way I use clinical hypnosis in my private practice. This round table will be rich of case studies, and various experiences sharing.

704.2 "Oh it was good sex!": Desire and pleasure in heterosexual women's accounts of casual sex.

Panteá Moghaddam and *Virginia Braun. The University of Auckland, New Zealand.

Western constructions of female sexuality have traditionally denied women sexual agency and desire around heterosex. Female sexuality was perceived as emotional, associated with reproduction, and passive and responsive to male sexuality. Cultural shifts have reconstructed sexuality in a number of ways, so that women have the 'right', and indeed obligation, to experience sexual pleasure and desire. This presentation draws on data from a social constructionist, qualitative study of heterosexual women's experiences of casual sex, to analyse women's accounts of desire and sexual pleasure. Fifteen interviews were conducted with women aged 18 to 25 years, and thematically analysed. Most women's accounts of casual sex were of sexual agency and sexual desire. Many spoke of 'wanting' sex, and reported actively pursuing it. It was common for them to articulate a 'need' for sex and a desire for physical aspects, rather than emotional or intimacy ones. However, when it came to questions surrounding sexual pleasure, the women had great difficulty in articulating what it was per se they found pleasurable, and provided only brief accounts of how the sex was 'just good'. These could be contrasted with lengthy and detailed accounts of negative casual sex experiences. Women articulate a desire for sex, but have difficulty in expressing what pleasure entails. Despite a cultural context in which women's sexual pleasure is ostensibly prioritised, it seems that women still lack a language to talk of pleasure in specific ways. We theorise that this could be potentially due to the lack of cultural discourses surrounding female sexuality and sexual pleasure.

704.4 Exploring Women's Pleasure and Fluid Sexual Identities.

* Allisa GM. Scott. University of Windsor, Canada.

Exploring Women's Pleasure and Fluid Sexual Identities Women's sexuality has been a controversial issue for centuries and continues to be one of the main concerns regarding women in present society. Since the nineteen seventies sexual revolution, there have been many advances in how sexuality is viewed and many new forms of sexuality that have been created. Women are not just objects for men or sexual victims like they once were. Women's sexual pleasure has become a priority to modern women, and they are exploring it in new ways. New sexual identities such as bi-curious and heteroflexible women are experimenting with their sexuality and gaining confidence in their sexual abilities like never before. This confident notion of personal subjectivity is contributing to a younger group of women who are questioning and exploring their notion of self in public with other women as a way to express and discover their own sexual pleasure. Therefore, women are both producers and consumers of their own sexuality, and they contribute to a sexual identity that is fluid, public and open-ended. A feminist perspective provides further understanding of how gender influences young women's need to explore their sexual identity. The main contribution of this study is to further investigate the taboo subject of sexuality and explore modern young women's fluid sexual identities.

704.5 Testosterone Patches - The Cure For Low Female Sexual Desire?

*Gary Schubach, *Patricia Taylor and *Iver Juster. The Institute for the Advanced Study of Human Sexuality department, USA.

Proctor & Gamble is about to release a new drug, Intrinsa™, which is intended for women suffering from a loss of sexual desire as a result of medical or surgical menopause. The drug is being developed as a skin patch containing testosterone, a hormone that affects sexual desire in women. Presentations detailing the research and results of Intrinsa™ studies were presented at the 2003 Annual Meeting of International Society for the Study of Women's Sexual Health as well as the 2004 meeting of the American College of Obstetricians and Gynecologists. None of these presentations dealt with the possible long-term effects of giving testosterone to post-menopausal women and women who have had hysterectomies. Also, the studies did not discuss a growing body of evidence - as well as most people's personal experience — that emotional connection and good communication play key roles in female sexual desire. This paper is a behavioral analysis of the Intrinsa™ data that deals with these issues and concludes that, just as Viagra has turned out not to be the universal panacea for male sexual issues, Intrinsa™ will not be the "magic pill" that resolves the problem of female low sexual desire, either pre- or post-menopause. The human issues, how to love and care for another human being and be aware of and satisfy their emotional as well as physical needs, are still the most important factors. Intrinsa™ is a registered trademark of Proctor & Gamble.

704.6 Awakening Sexual Desire - A Program for Women.

*Dianne L. Ervine. Counselling & Education Services SA, Australia.

A Practitioners unique approach in assisting women who have: low to no libido, for women who enjoy sexual relations once they get started, the problem is they rarely have desire to get started, for women who experience painful intercourse, and for women who have vaginismus. This paper will discuss key ideas and give an overview of techniques and strategies that are presented in a womens workshop entitled Awakening Sexual Desire, which the author has developed and has been conducting for the past 18 months in Adelaide to assist women with the above concerns. A combination of Eastern and Western approaches and techniques are used. The workshops provide a safe, comfortable atmosphere for women to experience a journey into self, by exploring their feelings and attitudes about their sexuality, sensuality, body image and self esteem. The reasons for desire difficulties are discussed along with ways to change their thinking about their desire. The workshops are both educational and experiential. The experiential component teaches women to relax, use breathing techniques to stay focused in their body, which assists in calming and preventing the mind from sabotaging the sensation. They are taught a charging up breath to increase arousal and sensation. This paper will discuss outcomes for participants. The women feel empowered that they can change their situation and hopeful they can enjoy their sexuality again. They leave with a number of strategies and techniques to assist them. They feel normal that they are not the only one with these challenges. Many say how liberating the group experience is to talk about a

subject that is still taboo. The most impressive changes are around pain, which will be included in this paper.

704.7 Young Men's Body Image Satisfaction and Sexuality: Comparative Study.

*Patricia M. Pascoal¹ and Nuno Monteiro Pereira². ¹Hospital Julio de Matos, Portugal;

²Sociedade Portuguesa de Andrologia, Portugal.

Introduction and Objectives: Our objective was to study, through descriptive analyses, young Portuguese men's body image and to understand if there differences in their sexuality in terms of onset of sexual experience, sexual orientation preference, self-perception of sexual disorders, number of sexual partners and masturbation when satisfaction with body image was considered as an independent variable. **Procedures:** We compared 366 young men satisfied with their body image with 30 young men unsatisfied. The study was observational, descriptive and transversal. The study was developed using a General Assessment Questionnaire, The Body Image Anxiety Scale, Body Mass Index, Satisfaction With Life Scale, The Rosenberg Self-Esteem Scale, The General Health Questionnaire-12 and the Hospital Anxiety and Depression Scale. The data were submitted quantitative analysis. **Results:** There were significant differences between the two groups. The young men satisfied with their body image have lower BMI, have studied less, perceive their education as more liberal, started to masturbate earlier, started to have sexual intercourse earlier, are less doubtful about their sexual preference, are happier with life, have better self-esteem, are less anxious and less depressed.

705.1 Behind Closed Doors: An Exploration of Specialized Sexual Behaviors in Urban Women Who Have Sex with Women.

*Lorelei Bonet^{1,3}, David Bimbi^{1,3}, Julia Tomassilli^{1,3} and Jeffrey T. Parsons^{1,2,3}.

¹Graduate Center of the City University of New York, USA; ³Center for HIV Educational Studies and Training, USA; ²Hunter College, CUNY, USA.

Objectives: To examine the prevalence of specialized sexual behaviors (kink) among urban women who have sex with women and to explore related factors. **Background:** While the HIV epidemic has resulted in a body of literature pertaining to sexuality and the sexual behaviors of men who have sex with men (MSM), very little has been reported on the sexual behaviors of women who have sex with women (WSW). **Methods:** In the fall of 2003 and spring of 2004, 400 surveys were completed by self-identified WSWs at two major lesbian/gay community events in New York City. The questionnaire assessed demographics including age at same gender sexual debut as well as sexual behaviors including five specialized sexual behaviors (watersports, bondage, sado-masochism, photo/video exhibitionism and breathplay). The sample was 52.3% white with an average age of 33.93 years (SD =10.17). More than half the women were currently partnered (58.2%). **Results:** More than two-fifths (42.8%) reported having ever engaged in one of the specialized sexual behavior at some point in their lives. Bondage was the most prevalent specialized sexual behavior reported

(29.0%). Women of color were 2.5 times more likely to report ever having engaged in water sports compared to white women; this was the only racial/ethnic difference found among all sexual behaviors examined. WSW who reported any specialized sexual behavior reported a same gender sexual debut just over 2 years earlier compared to WSW with no such sexual experiences (18.55 years vs. 20.92 years old at debut). This finding was also significant for 3 of the specialized sexual behaviors examined (bondage, sado-masochism and photo-video exhibitionism). Same gender sexual debut was similarly related to ever having participated in group sex. Regardless of age at sexual debut women who reported ever engaging in water sports or group sex were significantly sexually active for more years (17.25 years vs. 12.68 years and 20.42 years vs. 17.32 years, respectively). Conclusions: Clearly, lesbian sexual behaviors are complex. Further research may uncover the connection between age of same gender sexual debut and specialized sexual behaviors. Clinicians may also seek to explore development of these behaviors within their client populations.

705.2 Butch and Femme Lesbians: Exploring Sexual and Demographic Differences.

* Anna K. Levy-Warren^{1,2}, David S. Bimbi^{1,2} and Jeffrey T. Parsons^{1,2,3}. ¹Center for HIV/AIDS Education Studies and Training, USA; ²The Graduate Center, The City University of New York, USA; ³Hunter College, The City University of New York, USA.

Objectives: To examine the relationship of butch and femme identities to sexual behaviors and to explore demographic differences. **Background:** Previous research has reported that butch women have an earlier same-gendered sexual debut than women who identify as femme. Beyond this little else has been reported on the sexual activities among lesbian/bisexual women in terms of these identifications. **Methods:** In the fall of 2003 and spring of 2004, 400 surveys were completed by self-identified lesbian/bisexual women at two major lesbian/gay community events in New York City. The questionnaire assessed demographics including age at same gender sexual debut as well as identification as butch, butch/femme, or femme. Of the 400 women who completed this survey, more than half of the women were white (52.3%) with an average age of 33.93 years (SD =10.17). **Results:** Almost half of the women identified as femme (46.5%), and roughly a quarter each identified as butch or butch/femme. No differences emerged among the three identity categories in terms of level of education, income, race, or sexual behaviors (e.g. percentage engaging in active cunnilingus). Two other differences did emerge among other sexual behaviors; butch women were twice as likely as femmes to report ever having engaged in water sports and having engaged in group sex. Butch women and butch/femme women were significantly out about their sexual identity and sexually active for more years than femme women (14.43 and 12.87 vs. 10.94 years; 13.56 and 12.61 vs. 10.54 years, respectively). Femme women were 2.3 times more likely to have consumed alcohol and 1.8 times more likely to report sex under the influence of alcohol compared to butch women. The same pattern of results was observed when comparing femmes to butch/femmes. Additionally, femme women were 1.8 times more likely to have smoked marijuana in the past three months than butch women. **Conclusion:** Most sexual behaviors do not appear to be related to

identification category, however, further exploration of the factors related to differences in sexual development among lesbian/bisexual women may provide insight into the higher rates of alcohol and marijuana consumption among femmes. Ŝ

705.3 Gender Identity and Sexual Orientation: When Sex Changes So Can Desire.

*Vic Munoz. Wells College, USA.

Individuals who identify as transgender and transsexual report shifts in erotic attraction during and after transition. These changes in sexual orientation are important to understand so as to provide useful counseling and education to individuals who are in need of gender or sex reassignment. The Gender Identity and Sexual Orientation Study (GISO) a longitudinal study which has been ongoing since 2001 provides information about these sexual shifts with 37 participants. This paper will focus on sexual shifting and its implications for current theory and practice in the treatment of Gender Identity Disorder.

705.4 Homophobia as a litmus paper.

*Igor S. Kon. Institute of Ethnology and Anthropology, Russian Academy of Sciences, Russia.

1.Objectives. Overview of the changing attitudes to homosexuality in the context of Russian politics. 2.Main part. In 1993, as an aspect of general democratization of Russia, after 60 years of cruel persecutions, homosexuality was decriminalized . In 1999, despite vocal protests of some psychiatrists, it was depathologized. Russian public opinion also became much more tolerant. Sexual minorities became more visible and their social and cultural situation is considerably improved. But sexual rights have no legal recognition, and public opinion is strongly homophobic. In the 2001 national survey, 36 % expressed the opinion that homosexuality is a depravity, 31 % - that it is an illness, and only 20 % considered it as an alternative sexual orientation (Obshchestvennoe mnenie 2001). The Russian National Public Opinion Research Center several times in 1989, 1994, 1999 and 2003 surveyed the attitudes to the most stigmatized social groups, including homosexuals. In 1989 homosexuals were the most hated social group in Russia. Answering the question What should be done with homosexuals?, 31 % said to liquidate them and 32 % - to isolate them. In the next 10 years this hatred was considerably diminished, yet in 2003 it rose again, with 21 % for the liquidation and 27 % for the isolation of homosexuals (Levada 2004). Homophobia is strongest among elderly and less educated people and among teenage boys. In the 2001 survey of 1429 Moscow high-school students of the 7, 9 and 11 grades, answering the question What is your attitude to the people of non-traditional sexual orientation?, 37.5 % said these people are no different from the rest, and 28.8 % that they are indifferent to them. Yet 24.9 % of the boys (and only 2.7 % of girls) said that they hate people of non-traditional orientation, and are convinced that these people should be combated with all possible means. Plus 12.8 % of boys and 5.1 % of the girls said that these people should be compulsively subjected to a special treatment (Sobkin et al. 2004). Especially

difficult is the situation of gay youth in the provinces (Omelchenko 2002). Homophobia is exploited for political purposes. In 2002 one fraction of Russian parliament even introduced the draft law, restoring criminal punishment for sodomy. It was accompanied by homophobic campaign in mass media and supported by the Russian Orthodox Church. In May 2004 the draft was defeated, only 58 deputies, mostly members of the Communist party, voted for it. Yet even less, only 34 deputies, voted against. The majority, 294 deputies, simply did not vote. Some were, apparently, afraid of being suspected in pro-gay sympathies, and some others would have gladly voted for, but were afraid, how it may be accepted in Europe. Russian Orthodox Church pretends to be a world leader of the international campaign against social and cultural integration of homosexuals. Homophobia is intimately interwoven with xenophobia, anti-semitism and anti-Western attitudes. 3. Conclusion. Growing social and sexual intolerance is making the lives of Russian gays and lesbians more difficult.

705.5 Possible Gender Identity Disorder and Extremely Religious Family: a case study.

*Sultan Dogan and Mehmet Isikli. GOP Hospital, Turkey.

Introduction and objectives: It is generally accepted that family's socioeconomic class and religion influence the family's attitudes to sexual issues. This presentation was designed to assess attitudes toward possible gender identity disorder in a extremely religious family and to show factors influence the family's attitudes **Main body:** A very religious, conservative family's 17 year-old daughter was brought to psychiatrist by her mother. She was a 10th grade student in a special religious high school. She was living in suburb of Istanbul with her parents and four brothers. She was wearing in religious way (had a turban). The family's income is very low. They were practicing Islamic rules strictly. She said that she had no complaint. The mother was panicky, and worried about her daughter's future. The mother had three basic complaints about her daughter: 1-She behaves like a boy (tomboy), 2-She has tendency to crossdressing, 3-She doesn't have a boyfriend; And she was asking: 1-Can she get married, 2-Can she have children, 3-Is she normal. According to DSM-4, she hadn't had a gender identity disorder and had expressed herself as a heterosexual female. She said that she sometimes wishes being a boy because her brothers' life was easier than her. **Conclusions:** It is very surprising and unusual for a religious and conservative family -even for some secular families- to come to doctor because of their daughter not having a boy friend in Turkey. These kind of families keep their daughters under pressure, try to prevent her dating or even talking with boys. If she has a boyfriend, the family force her to give up. They are always afraid of any kind of sexual relationship and lost of daughter's virginity. However; the possibility of gender identity disorder or homosexuality is worse than having a boyfriend for these families.

706.1 The Effects of Exposure to Pornography: An Empirical Contribution to the Porn Debate.

*Gert Martin M. Hald. University of Aarhus, Denmark.

Introduction and objectives: Much controversy and debate exist about the potential effects of pornography, both among lay people and scientific researchers. The objective of the study was to examine adverse effects of pornography. **Method & Materials:** A randomized control - experimental group comparative design was used to investigate the following dependent variables: Attitudes Towards Women, Sexism, Rape Myth Acceptance, Accept of Interpersonal Violence, Gender Stereotypes, and Emotionality. Subjects consisted of a randomly selected representative sample of 200 young Danish adult males (100) and females (100) aged 18-30. All subjects were exposed to either popular hardcore pornographic video material (experimental group) or control material (control group) in an individual setting. Subjects were then asked to fill in Danish translations of international validated questionnaires measuring the dependent variables. **Main body/Results:** The study found no significant differences at $p < .05$ between the experimental group and the control group on any of the dependent variables except Emotionality. A significant difference in negative emotional response was found with the experimental group displaying a significantly higher negative emotional response than the control group ($p < .016$, $d = .35$). On a between-group basis all results remained stable across gender, age, level of education, relationship status, age of first exposure to pornography, and pornography consumption per week. **Conclusion:** Apart from an increased negative emotional response, the experiment revealed no significant differences between the experimental group and the control group on any of the dependent variables. The results suggest that, for the average consumer of popular hardcore pornography aged 18-30, commonly feared adverse effects of pornography are non-existing or, at worst, minimal. However, two important aspects need to be considered. Firstly, exposure to different kinds of pornography i.e. violent pornography might yield different results. Secondly, certain subgroups of users might be affected differently by pornography than the population in general. Among other things, the study is the first of its kind to include a Scandinavian (Danish) sample and among the very few large-scale studies in the area with a representative subject sample. The results of the study are an important empirical contribution to the ongoing, and often emotional and morally laden, debate about the potential adverse effects of pornography.

706.2 Results of the "Net Gai barometre 2004" survey: Internet use among French homosexual men.

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Objective This presentation will report the results of a survey, "Net Gai barometre 2004," that was posted on websites identified as representative of the socio-cultural and socio-sexual diversity of the male homosexual French population. The goal of this survey was to measure the variations in Internet use and in preventive practices between Internet users of this population.

Methodology In all, 2303 respondents completed the online questionnaire which focused on Internet use and its impacts on the gay community. The targeted sites were grouped into three broad categories used in the analyses: BDSM (n= 957; from 1 site), bareback (n= 452; from 1 site) and general (n= 894; from 6 sites).

Statistical tests were performed with SPSS. The software Map-Info was used for the geocoding to cartographically illustrate some of the results. **Results** The average age of the respondents ranged from 31 to 36, depending on the site. The analyses revealed differences between the sites in socio-demographic variables, the prevalence of HIV infection, Internet use for the purpose of face-to-face encounters, sexual practices and prevention strategies towards HIV/STI. A separation between spaces of conviviality and of sexuality was clearly found "online". The selection criteria, the number of partners encountered and the sexual practices preferred all varied as a function of the respondents' online community. A high frequency of in person sexual encounters was observed as well as variations in sexual risk taking, which could be considerable depending on the site. These results further confirm that the Internet has had an undeniable impact on the sexuality of gay men. It is perceived more positively by younger Internet users, providing an opportunity for them to not only discover and adhere to new sexual practices but to develop a new perspective on fantasies which will likely influence the meaning they attribute to sex. **Conclusion** Internet use for the purpose of setting face-to-face sexual encounters takes on different configurations depending on the site used by the respondents. This suggests that Internet users are not a homogeneous group. Any intervention targeting them should therefore be based on an in-depth understanding of the sexual cultures operating within the sites involved.

706.3 Why they call it sex when they want to say love? Gay Hispano men online, attitudes, sexual practises and risk behaviours.

*Miguel D. Guevara ¹, Joseph J. Levy ², Kim Engler ² and Louis-Robert Frigault ².

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Objective:The objective of this study is to analyze the meaning that sexual and romantic relationships have for Montreal gay Hispano men in the context of the socio-sexual uses of internet and immigration in Canada, and its implications on the adoption of sexual risks. **Method:**Ten individual semi-structured interviews were conducted in Spanish, exploring five areas; uses of Internet, history of sexual experiences and coming-out, HIV / AIDS risk and prevention strategies, homosexual identity evaluation and integration into communities. Content of interviews was analyzed using the ATLAS 1.0 software and the Interpretative Phenomenological Analysis (IPA, Smith, J. & Osborn, M. (1996, 1997, 2003) was chosen as analytical method. **Results:**Isolation, derived from experiences of social rejection (as gay men, immigrants and Hispano) was expressed by interviewees to constitute the primary motivation in order to meet

romantic/sexual partners online. Internet was judged as an efficient mean to provide potential sexual relationships but not romantic ones. Sexual risks were assumed in our sample as a *price* to pay in order to meet a romantic partner.

Conclusions: Socio-cultural influences, sexual identity formation and immigration processes, seem to influence the feeling of isolation that guide Montreal gay Hispano men in trying to establish a romantic relationship by which they could alleviate their personal and psychological suffering. Sexual risk assumption could be interpreted as part of this process of quest for love.

706.4 The Internet Contributes to Sexual Health Curriculum Development by Giving a Voice to the Adolescent Perspective.

*Rosemarie Mangiardi. University of Alberta, Canada.

It is the responsibility of educators to deliver a sexual health program in the province of Ontario. This indeed is a burdensome task given the conflicting opinions of numerous interest groups. This presentation will not contribute to this endless debate but rather highlight the perspective of adolescents, who lack a voice in curriculum development. A survey of the literature reveals that passivity does not characterize today's youth. They freely criticize the sexual health education classroom as being boring, repetitive, and lacking personal relevance (Byers et al., 2003). Since the deficiencies of sexual health education are known to students, their voice should be given attention to inform program construction. This is not a novel approach to program development. Many claim that the effectiveness of a program would have a better chance at being realized if the adolescent perspective was incorporated into curriculum design (Campbell & Campbell, 1990; Maticka-Tyndale, 1995; McKay & Holowaty, 1997). By including what is defined as the "adolescent perspective," students are more likely to deem our efforts in the classroom as relevant. However, identifying adolescents' sexual health needs is mired in difficulty given that expressing sex-related questions, comments or concerns may arouse feelings of embarrassment, shame and discomfort. In order to overcome this hurdle, the research to be presented will highlight the utility of the Internet for sexual health curriculum developers. To fulfill the need for accurate, comprehensive and relevant information, adolescents are resorting to the Internet. Its benefits have been recognized, and as such adolescents use this limitless source to their advantage (Borzekowski & Rickert, 2001). The research method of content analysis was selected to identify adolescents' sexual health needs acknowledging the Internet as a source where sex-related information, answers to questions, and advice can easily be obtained. By referring to teenwire.com, an array of questions and concerns offer an insight into the potential breadth and depth of the adolescent sexual health perspective. This website was categorized in order to devise cognitive maps used in identifying the degree to which the adolescent perspective is reflected in the printed materials of a school-based sexual health education program. It will be suggested that certain sex-related topics, relevant to adolescents are insufficiently explained in the classroom curriculum and others are not integrated at all. The presentation will conclude by summarizing the findings of this research and by identifying implications for sexual health program development.

706.5 Cybersex and close relationships in portuguese chatrooms.

*Ana Alexandra Carvalheira ¹, Félix Lopez ¹, Gerardo Prieto ¹ and *Francisco Allen Gomes ². ¹Faculty of Psychology, University of Salamanca, Spain; ²Coimbra University Hospital, Portugal.

Introduction: The Internet is altering patterns of social communication, interpersonal relationships and sexual interaction. Internet has been used for a diversity of interpersonal and sexual purposes. Sexual interactions do exist in the context of social life on the Internet. **Objectives:** Our major purpose was to examine sexual interactions in the context of interpersonal relationships through Internet. We present an online survey to study the prevalence of cybersex and the motives underlying cybersex in chatrooms and to identify the related sexual behaviors. **Methodology:** The study was conducted in 3 phases: (a) construction of the website using a PHP scripting, and database; (b) conducting a pilot testing, in order to check the functioning of the website and database, and questionnaire structure; (c) sampling and data collection. We used an active advertising method for recruiting participants: researchers entered the most popular Portuguese chatrooms and directly asked people to participated. Data collection was conducted over three month period, during which 3430 people visited the website. The participation rate was 39% (questionnaires totally completed). The final sample was 1266 chatrooms users. **Results:** Close relationships do often form on the Internet and the majority move on to real life settings. The best predictor of relationship formation was the time spent online. 75.4% of the subjects had formed a close relationship on the Internet, from which 29.7% were having an off-line relationship with someone met on the Internet. 41.3% of the total sample had engaged in cybersex in chatrooms, from which 56.2% had off-line sexual encounters with someone who met online; significant gender differences were found in the huge diversity of reasons for engaging in cybersex. 5.4% reported having more sexual satisfaction through an online sexual relationship than through a face-to-face one. **Discussion** We found a diversity of contexts and motives for engaging in cybersex in chats, as well as a huge variety of sexual behaviours. Determining factors in the pursuit of new ways of sexual interaction through the Internet are discussed. The role of anonymity and absence of physical interaction in sexual exploration, the possibility of meeting other people with similar sexual interests, and the immediacy of sexual gratification, contribute to the potential of the Internet to sexual exploration. Would be interesting for future research to study the group of subjects who exclusively prefer the sexual relationships through the Internet.

707.1 The impact of sex therapy on males after a coronary event.

*Rivka Klein and Elchanan Bar-On. The Hebrew University, Israel.

Objective: In a recent study (Klein, 2003) we showed the significant positive effects of sex therapy on sexual functioning of males after coronary event. The aim of this presentation is to describe the effective ingredients we identified and

the lessons we derived from our use of sex co-therapy in a coronary rehabilitation program. Design & methods: 47 male patients under the age of 70 who recently had myocardial infarction or coronary bypass received sexual therapy by two co-therapists (a male and a female) who met with the patient and preferably with his partner for 5 hours in three sessions. Therapy included education, cognitive restructuring, emotional support, guided imagery and medication, such as Viagra. Each of the sessions was documented in detail. The current presentation is based on content analyses of this documentation. Findings: Although patients are usually reluctant to initiate discussion concerning their sexual functioning, we found that under proper conditions, both patients and their spouses were eager to talk about issues of sexual (mal)function and were actively involved in therapy. Almost all of them were very satisfied with the process and outcomes of their therapy. Among the lessons learned from therapy were the importance of including the patients' partners in therapy, the effectiveness of the combination of a male physician and a female social worker, and the essential role of combining psychological intervention with appropriate medication. The presentation will describe in detail case examples that will illustrate the lessons we learned. Note: The authors are going to present together as they treat in co-therapy in this research

707.2 Modulating the erectile function per penile training in patients after nerve-sparing radical prostatectomy.

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Objective: To assess and present our own concept in order to maintain or improve erectile function in patients who underwent uni- or bilateral nerve-sparing radical prostatectomy. **Methods:** During 1999 till end of October 2004, 420 patients who had undergone radical retropubic prostatectomy by organ confined prostate cancer with uni- or bilateral nerve-sparing were assessed pre- and post-operatively. The pre-operative assessment showed that 42 % initially had no interest in sexual activities, 58 % (244 persons) were interested. 120 subjects were considered as control group. 124 patients took the "penile training". Partner assessment, IIEF, ICI and doppler ultrasound were performed prior to the surgery. From the 11th day after surgery we ordered 25 ml Sildenafil 3 times a week or 5 mg Tadalafil twice a week. We additionally prescribed "penile body building" with vacuum device at least twice a day. Outcome in terms of erectile function evaluated after 3 months. **Results:** In the control group 18 % of the patients who underwent bilateral nerve-sparing radical prostatectomy had spontaneous erectile function, whereas in the unilateral nerve-sparing group just 8 % achieved it. In the therapy group 56 % of the patients obtained good erectile function and sufficient for sexual intercourse under PDE-5 inhibitors in uni- or bilateral nerve-sparing procedure. The majority of non-responders in this group took ICI with 5 or 10 µg Alprostadil. **Conclusion:** Early application of "penile training" in patients after nerve-sparing radical prostatectomy in sequential application form of low dose PDE-5 inhibitors in combination with vacuum device leads to considerably better results in terms of preserving the erectile function.

707.3 ED, constructs of masculinity, and quality of life in the multinational MALES study.

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Introduction and objectives: The Men's Attitudes to Life Events and Sexuality (MALES) 2004 study was conducted to estimate the prevalence of erectile dysfunction (ED) and to examine the attitudes and behavior of men in relation to ED. The current research reports on the attitudes of men concerning masculine identity and quality of life of men with and without self-reported ED. **Methods:** The MALES study involved 27,839 men aged between 20 and 75 years who were interviewed using a standardized questionnaire in eight countries (USA, UK, Germany, France, Italy, Spain, Mexico, and Brazil). Participants were selected primarily by random digit dialing. For a complete review of methods see Rosen et al, Curr Med Res Opin 2004;20:607-617. **Results:** Men of all nationalities in this sample and across all age ranges identified being seen as honorable, self-reliant, and respected by friends far above being seen as physically attractive, sexually active, and successful with women, as most important to their self-construct of masculinity. Constructs of masculine identity did not differ between men with or without ED. Similarly, and in contrast to popular stereotypes, men of all ages and across nationalities considered good health, harmonious family life, and a good relationship with their wife or partner of significantly greater importance to their quality of life than material (having a good job, having a nice home) or hedonistic (living life to the full, satisfying sex life) concerns. Men with ED were more likely than those without to cite the importance of their relationship to their wife or partner to his quality of life. **Conclusions:** Data from a large multinational study indicate that constructs of masculinity differ substantially from popular media portrayals, and do not correlate with ED or ED treatment-seeking behavior. These findings aid our understanding of the manner in which constructs of masculinity and quality of life are valued, and their effect on men with ED to seek – or not seek – treatment for this sexual dysfunction.

707.4 Thermal imaging as a physiological measure of sexual arousal in men.

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Introduction: Currently available physiological measures of sexual arousal for men and women have been problematic because they are intrusive, hard to compare between genders and quantitatively problematic. Although measurement of genital skin temperature has been previously shown to be a promising measure, it has been difficult to implement and therefore rarely used. Recent technological advances in thermal imaging have now made it possible to unobtrusively and reliably monitor genital temperature under conditions of sexual arousal. This study was designed to evaluate whether thermal imaging can be used as a tool to measure physiological sexual arousal in men. *Method:* Twenty-eight healthy men viewed a neutral film clip after which they were randomly assigned to view one of three videos: another neutral ($n = 9$), a humor ($n = 9$), or a sexually explicit film ($n = 10$). Penile temperature was remotely recorded during the viewing of the films using a TSA ImagIR thermal imaging system (Thermogenic Imaging, North Billerica, MA). Subjective measures of sexual arousal, humor and relaxation were also taken at the outset of the experiment and after each film. *Results:* Each film had the desired subjective effects. Statistical (Tukey HSD) post-hoc comparisons ($p < .05$) demonstrated that men viewing the sexually arousing video showed significantly greater peak temperatures on the shaft ($m = 34.03\text{ }^{\circ}\text{C}$, $sd = .97$) than men in the humor ($m = 31.50\text{ }^{\circ}\text{C}$, $sd = 1.20$) or neutral ($m = 31.74\text{ }^{\circ}\text{C}$, $sd = 1.83$) conditions. Furthermore, penile temperature on the shaft was correlated with subjective ratings of overall sexual arousal ($r = .66$, $p < .001$). *Conclusion:* Thermal imaging is a promising instrument for the assessment of physiological sexual arousal in men. This device clearly differentiated penile temperature in a sexually arousing condition from that of a humor or neutral condition. Thermal imaging is non-invasive, easy to use and provides a constant measure of temperature. Such measurement might also be useful in the assessment of sexual arousal in women, and in the diagnosis and treatment evaluation of sexual dysfunctions.

707.5 Erectile Dysfunction Treatment: Associating from beginning, Sexual Therapy, ICI and Sildenafil in 137 patients who initially were non respondent or refused Sildenafil.

*Carlos Moreira, Santiago Cedres, Carlos Lueiro, Eduardo Torres and Magdalena Pintos. Masters Clinic, Uruguay.

□Objectives: To integrate from the start point: counseling and Sexual Therapy with ICI and finally we also used Sildenafil in patients who have already proved to be non- respondent to that drug. We selected the patients who presented ED, and we analyzed the co- morbid pathologies such as: diabetes, tobacco addiction, cardiovascular pathologies, etc. Materials and Methods: It was an open, observational, non- comparative and prospective study. Our sample consisted of 137 patients. The inclusive criterions we used were the followings: Older than 18 years old. Diagnosticated ED. Primarily refused Sildenafil. We realized an Erection Test and 4 to 5 treatments with ICI during the first 45 days. We also offered psychological support and clear psychotherapeutic guidance according to each case in particular. We used the IIEF questionnaire to evaluate the patients before and after treatment. Results: Over a 70 % of the patients elder than 50 years old presented comorbidity. A 99 % of them, expressed that the treatment

had improved on their erections and their sexual lives in general. 88 % perceived a clear and important increase of their matinal spontaneous erections, in the first four weeks. It was very surprising the excellent response of diabetic patients. We realized the following statistic proofs: Wilcoxon alpha type error of 5 % ($p < 0.005$). We also used the Exact Test of Fisher and the X2 Test of Pearson. Finally we associated and later on we totally substituted the ICI for Sildenafil in personalized doses from 50 to 100 mgs., taking into account the tolerance and the responses of the patients. Conclusions: The treatment efficiency was controlled by the IIEF-5. The average was 14 points at first and 23 five weeks after treatment, statistically significant ($p < 0.0005$). Negative response 1%, positive 50%, and very significant 49%. Diabetic patients (n=17) presented an excellent response. In order to perform vascular dilatation, the previous use of Prostaglandine E1 ICI and others therapeutic measures was extremely important because probably will improve further use of oral medication.

707.6 The designing of Questionnaire on chinese adult male's Sex Quotient.

*Peicheng Hu and Zhenming Shen. China Sexology Association, China.

Objective: This research aim is to make a rating scale to assess married adult male's sexual health level that is "sex quotient" which is the new term we point out to the world. Method: Preliminary questionnaire was accomplished. 176 married adult men were participated. Factor analysis was made with principle components. Cronbach's method was used in reliability test. Result: After item analysis, 40 items were reserved, correlation coefficients were about 0.35---0.71. After factor analysis, two items were cut out, 38 items were reserved in this questionnaire of the male's sex quotient. Conclusion: The sexual health level can be evaluated. Sex quotient is existed.

708.1 Premature Ejaculation: Medical and Mental Health Working Together - A Patient Imperative.

*Joseph Marzucco. Clinical Sexology Associates, United States.

Even as Viagra was heralded as the beginning of the era of lifestyle drugs an equally devastating sexual problem, Premature Ejaculation (PE) which effects more then 3 times the number of men needing Viagra is largely unstudied and underreported. At odds with each other, medical and mental health providers stumble trying to help their patients, ignoring the benefit of developing a synergy of medicine and psychology. Parochial attitudes and interdisciplinary finger pointing do not serve our patients. This paper presents a summary and assessment of the past and current literature concerning rapid or premature ejaculation. It evaluates efficacy of the specific literature and endeavors to develop a therapeutic guideline with responsibilities for both Medical and Mental Health communities. Domains presented and analyzed will include psychological, physiological and medical. Unfortunately current research does not support an evidence based approach to PE and will not likely be available for some time. In the meantime we must avoid the paramour of each of our professions; medicine for Doctors and therapy for Psychologists in order to

develop a coordinated, albeit not empirically proven, approach to a problem that may affect up to 30% of 18 to 59 year old men. ED groups predominantly in older men whereas Premature Ejaculation concentrates in younger men but in much larger numbers. Personal and marital stress takes its toll on many levels causing anxiety, anger and disappointment in both men and women. This spectrum of resultant problems presents the irresistible opportunity to develop a coordinated cooperative therapeutic intervention. Advantages and disadvantages of each group's therapeutic approach is discussed offering a logical blend dependent on the variety of issues manifest by the couple or individual dealing with PE.

708.2 Self-reported Premature Ejaculation (PE): Possible PE vs Probable PE Related to Other Aspects of Male Sexual Function.

*Michael A. Perelman¹ and Ridwan Shabsigh². ¹Departments of Psychiatry, Reproductive Medicine and Urology, USA; ²Department of Urology, USA.

Introduction and Objectives Although there are several definitions and diagnostic criteria for PE, the primary mode of diagnosis remains patient self-reporting of ejaculation before desired. Many definitions, in particular that contained in the DSM-IV, also incorporate personal distress about the condition. This study was undertaken to examine the differences between men self-reporting PE who state it is very much or somewhat of a problem for them (probable PE) and those who state it is very little or not a problem for them (possible PE), and to determine if there is an association between the self-reporting of PE and lower functioning in other aspects of male sexual function.

Methods A sexual health survey was administered to a community-based US sample of sexually active men (N=1239) in stable heterosexual relationships with one partner. Participants were derived from a nationally representative Web-enabled research panel (Knowledge Networks Research Panel). Two questions, based on the DSM-IV criteria, were used to 1) identify men who self-report PE, and to 2) categorize those men into those with and without distress (ie, probable and possible PE, respectively). Further questions addressed other aspects of sexual function. **Results** Of 1239 participants, 1158 surveys were evaluable. Ejaculating before he wished was self-reported by 32.5%, with 16.3% classified as probable PE, and 16.2% as possible PE. Overall, all men who ejaculated before they wished experienced lower satisfaction with intercourse, ($P=0.003$) their sexual relationship ($P=0.001$) and problems relaxing during intercourse ($P<0.001$). Yet, men with probable PE were even more likely than those with possible PE to report low satisfaction with sexual intercourse, difficulty with arousal, and difficulty relaxing during intercourse, as well as avoidance of discussing sexual issues with their partner ($P<0.05$ for all). **Conclusions** Men who ejaculated before they wanted to have significantly lower sexual functioning in several other areas versus other men in our sample. Those individuals with associated distress (probable PE) experience even more co-morbid dysfunction than those without distress (possible PE). Overall, PE has a clear negative impact on both the quality of life and sexual relationships of men.

708.3 The effectiveness of sex-informative novel on premature ejaculation: a controlled study.

*Pascal De Sutter, N Van Broeck, Ch Reynaert, E Baruffol and F de Carufel. Catholic University of Louvain, Belgium.

Title of session The effectiveness of sex-informative novel on premature ejaculation: a controlled study Introduction: The sex-informative novel offer a possible treatment for premature ejaculation. This novel describes a complete sex-therapeutical treatment for premature ejaculation. This treatment has already been tested in a controlled study lead on couples in Montreal (de Carufel 1996). But the research will try to see if the same treatment proposed in a novel could be efficient for readers suffering from P.E. Objectives: The objective of the research is to see if the sex-informative novel is an efficient tool in the treatment for Premature Ejaculation. We shall try to see if reading the book improves general sexual satisfaction and lenght of intercourse. Main Body & result: The research was lead by a multidisciplinary team of Belgian psychiatrists, sex-therapists and psychologists has shown that a specific sex-informative novel could be an efficient tool in the treatment of premature ejaculation. Research conducted on 117 men from 20 to 60 years old in a clinical sample has shown that reading the sex-informative novel improves the premature ejaculation problem for 78,8% of them. Subjects report being able to prolong the length of penetration and to add to the number of pelvic movements. Men also report an increase in their own and their partner's sexual satisfaction. The use of a control group has shown that these improvements are not the result of a placebo effect or a spontaneous remission. The reduction of premature ejaculation appears to be in direct correlation to the bibliotherapy used in this research. Age and education have no impact on the outcome obtained by the subjects. The anxiety level remains unchanged among men who have improved their sexual difficulty. This result seems to show that anxiety cannot be considered the main cause of premature ejaculation. Marital discord has also been deemed a major reason for premature ejaculation. In our research, the positive evolution of sexual difficulties is not linked to marital harmony. Subjects describing marital complications obtain similar results as subjects reporting agreeable marital relations. The habit of reading novels appears to be a significant contributing factor to resolving the problem. But the most important factor appears to be sexual frequency. Men who have sexual intercourse more often experience greater success than men who engage less regularly in sexual activity. Conclusion: A diverse range of treatments is currently available. Some are ineffective while others are extremely efficient. None are 100 per cent effective for all patients. Therapists may offer premature ejaculators various therapeutic approaches adapted to their needs. It is currently accepted that psycho-medical intervention should be applied in progressive stages. The therapist could initially offer the simplest, safest and least expensive solution. Longer treatments could be offered when the first intervention is not effective. This research shows that bibliotherapy is an interesting option to treat premature ejaculation. It is certainly not the only solution to this multi-dimensional problem, but it can be used as the first tool in a step-by-step treatment or as a therapeutic tool combined with other interventions.

708.4 Drivers and Barriers to Treatment-seeking Behavior in Men with Premature Ejaculation.

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Introduction and Objectives While a majority of men with premature ejaculation (PE) have tried numerous coping mechanisms to deal with their condition, few seek treatment from a healthcare professional. Our analysis uncovers what factors drive certain men to seek treatment for PE. **Methods** A multi-country internet-based survey of 12,134 men was conducted in 2004. The PE Prevalence and Attitudes (PEPA) Study enrolled men aged 18-70 in the United States, Germany, and Italy. Respondents answered questions about general quality of life, relationships, sexual experiences and attitudes, health and medicines, and demographics. Men were categorized as having PE via two survey responses regarding timing of and control over ejaculation, and were classified as having sought PE treatment if they reported having talked to a therapist and/or had taken prescription medication for PE. **Results** While men with PE, on average, report having tried 5 different ways to manage their PE, including focusing on something else, special positions during sex, masturbation, and interrupted stimulation (tried by >25% of men with PE), <20% have sought treatment from a healthcare professional. Treatment-seeking behavior was positively correlated with high levels of distress from PE, being comfortable talking with their doctor/health professional, tension with their partner, and reduced frequency of sexual intercourse due to PE, among other factors. Factors associated with not seeking treatment included an acceptance of PE (ie, learning to live with it), a disbelief that PE negatively affects a man's relationship with his partner, the absence of a primary care physician (especially for young men), discomfort discussing sexual issues with their physician, a lack of commonly accepted terms for discussing PE, and having co-morbid erectile dysfunction. **Conclusions** This large-scale study of men shows that those who have tension with their partner, high levels of distress and reduced sexual activity due to PE, and are comfortable with their doctor, are more likely to present for treatment of their condition. Understanding what drives men with PE to seek professional help, as well as factors that keep them from entering treatment, are important considerations for patient education. There is a significant need for an effective, discreet, and uncomplicated treatment for PE.

709.1 Providers' perspective on sexual health education for outreach adolescents: a qualitative study in London, United Kingdom.

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Introduction: Outreach adolescents who do not have access to formal education have higher risks towards teenage pregnancy and STDs. There are different approaches to access and provide sex and relationship education to these young people, but there is a dearth of information about what is offered to them and what they actually need.

Objectives: To identify main challenges sex and relationship education providers have in regards to preparing and delivering sex and relationship information to outreach adolescents.

Methods: Fifteen outreach sex and relationship youth workers, nurses, teenage pregnancy co-ordinators and curriculum developers were interviewed using a semi-structured interview schedule. The following main themes were addressed in the interviews: who they identify as hardest to reach group of adolescents, the challenges of providing quality sex and relationship education to these adolescents and the gaps they perceive in their services.

Results: Hardest to reach adolescents were identified as school drop-offs (drop-outs); new immigrants; those who have religious, cultural and language barriers; have learning difficulties; are homeless, alcohol/drug abusers or offenders. Main challenges of providing such service to outreach adolescents have been identified as: 1) Sexual health is not on the Department of Health priority agenda; 2) Some organisations and schools do not offer their cooperation; 3) When adolescents are lost in referral process and/or follow-up sessions are not possible; 4) Other problems surround the adolescent in a way that sexual health becomes of less priority for them; 5) Young parents who believe that they do not need any more education; 6) Health and safety risks involved in working with outreach adolescents on the streets.

Main service gaps were identified as follows: 1) Appropriate material for ethnic minorities and recent immigrants; 2) Relationship education has had less priority than sex education; 3) Provision of service in a very limited time, which results in a less time for initial need assessment of the group.

Conclusions: Outreach adolescents have different educational needs which should be identified by synthesising their own preferences and considering their sexual health providers' opinion.

709.2 The role of education and information in sexual health in Europe.

* Osmo J. Kontula. The Population Research Institute, Finland.

Introduction and objectives The aim of the presentation is to provide a general approach to reproductive health in Europe taking into account the educational background at the individual level, and programs and institutions that provide education and information of the reproductive health issues. **Methods and materials** The data sets available for the study are the national sex surveys are: Norway 1997 (N=3704), England 1998 (N=2935), Germany 1998 (N=2583), France 1998 (N=1614), Portugal 1999 (N=1000), Switzerland 1997 (N=2777), Spain 2001 (N=2935), Italy 1998 (N=2603), Greece 1998 (N=2000), Finland 1999 (N=1496), Sweden 1996 (N=2810), St. Petersburg 1996 (N=2085), and Estonia 2000 (N=1031). These surveys are completed with the case policy studies in collaboration with national family planning associations in the United Kingdom, Finland, Russia and Bulgaria. **Results** The data presented here gives evidence that due to educational

aspirations even sexual initiation will often take place at the older age. The highly educated persons postpone their sexual initiation and steady relations in order to meet the other aims in their life. As a consequence, they marry older and they also deliver their first child older than the peers. In sum, education has frequently impact on values and lifestyles that have implications on social and sexual interaction. In the four case studies the state of art in reproductive health was best in Finland. In the UK modern contraceptives were also advantaged but the abortion and teenage pregnancy rates were several times higher than in Finland. In Russia the rate in use of modern contraceptives was around 50% and in Bulgaria only 25%. In both countries abortion and teenage pregnancy rates were very high and in Russia the rates of STIs and HIV infections were at the record level. Conclusions Sex education that is linked to access to contraceptive services is the most important tool to promote reproductive health among teenagers in Europe. General attitudes on sexual issues in the society have very crucial implications on the ways in which the promotion of reproductive health information and sex education is carried out in each society.

709.3 Male Sexuality Following Spinal Cord Injury. A Systematic Review.

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ABSTRACT (282 words) **Objective:** To review sexuality in persons with spinal cord injuries, and to report the effectiveness of erectile interventions. **Methods:** Reports from 6 databases (1996 to 2003), annual proceedings from ten groups (1997 to 2002) and information from manufacturers were screened against eligibility criteria (report characteristics, study design, population, and participant dropouts and withdrawals reporting). Included reports were abstracted and data were statistically pooled from case series reports regarding intracavernous injections and sildenafil. **Results:** 2,128 unique reports were evaluated for eligibility, of which 56 were included. Seven reports examined physical reflex and cognitive pathways of sexual response in SCI females. Male sexual dysfunction was addressed in 49 reports of several interventions (behavioural therapy, topical agents, intraurethral alprostadil, intracavernous injections, vacuum tumescence devices, penile implants, sacral stimulators, and oral medication). Penile injections resulted in successful erectile function in 90% '95% CI: 83%, 97%' of men. Sildenafil resulted in 79% '95% CI: 68%, 90%' success; the difference in efficacy was not statistically significant. Five case-series reports involving 363 participants with penile implants demonstrated a high satisfaction rate, but also a 10% complication rate. **Conclusions:** A large body of evidence addressing sexuality in males focuses on erection. Penile injection, sildenafil and vacuum devices generally obviate the need for penile implants to address erectile dysfunction. Interventions may positively affect sexual activity in the short-term. Long-term sexual adjustment and holistic approaches beyond erections in males remain to be studied. Rigorous study design and reporting, using common outcome measures, will facilitate higher quality and less biased future research. This will positively impact patient care. **Sponsorship:** This study was commissioned by the Agency for Healthcare Research and Quality, U.S.

709.4 More than prevention: what sex life for PLWA (People living with AIDS) ?

*Rene-Paul Leraton. Sida Info Service, France.

Since the beginning of the AIDS epidemic, the sex-life of PLWA has been widely considered through the angle of prevention. Implicitly PLWA were asked to behave as models of good prevention. For some who have been having an infection then another, they have not been interested in sex for some years. The release of multi-therapies in 1996 has changed the deal. PLWA went back to social life, work life, family life and sex life. But is it that easy? Based on two french experiences: Phone counselling on Ligne de vie(Life Line) which is a specific service for PLWA , part of the AIDS help line SIDA INFO SERVICE. Sexual counselling interviews at LE KIOSQUE a parisian AIDS association, this session will give food for thoughts on these topics: What is the influence of treatments and their possible side effects on desire and libido of PLWA? Can erectile dysfunction treatments be of any help when their use is possible? Sex life of a PLWA did not begin the day they learned they were infected. What is the impact of what they lived before especially when there is a question of sexual orientation involved? What are the special sexual difficulties of women living with AIDS? Having been close to death, is there a kind of denial of the AIDS years by wanting to have a sex life as it was before? Is there a link with barebacking and gay relapse? In spite of the recommendations of the french Delfraissy Report about how to take care of PLWA, are the AIDS doctors always open to talk about sex life of their patients when everything is fine concerning the treatment? The methodology of the session will be widely based on what the PLWA are saying about their sex life and sexuality and what use the professionals can make out of it. We will try to show that sexologist, sexotherapists or sexual counsellors can be of a great help. Thanks to the good results of treatments, the PLWA population is growing and so is the need for care. We will also try to show the importance of sexology on a public health matter as Aids. The audience targeted is any person (doctors, sexologists, counsellors) or association (AIDS, LGBT) concerned with AIDS.

709.5 Sexuality & Cancer-Addressing The Taboo Subject in Cancer Care.

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Introduction: Despite the integral role sexuality plays in every persons emotional and social development throughout their entire life span, the sexual needs of people with cancer are very rarely addressed in the clinical setting. Sexuality remains the taboo subject for many health care workers who frequently express an uncertainty about-not knowing where to begin or, who presume that people with cancer remain solely focused on survival. Main body: The aim of this paper

is to present a critical overview of workshops conducted by the Cancer Information and Support Service (CISS) in response to this gap in service provision. Titled: Sexuality and Cancer-The Taboo Subject, the format of these workshops have been developed for health professionals and patients in the area of cancer and palliative care, with a goal to facilitate communication and offer practical strategies at a clinical practice level. Each workshop provides evidence based information on the effects of cancer treatment on self-image, sexuality and intimacy when people are confronted with a diagnosis of cancer. Strategies to assist in the physical and psychological adaptation to living with cancer are explored in depth. A critical evaluation of the program from facilitator and consumer perspective is offered. Conclusion: These highly innovative and interactive workshops have been positively evaluated by participants as providing practical strategies, information and resources for consumers and health professionals within the cancer and palliative care settings.

710.1 Feminine Sexuality: Realities, Experiences and Challengers.

Celia Sarduy Sanchez ¹ and Ada C. Alfonso Rodriguez ². ¹Centro Nacional de Información Médica, Cuba; ²Centro Nacional de Educación Sexual, Cuba.

A closer look to the feminine sexuality theme from a health paradigm and from the gender perspective, changes definitively the perceptive of this process. Starting on this foundation, we have been able to rebuild a theoretical base, with methodological consequences for the communitarian work, as well as therapeutically, facing the feminine sexual dysfunctions and discomforts. This lecture reveals the factors that we have been able to identify to have an impact in womens everyday life, their representation and personal experience regarding sexuality. We demonstrate that patriarchal culture promotes social representations, opening the way to collective and individual subjectivities, which deprive women from the joy and erotic pleasure of their bodies. Founded on this reality, proven through our research in community groups and in our consultation room for sexual orientation and therapy, our work model incorporates techniques helping the individual subjective reconstruction, as well as the feminine universe. These are qualitative methodological techniques (life stories, work in groups, drawings, corporal manipulation exercises, among others), which have helped not only to achieve a better knowledge of reality per se, but also to find some paths in favor of the relearning process and rectification of feminine sexuality, toward its recovery as an enjoyment. We reveal in our lecture the results found among different populations: women attending consultation room for orientation and therapy; community groups (interpretation of what happens among women groups in different stages of the vital cycle, called together by the sexuality theme); and from the findings and personal experiences identified by professionals participating in our different teaching approaches. ©□

710.10 Sexoanalysis for a better understanding of sexual development.

*Marie-Paul Ross and *Gérard Bachand. Association des Sexologues du Québec, Canada.

In our post-modern society, people in general search for different developmental tools to help them grow in harmony and in faithfulness to self. Our era is characterized by technological progress, and also, at the humanitarian level, we observe a multitude of psychological theories and methods offered for the purpose of responding to the requests and needs of those who come to consult. Sexologic intervention generally finds its support in the influence of these different schools of thought, and becomes more and more varied. We observe that these educational and therapeutic proposals often seem to contradict one another, and may even create confusion at different levels in individuals. From a current of sexual repression which deeply marked the last centuries, we have arrived at a more liberal presentation of human sexuality in the last thirty years. The well-justified struggle against mystery, taboos and secrets which surrounded sexuality, generally gave way to pornographic proposals very rewarding on the economic level but disastrous on the human level. Even erotic art seems to have been attained in its purpose and its very essence. Sexoanalysis is a specifically sexologic school, and it offers interesting tools to better understand sexual development (the process of sexualization). Basic notions of sexoanalysis will be given using a schema presenting sexologic constructions.

710.11 Occurrence Of Sex Transmitted Diseases In Student Community Of The Universidad de Oriente.

*Ana M. Cascella de Naffah. Universidad de Oriente, Venezuela.

The purpose of this study was to investigate the behavior of student of the Nucleo Sucre, Universidad de Oriente as regards to different sex related diseases, and to introduce some educational and preventive guidelines as well as other aspects referred to the human sexuality in order to save the health of the university student. These groups of students are vulnerable to any disease specially to sex related ones, as they are young and explosive. They get involve in a sexual relationship without having proper knowledge of hygienic and preventive measures to avoid contamination. An anonymous questionnaire with 25 questions was distributed among the students so that they respond honestly. A total of 100 questionnaires were received and the results showed that 74% of the interviewed students were of 19 to 23 years of age, and 74% of them were female. The 74% of students had sexual intercourse, of which 39% maintained high frequency of sexual activities, 23% moderate and 12% low frequency. Almost half of the studied population has been contaminated with some type of sexually transmitted disease. The majority of the interviewed students expressed interest in having more information and education about this topic. It is recommended that different educational programs on the subject should be introduced in the area of student's health services of the Nucleo Sucre of the Universidad de Oriente.

710.12 Mexican women in jail and their sexuality.

*Leticia Villarreal Caballero^{1,2}, Nancy E. Molina^{1,2} and Evelyn I. Rodriguez^{1,2}. ¹Colima University, Mexico; ²Asociación Colimense de Universitarias, Mexico.

This study introduces some preliminary results from a research project on incarcerated women life; in addition, it mainly shows the results on sexuality with the analysis of a perspective of gender. A total of 29 women enclosed in a prison (CERESO) from Colima, Mexico were examined using a qualitative methodology; it includes a deep interview which main purpose is to identify dimensions of health, sexuality, maternity and violence; besides it was used a research workshop where women share their experience by means of reflection and a confidence environment. These instruments permit to collect the group of social elements of the women life and met in relation to explain the perception of her sexuality. The results show that myths, traditions, and superstition of the feminine roll in Mexican culture repress the desire of women because the sexuality is thought only for reproduction, the women body is for the pleasure for everybody, never for herself, they also consider their body as violence sexual object. Therefore, the study concludes that women in Mexico share the same stereotypes, even in freedom; nevertheless women who are in jail have more difficult conditions as the lack of privacy, abandonment and it also limits the possibilities to keep a relation with someone.

710.13 Commerce of eros. Voices of women as sex-workers.

Carlos Ramirez^{1,2}, *Santa Ortega^{1,2} and Eduardo Morales². ¹Instituto Mexicano de Sexología, Mexico; ²Grupo de Estudios Avanzados en Psicología, Sexología y Ciencias Sociales, Mexico.

The phenomenon of prostitution has a long trajectory in the history of mankind. Prosecuted, repudiated, desired, negated, exalted, prostitution has been studied and researched from varied and diversified perspectives, such as those that come from anthropology, sociology, psychology and, recently, from sexology. In a way or another, prostitution exists in all modern societies, as frequent in urban as in rural environments, though preponderant within low-income households subject to family disintegration. In such households, a low level of formal education makes access to the work market a difficult task. This research had as its goal to analyze the perceptions, circumstances and conditions of women as sex workers in order to rebuke some wrongful ideas. Specifically, it aimed at analyzing the meaning of sex work among a group of women in order to understand the social construction of meaning within which they live their lives. It allowed, based on qualitative data, a deeper analysis of their trajectory, their self perception and understanding as social actors. We found that the complexity and diversity of so a permanent phenomenon as prostitution defies easy generalizations. The results of our study allow us to identify women who perceive themselves as victims as well as prejudice-free individuals; women who perform sex work in order to survive, as well as those who live through it with a dramatically changing set of meanings and perceptions, even from one woman to another.

710.14 Trends in Sexual Contact as a Risk Factor in AIDS Cases in Puerto Rico.

*María C. Santos-Ortiz, Hernando Mattei and Dorem J. Davila-Lopez. Graduate School of Public Health, Medical Sciences Campus, Puerto Rico.

Sexuality is increasingly recognized as an important aspect of health promotion and health education efforts. In Puerto Rico, sexual contact has become the most common risk factor for HIV transmission. With the intention of obtaining information on this subject, we carried out an analysis of the incidence of AIDS cases in Puerto Rico from 1981-2003. The research objective is to describe trends of sexual contact as a risk factor in AIDS incidence in Puerto Rico by age and sex. From 1985 to 1993, the annual number of AIDS cases increased from 269 to 2696, and by 2003 the number of new cases had declined to 835. Another important change is the age and risk factor profile of the AIDS epidemic in Puerto Rico: 1) sexual contact has been identified as the most important risk factor for both men and women 2) heterosexual contact is now a more frequent mode of transmission than men having sex with men or bisexual contact and 3) an increasing proportion of all new cases are being diagnosed in middle-aged (50-59 years) and older adults (60+ years). Until 1993, the most common risk factor, was Intravenous Drug Use (IDU), which accounted for 54 percent of all AIDS' cases, (56.8 percent in men and 43.1 percent in women), by 2003 sexual contact has increased from 40.9 to 59.3 percent. In men cases, it increased from 40.4 to 54.3 percent and in women cases from 45.8 to 72.1 percent. We also find that the percent of new cases in the 50-59 age group increased from 6.0 to 15.2 percent and from 3.1 to 6.6 percent among persons aged 60+. Preventive intervention that contribute to decrease HIV / AIDS incidence and to eliminate stereotyping, discrimination and disparities in sexual health care services should be emphasized. Cultural competency, sexual rights as well as the specific characteristics and needs of the different age groups, gender and sexual orientation are fundamental in the planning and implementation of these interventions.

710.15 Gynecological Affections and Sexuality in Middle Age.

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In this paper we present a review about this subject and a descriptive study is made on the gynaecological affections found in 500 women between 40 and 55 years of age that attended a multidisciplinary consultation of climacterium and menopause in our University clinical surgical Dr. Carlos J. Finlay Hospital for a period of five years with the objective of investigating the habitual sexual parameters and the repercussions of gynaecological disorders in the behaviour and sexual enjoyment of women that go through this stage of the vital cycle. Thirty eight point six percent of women reported a diminution in their sexual desire, 23% of orgasm disorders, 10% of dyspareunia and 15% of general sexual inhibition and avoidance behaviours. We found 36% of vaginal atrophy and 9%

of pelvic support disorders. Ten percent of the women increased their sexual desire after the menopause years and only 2% of the orgasmic disorders was really primary. We concluded that the physical alterations dragged along of the reproductive stage and the changes that infer the climacteric stage in the female genital system influence in the sexual behaviour of these women and could be obstacle in the full enjoyment of their sexuality.

710.16 The Vaginal Length: A Multivariate Analysis.

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INTRODUCTION AND OBJECTIVE: In a series of 2577 women, range 12 – 90 years, mean 47,5 years, the vaginal length was measured by the author with standard systematic. In a prospective study during one year (2003), the objective was a multivariate analysis to know the variables from which depends the vaginal length. The patients belonged to three clinical consults, two of general Gynecology, and the other of Menopause. The measure of the vaginal length was performed like part of the exploratory action and before taking samples of cervicovaginal cytology. **RESULTS:** There were 524 nulligravides (20,33%), 131 virgins (5,08 %), 293 hysterectomized women (11,36 %) and 28 uterine prolapses (1,08 %). The mean parity was 1,83 (0-11). The weight range was 41-180 Kg, mean 66,4 Kg. The height range was 1,30-1,80 m , mean 1,58 m. The mean body mass index, BMI, was 26,42 (range 15,27-70,31). The 55,5 % of the women had some grade of obesity, and the 1,51 % with morbid obesity. The mean vaginal length was 10,04 cm (range 5-16 cm). **CONCLUSIONS:** 1) By the comparison of means intragroups the vaginal length depends of: no virgin (sexual activity), gestations-parity, no hysterectomy, and no prolapse, very significantly, $p < 0,001$. 2) By the logistic regression model obtained, the statistical signification is $p < 0,000$ for the variables: virgin, hysterectomy, prolapse, age and BMI.

710.2 Phenomenology, abandonment and psychotherapy: a way of reencounter from women with themselves.

*Evelyn I. Rodriguez, Leticia Villarreal Caballero and Jorge Torres. Colima University, Mexico.

Our culture promotes the belief about women have to live with a family, a husband and how she *has to* rise her own family. In other ways, also in Mexico there is a tradition that men can fail on their duties providing resources to support their families, and they can go away from their homes, with no commitment. This situation promotes women that feel deeply depress at different stages because their husband takes absolutely no interest in his family neglected them they just run away. We talk also with women who feel resentment, rage, and anger cause of mental illness. What we found is the fact of an existential absence, no presence; no economical support is part of Mexican culture. Even though there are institutions and laws, which support them, it is no real that women feel social support. This research is a result of an

anthropological approach which reports several and interesting although rich and deep responses using ethnographical and phenomenology tools and we use the hermeneutic-dialectic method to reach social which start from women like the home nucleus. How these ways of self being have evolved through history, which ones are stereotyped which others are changing accordingly with a new consciousness from women their risk their beliefs in order to open themselves in some workplaces that we organize, where they can explore their emotions. What for? To help women get self confidence, integration, a way of development.

710.3 Sexual Satisfaction after the Menopause.

*Iris Pereda and Flor Carreno. Sociedad Venezolana de Orientadores en Sexología, Venezuela.

Little research has been done on Sexual satisfaction in the postmenopausal stage. Current literature refers only to the physiological and psychological changes associated to the reduction of the feminine hormones (estrogens). The authors of this paper believe that this stage in a woman's life is very important, since it may last more than a third of her life. During this period, in spite of her undergoing important physical and psychological alterations, maintaining herself healthy, active, and in good shape, leads to a favorable attitude towards sex. Since sexuality is one of the important motivations in the life of human beings, health professionals in this area should try their best so that postmenopausal women do not lose their capacity to enjoy sex. Usually menopausal women are stigmatized by society, and this in turn influences her life quality in a negative way. In forty testimonials from menopausal women we have found different sexual behaviors, according to whether they receive hormonal replacement therapy (HRT) or not. Twenty of the women sampled who received this therapy enjoy a sexual behavior that goes from high, to medium, to low enjoyment. Of the remaining twenty (who do not receive HRT), twelve reported a satisfactory sexual life, and eight presented sexual dysfunction related to different problems.

710.4 Sexually transmitted infections Prevention in the Deaf.

*Pedro Lorenzo Rodriguez Dominguez. National Association for the Deaf of Cuba, Cuba.

The health promotion constitutes a paramount task of the Scientific Commission of Cuba National Association of Deaf(ANSOC) and, taking into account the overwhelming increase of the sexually-transmitted infections, and regarding that those campaigns carried out to prevent those are not effectively known by the deaf people, therefore a theoretical-practical didactic course addressed to them took place to make them aware of those elementary sexually-transmitted infections. **Methods.** 12 classes were released, having a weekly frequency to 25 fully-deaf people, whose ages range between 16 and 45, about those principal sexually-transmitted infections (AIDS, Syphilis and gonorrhea) utilizing different visual means like videos, retroprojection, slides and computers. There was also an

interpreter available, who made possible the communication with those people more easily. At the end of each session knowledge-demonstrating exercises were done by themselves showing the awareness acquired during each class for instance, the correct use of the condom. **Execution of the video shooting.** Once a class was over, it was proceeded to check the acquired knowledge by means of a questionnaire made priorly, whereon those audition-disabled people answered them in their own signal language, orally translated by our interpreter shown in the video shot taken during the session. **Conclusion.** As a result of this course, those deaf students own these elementary knowledges which will enable them to avoid those sexually-transmitted infections. All of them are apt to apply these knowledges in real life. All of them are aware and apt to carry out the so-called safe sex. As well as all of them will be able to spread those knowledges and experiences to others deaf people like themselves, becoming in health advisors.

710.5 Evaluation of advances and results of the sexual psychotherapy.

*Nadine Terrein. Asociación Mexicana para la Salud Sexual, Mexico.

The aims of the sexual psychotherapy can be elaborated from the complaint and the expectations of the consultant. Nevertheless, the search of the sexual health goes beyond the resolution of the dysfunction. In the search of this sexual health it is important to be able to evaluate the advances and the results obtained by the psychotherapy, this evaluation will have to be done in all the levels: biological, psychological and social, and in all the structures of the human sexuality, from the perspective of the systemic model of the human sexuality. Hereby, we expect that the evolution across the psychotherapy is translated in a major development of the system as well as the resolution of the systemic conflicts.

710.6 The experience of couple.

*Eduardo Morales. Grupo de Estudios Avanzados en Psicología, Sexología y Ciencias Sociales., México.

The experience of couple. The fast growing of cities and towns have brought the lost of values and traditions; letting the humankind, in one side without knowing where to lead themselves and in the other side without knowing what to do. It has to do with the decisions that we took in life; on of them is to live with our couple. My professional practice on the clinical field shows me that frecuently come up in the couple some annoyance when share their space and activities with the other one. The purpose of my investigation was to find out about the causes of the people than already live with their couple or that are about to do it, report as facts that consider help them to take that decision. In the results is important to point out that men as well as women report many causes, having some of them in common and in big part of the cases feelings and emotions have not much importance. Conclusions: Is very important to make conscious the causes of the formation of couple nowadays, because it permits perceive life from a different perspective, for empowerment of the sense in the forms of

fusion or separation that we experiment in our existence.

710.7 To decide as a couple the children.

*Andrés c. Santana ¹, *Judith E. Ortega ² and *Yolanda p. Oliva ³. ¹, México; ², México; ³, México.

Introduction: The present job tries to indicate as the men participate in the procreation with their couple in rural community. Here one appears the results of a titled investigation Sociocultural Aspects of the procreation of the couples in a henequenera locality of Yucatan like thesis of masters in Social Anthropology in the University of Yucatan. Material and Method: The study is of social-anthropological, where the couple were the subjects of main studies. The study had two parts: one quantative in which I am applied a questionnaire to 50 couples, and soon continuous with interviews to depth and observation. The axes were considered to analyze the information body and knowledge, body and power and body and practice. Results: Account could be given that the women look for tactics to be able to obtain the postponement of their reproduction, but this is taking after the first pregnancy. After the presence of a son they start use of some contraceptive method that does not generate damage to them and are effective. On the other hand the men allow or demand the use of a method, and when there is consequences in the body of the women that is when a change is suggested. Conclusions: Different forms exist to decide, 1) the man or the woman decides, 2) the man imposes and third where both engage in a dialogue and decide. In these decisions it influences the sociocultural context and the traditional, as well as the information for the decision making.

710.8 The syndrome of emotional defencelessness and the sexual violence in the relational life of the woman.

Jorge H. Torres and Leticia Villarreal Caballero. Colima University, Mexico.

The objective of the investigation was to analyze how it occurs to the relation between the syndrome of emotional defencelessness and the sexual violence in the relational life of married women that leads them to the development of psychopathologies. Six women were forty years old with active relational life participated in the study and a minimum of 18 years of married; that they attend the fourth decade of the life; with basic formal instruction; and that maintains dysfunctional relations with their husbands, cradles in the emotional, physical and sexual abuse. An ethnographic study became, approaching the object of study through the historical method, comparative and the critic-rational. The techniques used for interview to the participants were Thematic Oral History for the proposal search of information; and of History of Family. One was that the sexual abuse is pronounced by an ample range of stereotyped and codified patterns related to the culture that lives. The women life stories reveal that the sequels that caused reduce the personal power based on abilities, capacities, necessities and interest, hitting negatively in the capacity of the women to

evaluate their options of life and their possibilities of choosing, as well as in the capacity to have control and power on their own life and the limited resources which they have.

710.9 Emotions, ecovisions and sexuality. The work with ecological dimensions of sexuality.

Carlos Ramirez ^{1,2}, * Santa Ortega ^{1,2} and Eduardo Morales ². ¹Instituto Mexicano de Sexología, Mexico; ²Grupo de Estudios Avanzados en Psicología, Sexología y Ciencias Sociales, Mexico.

One of the most satisfying experiences in life is the expression of emotions and feelings to people whom we regard as significant. That is why, centering ourselves in the sensations we produce, makes it easier to live and create collaborative relationships that are centered in reality, not in fantasies. When we give, receive, and let others share, relationships are maintained. The present study reviews the Model of Ecological Dimensions in Sexuality as a model inside the huge network of modern sexology. Cognitive visions are created in the relationships we have with other people and emotions are immersed in these relationships. To be able to examine our emotions, it is necessary to learn how to identify them. This study is centered only in one dimension: the one that involves feelings. It starts with a presentation of the most relevant principles of the model, and then some of the most relevant proposals are analyzed. The Model of Ecological Dimensions of Sexuality is useful to the work of sensitization and the expression of emotions. In a few years we will be practicing and enjoying the new paradigm that is centered in the ecovisions as an ingenious way to interpret and integrate reality.

711.1 Effectiveness of audiovisual self-help material on sexual problems: a controlled study.

* Alfons Vansteenwegen and Goedeke Liekens. Institute of Family and Sexuality Studies, Belgium.

Objectives To investigate the effect of audiovisual therapy material on individuals with orgasmic dysfunction, erectile dysfunction and premature ejaculation, without contact with a therapist. **Design and methods.** In the experimental group (n = 138) each had an audiovisual self-help program (Hensen, 1991) at their disposal at home (consisting of four lessons with illustrated exercises). The control group consisted of individuals of the same group at random on a waiting list (n = 77). With the inter-phase of four months, both groups filled out 5 scales (ILKS, NSMS-2, BP, M/VOK, M/VSM) which focus on how sexuality was experienced. **Results** A repeated measures analysis of variance delivered only three significant results. In comparison with the control group, the performance anxiety and the embarrassment decreased in a significant way ($p < .03$) in the experimental group with premature ejaculation. Men with erectile dysfunction were significantly ($p < .02$) more receptive to sexual

phantasies and erotic stimulation. Women with orgasmic dysfunction experienced positive results ($p < .07$) on the value they gave to non-demanding sexual actions (foreplay). **Conclusions.** Sexual self help videos have an extremely small effect on sexual dysfunctions.

711.11 Multiple Perverse Immaginations: clinical case.

Bruno Carmine B. Gargiullo ¹, *Rosaria R. Damiani ² and Stefano S. Gargiullo ³. ¹Bureau of Rome, Italy; ²ESSM e ISSIR, Italy; ³B.A. in Psychology, Italy.

The case that will be introduced it concerns the treatment, with cognitive-behavioral techniques (deculpablization, delay of the answer for the cleaning rituals, assertive and relaxation training, systematic desensitization in imagination), of a fifty-year-old man suffering from a serious paraphilic disease NAS (not otherwise specified) treated Psychotherapist) in a private care-centre of Rome. His paraphilic imaginations concerned fat women (adipophlias), elderly (gerontophilias) and with physical impairments (apotemnophilias). Besides, he introduced an aversion for the female genital organ that had produced a sexual partialism, (fellatio and masturbation) with consequent not consummation of the marriage. The man in matter exclusively submitted him to a psychotherapeutic treatment to avoid a separation. His wife didn't know of the real causes of the sexual difficulties of her partner that persisted from over fifteen years.

711.12 Women's use of physical violence towards violent partners: contribution of personality.

*Sophie Boucher ¹, Mireille Cyr ² and Andrée Fortin ². ¹Université du Québec à Montréal, Canada; ²Université de Montréal, Canada.

The aim of the presentation is to illustrate how women's personality may predict different patterns of interpersonal behaviours in relation to their partners' violence. One hundred and fifty one women from the community completed the Conflict Tactics Scales-II (CTS-II, Straus, Hamby, Boney-McCoy, & Sugarman, 1996), a measure assessing the incidences of violence within their relationships, including violence inflicted by themselves and their partners. They also completed the Depressive Experiences Questionnaire (DEQ, Blatt, D'Afflitti & Quinlan, 1976), assessing Dependency and Self-Criticism, two personality dimensions predisposing to depressive affective states. Additionally, the Beck Depression Inventory-Short Form (BDI-SF, Beck, 1978) was used as a control measure. Hierarchical regressions analyses with three-way interactions indicate distinct patterns of physical violence perpetrated by women. This occurs as a function of the two personality dimensions and the severity of their partners' violence. Dependency is related to the inhibition of violent behaviours, as the partners' violence increases. Self-criticism is related to a greater use of physical violence, but only towards non violent partners, and only when combined with low levels of dependency. The highest levels of reported mutual violence are related to low levels of Dependency and Self-Criticism. Results are discussed in

terms of submissiveness and self-defensiveness towards violent partners.

711.14 Marital and Sexual Satisfaction among battered wives who have had marital rape.

*Sahika Yuksel and Aysun Genc Discigil. Istanbul University, Turkey.

Women subject to physical and emotional violence of their spouse usually are coerced to have sexual intercourse; thus, tend to have sexual problems. Marital rape for domestic violence victims have been overlooked in psychiatric practice. In this study we questioned the women who have been physically abused by their partners about their marital satisfaction, sexual dysfunction and self-esteem. Method This study was carried out in Istanbul Medical Faculty, PSTP outpatient unit. The study participants were 50 females who had a history of partner abuse and who sought psychiatric help. They were studied for their marital satisfaction, sexual dysfunction and self-esteem. Participants were divided in two groups according to whether they had PTSD diagnosis and not. Assessment: a structured interview included demographic questionnaire, self-reported violence, SCID, Posttraumatic Stress Diagnostic Scale, Moudsley Marital relationship Questionnaire, Shover-Sexual History form (S-SHF) and Rosenberg Self-esteem Inventory were used. Results: The mean age was 37., range was 22-57. Except for 3 women most of them were still married, half of them having been married with their free will and the other half had arranged marriages. The group with PTSD '58 % (n=29)' and non-PTSD '42 % (n=21)' were statistically different on different measures such as: being more frequently exposed to physical violence, recentness of violence; keeping it as a secret, having suicidal attempts; and leaving the house but reexperiencing violence upon return. Most women did not mention their sexual problems during the initial interview. But when they were asked, they disclosed their sexual problems very willingly open at last. Furthermore, Schover et al. (1980-1982) proposed a multi-axial problem oriented system for women who were diagnosed with sexual dysfunction. In our study, except for 3 (6%) all women reported sexual problems such as lack of sexual desire (74%), lack of arousal (62%), orgasm related problems (44 %), pain during intercourse (40 %) and dissatisfaction during sex was reported by 88%. PTSD positive women self-esteem, marital satisfaction and sexual problems statistically higher than the ones who have not PTSD diagnoses. Conclusion: Although it is only rarely investigated, being exposed to sexual violence by intimate partner is a risk factor for different psychiatric problems, low self-esteem and marital as well as sexual problems. Mental health professionals should be aware of marital rape and its relationship with psychiatric problems. In this study which was in concordance with other studies, violence within the family had negative effects on sexuality.

711.15 Sexual Violence in Nigeria.

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Sexual Violence and Human Rights * Sexual violence can be described as any gender act or conduct that results or likely to result in sexual, physical or

psychological harm or suffering to girls or women. Sexual violence is sometimes carried out by strangers but more likely by acquaintances, neighbours or relatives. Usually the abuser or violator resorts to scaring, alluring, pressuring or threatening the girl to keep quiet about the ugly incident. Sexual violence is both a crime and public health issue. Acts or conduct constituting sexual violence are unwholesome and may constitute a health and safety problem. Sexual violence against girls and women is a direct consequence of the unequal power relations and resources between men and woman. For a woman who has experienced sexual violence, many things are at stake including her self esteem, mental torment, self perception, self confidence, psychological trauma, and her role as a participant in the social and economic life of the society. Some victims cannot get back to normal life after the harrowing experience of sexual violence. Many international treaties clearly establish that violence against woman constitute a flagrant violation of fundamental human rights. The rights and freedoms infringed by sexual violence include: the right to dignity of the human person, the right to freedom from discrimination on grounds of sex, circumstances of birth, the right to life, the right to liberty and security of person. Economic and social reasons such as the need to exchange sex for cash, material goods, survival and protection lead to distinct forms of violence particularly sexual violence. The magnitude of the problem of sexual violence is difficult to quantify. Even in normal situations, sexual violence goes unreported for the following reasons: shame, fear of retribution, powerlessness, lack of support, high cost of litigation, poor access to justice, inefficiency of police authorities etc. There are various forms of sexual violence e.g. rape, sexual threats and harassment, incest, involuntary prostitution (sexual bartering), torture, insertion of objects into genital openings, female genital mutilation etc. Rape has been described as the most outrageous form of sexual harassment. Like other forms of gender violence, sexual violence is meant to hurt, humiliate and violate the mental and physical integrity of girls and women. The consequences of sexual violence are unwanted pregnancy, unsafe abortion, sexually transmitted diseases including HIV / AIDS, sexual dysfunction, chronic infection leading to pelvic inflammatory diseases, obstetric fistula, infertility etc. As a safeguard against sexual violence, girls are advised to observe the following hints: Beware of strangers with attractive offers. Do not make close relationships with any body immediately you are attracted to him. Do not move about alone, rather go in a group. If you fall a victim to sexual violence or fear this will happen, report the incident to your parents or trusted adult or a doctor instead of remaining silent. Confide only in adults who you are confident are looking for your best interests and will keep your discussing confidential. The ideal response to the unfortunate incident of sexual violence includes protection, medical care and psychosocial treatment. Submitted by Olaide Gbadamosi Esq LLM; BL; ACI Arb, MCIM, MCIPS;

711.16 The Role of Non Availability of Sex Education on the Prevalence of Sexual Dysfunction in Conservative Muslim Society like Pakistan.

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Introduction This study is to find the effect of non-availability of sex education on

the incidence of sexual dysfunction. In schools and colleges there is no sex education and what ever is learned by youth is from unqualified persons. Wrong information on sex issues, like masturbation and night ejaculation is provided. It is told that masturbation and night ejaculation, lead to destruction of penis muscles and blood vessels and loss of male sex power respectively This wrong information is generated due to ignorance and also due to vested interests of traditional sexual dysfunction treaters (Hakes and homeopaths). This leads to high incidence of psychogenic sexual dysfunction in Pakistani population. Material and Methods 630 Patients of premature ejaculation were treated at NFC Lahore and Islamabad during two years. 35 % attributed the dysfunction to excessive masturbation, 65% attributed to masturbation and intercourse (heterosexual and homosexual). 430 patients of non-consummated marriage were treated. 90% attributed the dysfunction to masturbation. 220 patients of chant or Jaryan were attended. 95% of these patients attributed the dysfunction to masturbation, which now they had stooped. Results Majority of sexual dysfunction is caused by non-availability of sex education and also by wrong sex information by unqualified Hakes and quakes. Conclusion Most of sexual dysfunction can be avoided by scientific sex education at school and college levels. This will reduce the agony of youth and divert their energies to national construction.

711.17 The Hole in the Sheet and Other Myths about Sexuality and Judaism.

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For more than two millennia, Jewish communities around the world have found themselves the focus of speculation, misinformation, fear, derision and, at times, envy regarding the sexual beliefs and customs of its members. Jews have been accused of such widely divergent practices as sexual witchcraft, forbidding all foreplay or desiring only gentile women. Over the centuries, some of these perceptions have become powerful enough to reciprocally influence how Jews perceive themselves. This paper seeks to shed light on some of the better and lesser known myths, which surround sexuality and Judaism.

711.18 Human sexuality and its influence on the origin of religion.

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The origin of religion began with sex worship. Analysis of sex and religion shows that it is indicative of the past and analogous to modern symbolism. An example of this relationship is in the interpretation of the Kama Sutra. Hoernle (1987) believed the Kama Sutra was translated as the precepts of love, whereas Money (1998) indicated that it was silent with respect to erotic visual stimuli and arousal as a prelude to arousal in loveplay. Both hypothesis focus on love and sexual intercourse but nothing cited about religion. This suggests that the analysis of ancient culture is selective and not adequately justified. The Kama Sutra was a

Hindu Bible written as dogmatic theology, designed to gain favor from the gods by sexual intercourse. This presentation is the result of the study of sexuality from a religious perspective. The difference between ancient and modern ideas of morality and ethics is the major obstacle in dealing with phallicism which causes many researchers to avoid the subject. Most illustrations found in books devoted to sex worship such as Higgins(1836)*Anacalysis*, Inmans (1869) *Ancient Faiths*, Scotts (1941) *Phallic Worship* are symbolical. Everything was considered to be relative to generative powers. Sex worship was not due to a demand for progeny, it was a way of life based on the doctrine that happiness is the chief good for the gods and humanity (hedonistic), though its lacking in racial and ethical justification. Evidence of relative data shows that basic ideals remain the same. The concept of sexuality and reward are part of the religious paradigm. Phallicism was not only a religion, it was a causation of dominance and sexual exploitation that remain part of a social structure. Furthermore, human sexuality and religion are a conglomeration of emotional needs delineated to provide the desire for progeny,pleasure and emotive balance.

711.19 Spirituality, sexuality and growth.

*Marie-Paul Ross and *Gérard Bachand. Association des Sexologues du Québec, Canada.

From the masculine point of view. In our post-modern and post-Christian society, men are under duress; this makes their personal growth difficult. Their questions and personal search are at all levels: the physical, affective and spiritual. Men need to take into consideration their identity, their role and their search for meaning as a basis for seeking growth, a development which will give them greater serenity. When men will be able to face their emptiness at the affective and spiritual levels, and be able to respond adequately to the demands of these levels, they will find harmony in their bodies as well, and thus in their total being.

711.20 Systemic handlings of guilt and shame linked to issues of gender and sexual orientation.

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In our cultural context it has been good business for a couple of thousand years to hand out guilt an shame with one hand, and offer remission of sins with the other. The basis for the latter being confession and repentance. As repentants all people of gender variance and/or unusual sexual orientations are welcome in most religious congregations. This well functioning "economical concept" is not only linked to religious contexts. Scientific systems of medicine, psychology and sexology have supported the systems of "guilt handing" and offer of remission of "sins", or rather offers of cure. In their special ways different ideologies like for instance feminism has thoroughly described the right ways to perform

femaleness and maleness. This objectivation of gender performance has added to the production of guilt and shame in non-conforming individuals. In all instances of culture, religion and scientific/therapeutic systems, the authorities have been the gatekeepers of right or wrong. "Objectivity" through descriptions and diagnoses have been the tools of shame and guilt, these emotions do in their turn offer jobs to priests, political leaders and therapists. They all become bureaucrats of right and wrong, yes or no. The perhaps most sorrowful issue is that shame and guilt in this context is handed out on basis of inborn qualities and qualabilities like gender identity, sexual orientation and sexual turn on patterns. It is time to take a closer look on the mechanisms involved and move from an objective to a subjective perspective, where the individual's own narrative must be the force of guidance towards remission of sins, proper behaviour and/or presence of happiness in the individual's own right. The alternative is business as usual.

711.2 Radio ADO: An eduentertainment sexual education radio program run by teenagers.

*Enriqueta Valdez-Curiel. University of Guadalajara (School of Medicine), Mexico.

Introduction and objectives: Radio ADO is a project that aims to develop, test and evaluate a teen operated, radio-based Entertainment Education intervention that promotes health protective factors and prevents risk factors that widely affect adolescents living in the Mexican city of Morelia, Michoacan, and rural areas around it, all this with the partnership and collaboration of governmental and nongovernmental organizations, private business, and health and education agencies. The radio program is a Youth Development project designed and conducted from the perspective of the adolescents, presenting options for teens to maximize their creativity and develop their communications skills.

Simultaneously, the show presents factual and relationship information on topics related to adolescent sexuality, growth and development, pregnancy, abortion, Sexual Transmitted Infections, HIV, AIDS, violence prevention, and peer relations.

Main body/Results: This entertainment-educational intervention project has been evaluated, so far, by a baseline study, followed by one follow-up surveys, and three more that are already programmed, and focus group discussions to assess overall exposure to the show and measure its impact on the health and knowledge of the listeners, as well as its impact on their attitudes and behaviors towards protection. Adolescent surveys were also conducted in a comparison community, where no such intervention exists. Conclusions: The education-entertainment approach conducted and addressed by adolescent to reach and provide sexual education to their peers has proved to be an efficient tool to disseminate information and promote protective behaviors.

711.21 Psychosexual DNA*: The Discovery, Methodology and Implications.

*Carole Marks. , Canada.

Sexual identity. Each adult has an interpretation of being o man or a woman that is as distinguishable as one's face! This identity is fundamental. Although it

expands and develops throughout our lives, it is always recognizable. This identity, more intrinsic to us than our name, nationality or religion, is our constant companion. Not only does it travel with us to the bedroom; it also accompanies us wherever we go. Furthermore, it leaves its indelible imprint on our preferences in the five senses. It is, in my view, the primary determinant of all that we are. This essential identity, however, is as unknown and as undiscovered as the lost continent of Atlantis! Initially discovering this phenomenon over twenty-five years ago, I have been working with it -- at both the Individual and cultural levels -- ever since** "Psychosexual DNA"* can be specifically defined, described, decoded, diagrammed and, ultimately, integrated within the self. The process of doing so, I call "Psychosexual analysis". Having discovered, in my initial research precise connections between sexual and non-sexual elements within society (both ancient and modern), I, subsequently, searched for connections between sexual and non-sexual elements within the individual. Over twenty-five years ago, I designed The Sexual Index. The extensive questions require, primarily, easy-type responses. With the assistance of various theoretical frameworks, I analyse an individual's responses to The Sexual Index as if I am reading a piece of literature. I search for recurring themes with serpentine throughout. With this analysis, "psychosexual DNA"* surfaces. In the process, sexuality and self -- after a history of alienation and fragmentation -- finally unite. For clients with a variety of sexual concerns, comfort, relief and exhilaration accompany the amelioration or disappearance of the presenting complaint. For college students and other adults, a new level of awareness, peace and happiness is attained. The discovery of one's "psychosexual DNA"* has been found to have both Therapeutic and educational implications. "Know thyself" advised Socrates, centuries ago. Listening to him, we can answer the essential question: "Sexually, what are we?" * Over time, I have referred to this identity as follows: "the erotic component of the personality", "the sex sense", "the sexual fingerprint", "the sexual signature" and, most recently, "psycho-sexual DNA". Whatever the term, the phenomenon is one and the same. **See abstracts of my past presentations at conferences in Rome (1978), Mexico City (1979) and Washington, DC. (1983)

711.22 New sexological treatment to Sexual Identity Disorders.

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As far as we know, problems with sexual identity have mostly been examined at the "psychological" level, but not really examined in regard to sexual functioning and sexual development. Systematic evaluation at this level shows certain common features mainly a lack of investment in the patient's biological sex beginning in his early childhood. This lack of investment can be seen by examining, e.g. the sex of playmates, interests, behaviour, and the type of investment in the sexual organs. We found that in patients suffering from Sexual Identity Disorders (SID), the pattern of investment in the sexual organs is either no contact at all with them or of a particular type which is directly connected with the perceptive distortion they have concerning their sexual belonging. Most

importantly, this finding offers a direct way to help patients suffering from SID to correct their disturbed perception. At the 2001 World Congress, Paris, we presented a successful case of sexotherapy. We can now present two more cases of men having renounced to ask for hormonal-surgical treatment, because of feeling well as men. One of them is now really enjoying sexual intercourse with a woman. A fourth case is currently (February 2005) undergoing treatment and, at the 38th session of therapy, is well evolving also. For example, he spontaneously speaks of sexually meeting up with another man and penetrating him in the mouth or in the anus. We will present our theoretical understanding of the feeling of belonging to biological sex constitution and briefly discuss our case reports. We state that a sexological way of treating SID is now open.

711.4 Association des sexologues du Québec.

*Alessia Longo, Normande Couture, Claudette Berthiaume and Mansour ElFeki.
Association des sexologues du Québec, Canada.

Founded in 1978, the Association des sexologues du Québec (ASQ) is a non-profit organization that represents 200 sex therapists working in the field of clinical sexology. The minimal requirement for admission into the association is a 2-year Masters Degree in Clinical Sexology. All members therefore must have undertaken university studies for at least 5 years prior to admittance. Furthermore, clinicians must partake in 260 hours of supervised internships in two of the following approaches: Sexoanalysis, Cognitive Behaviour Sex Therapy, Sexocorporelle (Body and Mind Sex Therapy), Existentialism-Humanism, Systemic Interactional Sex Therapy. Notably, two of these approaches originated in Quebec: Sexoanalysis and Sexocorporelle. The 200 members are held to an ethical code of practice in order to guarantee the utmost quality of professional services all the while respecting international codes of ethics. Our members are pioneers in the fields of sexual dysfunction, identity and gender, sexual orientation (disorders) and paraphilia, in individual or couple therapy. Furthermore, the ASQ supports a collaborative approach with other health professionals such as doctors, psychologists, criminologists as well as judicial professionals. The ASQ offers a referral service to the public in order to better serve those who seek out its professional assistance. Therapists offer treatment in five languages: English, French, Spanish, Italian and Arabic.

711.5 Burnout among Female Indoor Sex Workers in The Netherlands.

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Introduction and objectives: The aims of this study were 1) to assess the levels of "burnout" (emotional distress, depersonalization or cynicism, and reduced personal competence) among female indoor sex workers (N = 96), 2) to compare them to levels of burnout among two comparison groups (female nurses and a group of people in treatment for work-related problems), and 3) to explore the relation between sex workers' level of burnout and various experiential and

context related factors. **Results:** Only sex workers' mean score on depersonalization was significantly higher than that of the comparison group of female nurses and comparable to those of patients with work-related psychological problems. Scores on emotional distress and reduced personal competence were not significantly higher than those of female nurses, but significantly lower than those of the patients. Evidence was provided for the importance of experiential and context related factors in burnout among indoor sex workers. For instance, 42% of the variance in depersonalization was explained by not working by choice, negative social reactions, experiences of violence, and lack of control in interaction with clients. Depersonalization may be a strategy to cope with negative conditions and experiences in sex work, but was significantly related to indicators of stress and emotional exhaustion. More than half (53%) of the variance in emotional exhaustion was explained by lack of management support, negative social reactions, not working by choice, and negative working motivation. Personal competence was highest among sex workers with a professional attitude, who started sex work at a relatively older age, and who were well supported by colleagues and management. **Conclusions:** Burnout among sex workers is not as much associated with sex work per se, but with sex work under certain conditions, among which stigma (notably negative social reactions) and stigma-related experiences (such as role-conflict, experiences with violence, and lack of a worker-supportive organizational context) are important.

711.6 Female Exotic Dancing: An Exploratory Investigation of Intrapersonal and Interpersonal Dynamics.

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The purpose of this research is to explore and understand the various dynamics associated with becoming a female exotic dancer from a postmodern, social constructionist perspective. I begin with several assumptions, based on social psychological and sex research, that are likely to influence their entry into the profession: (a) their family background; (b) the considerable amount of money that can be earned in a relatively effortless manner; (c) the novelty of the job (compared to the drudgery of menial/professional jobs); (d) the excitement and attention received from dancing on stage and provoking positive responses from a largely male audience; (e) the elusive and fleeting power-over men such dancers are often perceived to have; (f) the sexual titillation experienced from the erotic dances and the feeling of being watched and longed for; and (g) the invaluable female companionship, support, and fun times experienced with fellow dancers. This study uses 10 formal interviews and an autobiographic field study approach to delve into the private lives of female exotic dancers. Based on social psychological and sex research, I postulate two research questions that are likely to constitute the driving force for the current investigation: (1) what kind of psychological and emotional intrapersonal factors characterize the lives of female exotic dancers? (2), what are some of the familial and occupational interpersonal dynamics that characterize their lives? Throughout the process of collecting and transcribing data, a variety of recurrent themes emerge: (a) the

extend of anticipatory socialization experiences previously acquired by the dancers, (b) on-the-job socialization, (c) typology of exotic dancers (career vs. transient), (d) justification of their involvement in the strip club subculture through various neutralization and normalization techniques, (e) becoming a good performer, and (f) the negative impact of their dancing career on their interpersonal relationships. The act of unearthing the private experiences and motivations of female exotic dancers helps: (a) deconstruct their inherently limited gender narratives and reconstruct ones characterized by sexual liberation, fulfillment, and efficacy and (b) create a general awareness by positively influencing the larger community of policy makers, therapists, and agents of social control.

711.7 Psychosocial Characteristics of Male Sex Workers in a Small US City.

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Introduction: Little research has described the psychosocial and work characteristics of male commercial sex workers (MCSWs) based in the rural U.S. Thus, we interviewed 30 MCSWs (aged 18-35, mean = 22.4 years) working for an escort agency in a rural Mid-Atlantic U.S. city (pop. <50,000) to obtain psychosocial and sexual behavior information. 80% self-identified as homosexual/bisexual. **Results:** (1) MCSWs reported having an average of six clients per month, almost all male. Client calls usually lasted less than one hour and about 2/3 included sexual behavior, typically oral sex. (2) Most (> 80%) MCSWs disliked having sex with clients, preferring non-sexual escort activities (e.g., conversation, outings, travel). Clients seeking only companionship were highly prized. MCSWs with non-sex clients gained status for being able to satisfy clients without sex. During sex calls, MCSWs preferred conversation and alcohol use before sex to increase comfort and decrease time for sex. (3) Most participants started escorting for money, and were introduced to the agency manager by someone who already worked there. Although money remained a key reason MCSWs continued work, they also highlighted personal identification with the agency and a personal connection to the manager who was viewed as trustworthy and friendly. MCSWs noted the social opportunities afforded by the agency. A majority spent some free time there socializing. (4) Nearly all participants reported frequent alcohol use. Binge drinking was common. A majority reported weekly use of marijuana or other substances (most often crystal methamphetamine, cocaine, or ecstasy). (5) 70% of the participants experienced clinical levels of psychiatric distress. Psychiatric distress was related to overall substance use, but not related to HIV risk behavior or substance use during sex. Psychiatric concerns and high levels of substance use typically predated sex work. (6) Other than parental divorce (70% of MCSWs), family variables were not associated with sex work. About 2/3 were currently involved in non-escort employment. Men not employed outside of sex work often lived at the agency, had increased history of homelessness, and greater psychiatric distress and substance use. **Implications:** Comparisons with previous research,

future research needs, and public policy implications will be presented.

711.8 Understanding the Relationship Between Sexual Abuse and Compulsive Sexual Behavior.

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INTRODUCTION: Compulsive sexual behavior (CSB) has gained increased attention in recent years but there is still limited empirical information on the etiology and clinical correlates of this problem with large samples of persons reporting out of control sexual behavior. Several descriptive studies have found that a striking number of persons seeking treatment for this problem have reported childhood sexual abuse (CSA). Consequently, there has been an assumption that CSA is a primary etiological factor in the development of the problem but there has been little information on the nature of this relationship. The present study attempted to test: the association between several forms of childhood abuse and neglect and SC symptomology, the relationship between CSA and PTSD symptoms, and the variance accounted for by each in determining the severity of SC symptomology. **METHOD/RESULTS:** Participants in this study were 183 gay and bisexual who self-identified as having difficulty controlling their sexual behavior that underwent a 2-3 hour assessment. Measures included the: Compulsive Sexual Behavior Inventory, Childhood Trauma Questionnaire, and Posttraumatic Diagnostic Scale. Results indicate that participants in the current study scored significantly above the normative range in the domains of sexual, physical, and emotional abuse, as well as emotional neglect. When entered into a regression predicting CSB severity, CSA remained the only significant predictor. The PTSD symptom subscales of avoidance, re-experiencing and arousal were significantly associated with the level of CSB. Finally, we ran a stepwise regression predicting level of CSB by entering CSA score in the first step and the PTSD symptom subscales in the second step. Only severity of CSA and the PTSD avoidance subscale score remained significant predictors, and the avoidance sub-scale partially mediated the relationship between CSB and CSA. **CONCLUSIONS:** Results confirm previous assumptions that CSA is a significant predictor of CSB and that this relationship is partially explained by the level of PTSD symptomology- particularly level of avoidance (i.e. try not to think about the trauma) suggesting that persons who act in a sexually compulsive manner may be dissociating from their feelings during sexual encounters. Additional results and implications for treatment will be discussed.

711.9 Neuropsychoneuroendocrinological factors in paedophilia.

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The explosion of cultural panic in order to take precautionary measures regarding pedophilia bring to further investigate the aetiology of it. This paper has considered paedophilia by a neuropsychoneuroendocrinological approach, in the attempt to study biological and cultural factors in the pathogenesis of it. Treatment of pedophilia and sex education of children and adolescents with regard to this paraphilia, are presented.

713.1 Mechanisms of Sexual Motivation and Desire: Insights from the Female Rat.

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Sexual motivation can be defined as the energizing force that generates our level of sexual interest at any given time. It drives our sexual fantasies, compels us to seek out, attend to, and evaluate sexual incentives, regulates our levels of sexual arousal and desire by controlling our level of arousability, and enables us to masturbate, copulate, or engage in other forms of sex play. Sexual motivation can be viewed as an internal process built upon neuroendocrine mechanisms, such as alterations in brain anatomy and neurochemical function by steroid hormone actions. It is also tuned by experience and expectation, learned patterns of behavior and underlying neural activity related to sexual arousal, desire, reward, and inhibition. In turn, these aspects of sexual function feed back on mechanisms of motivation, either to increase or decrease the expression of sexual interest. A major component of desire for sex concerns the ability of stimulation received during sexual contact to be perceived as rewarding. Such reward alters subsequent behavior, for example, by increasing the willingness of female rats to solicit sexual contact, and by contributing to the formation of preferences for salient stimuli associated with positive sexual reinforcement. These aspects of sexual responding help set the stage for appropriate sexual responses. Although some appetitive and preparatory responses made by animals prior to copulation are not specific to sexual behavior, they can be considered □sexual□ if they are conditioned using sexual reward as the positive reinforcer. Sexual desire is thus expressed in the vigor with which animals will work to obtain these sexual rewards, and with which they will solicit or pursue potential sex partners. The responses and behaviors from which sexual motivation and desire are inferred in female rats will be reviewed. A major focus will be on the relationship of different neuroendocrine (e.g., steroid hormone) and neurochemical (e.g., monoamine and neuropeptide) systems in the brain and periphery that underlie these behaviors in rats, and how they are they bring reward systems into alignment with the reproductive needs of the animal. Finally, the ways that conditioned stimuli associated with sexual reward activate these pathways in a context-dependent manner will be discussed. Although objective measures of sexual desire remains elusive in humans, animal models of desire may well help to establish neurophysiological and behavioral processes that will have predictive validity in humans. In turn, disruptions of these processes by physiological or psychological events may figure in the etiology of various sexual dysfunctions.

713.2 Clinical Aspects.

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Rather than the concept of a biological neuro–endocrine “drive”, disruption of which typically underlies women’s lack of sexual desire/interest, the evidence is that there are complex biological systems to assess sexual context and relate its potential for reward to past sexual experiences. Context strongly influences both sexual motivation and sexual arousability. When past sexual experiences are favourable, their effect overrides insults to the sex response system. One of the most important factors governing sexual satisfaction and freedom from sexual distress after the inevitable reductions of sex hormones from mid age onwards, is quality of past sexual experiences. Sexual outcome after surgical gynecological procedures is more strongly influenced by past negative sexual experiences than interruption of pelvic autonomic nerves. Protection from adverse sexual effects of SSRIs is afforded to those with previously more rewarding sexual experiences. Further factors strongly influencing sexual satisfaction and freedom from distress include feelings for the partner, and the woman’s own mental well being.¹ Importantly, all of these are strongly influenced by culture. The focus of assessment and management of women’s sexual dysfunctions therefore should include the sexual context – both the interpersonal and the environmental including how safe/how erotic. A second focus is the outcome/reward which determines subsequent motivation. A woman’s many potential motivations should be addressed rather than the traditional focus on initial/innate “desire”. This is useful but not essential – it will emerge along with arousal if the stimuli and context are appropriate. A further focus is intrapersonal – the woman’s emotional well being. In mid aged and older women, hormonal output no longer partially protects from problematic contexts and stimuli, and psychological difficulties. Themes from childhood may now preclude emotional intimacy with a sexual partner. These need to be the focus of therapy rather than hormonal supplementation as women are hoping for decades of rewarding sexual activity rather than one or two years for which there are safety data/recommendations for hormonal therapy. A final conclusion is to de-emphasize presence or absence of disorder/dysfunction (defined according to ever changing conceptualizations of what is normative in any given culture and given time). As clinicians, we focus on the individual woman’s complaints, expectations, and what it is that she herself wants. However, the practicalities of the structures in which clinicians can provide care, currently mandate labeling. Nevertheless, we must be clear that we are mostly not dealing with innate medical disorders but problematic sexual experiences stemming largely from past and present factors external to the woman herself, as well as from her emotional response to them. The latter will be influenced by her own personality, self-regulation and self-esteem. Contextual factors do not act independently from hormonal factors and other biological entities. The evidence is that all are interdependent – external stress can alter immunological, neurological and endocrine function, and even CNS structure.

713.3 Cultural and Societal Contextual Aspects.

*Lenore Manderson. University of Melbourne, Australia.

Considerable research has been undertaken to draw attention to the ways in which proximal and personal factors impact on women's capacity for arousal and sexual satisfaction. These factors vary substantially across cultures and in different societies, influencing women's interest in sexual activity and affecting response and function. Greatest attention has been paid in ethnographic research and advocacy literature to the impact of genital surgery on desire and response, but this does not appear to be absolute and because of variations in surgical procedure, many women do not experience impaired sexual responsiveness. Further, it is only a small part of a more complex picture. Contexts and histories as specific as a history of sexual or other partner violence and/or abuse, sleeping arrangements which affect the frequency and the nature of sexual intercourse, and women's reproductive status affect desire, arousal and response. Wider contextual factors also impinge on desire, arousal and satisfaction. Social and cultural understandings of sex, sexuality and gender relations, partner and family relations and expectations, and a woman's sense of agency and control may impact on psychophysiology and complicate sexual expectations and response. Ideas of age-appropriate expectations of sexual interest also affect women's willingness to maintain sexual activeness, and in this context, loss of libido at time of menopause may be regarded as permanent rather than temporary, with women ceasing sexual activity at this time. Other physical and biological factors are also relevant, and the poor nutritional and sexual and reproductive health status of the majority of women globally has direct relevance to desire and arousal. Drawing on ethnographic and other literature from different cultural settings, I elucidate the variations in context and illustrate the difficulties of universal explanations of dysfunction. I suggest that health and social status interact with personal and attitudinal factors to shape women's own expectations of sex, including of the nature and meaning of desire and function. In this context, definitions and explanations of dysfunction take on very different meanings and priorities. This in turn complicates the promotion of sexual rights as an aspect of reproductive – and human – rights.

713.4 Women's sexual problems: disease or circumstance?

*Ellen Laan. University of Amsterdam, The Netherlands.

The biomedical model assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables. In contrast, the biopsychosocial model also takes into account the patient, the social context in which she lives, and the physician role in the health care system. In line with the biopsychosocial model, recent research on female sexuality has integrated biological as well as psychosocial aspects of sexual functioning. Some of the findings to be detailed in this presentation include the huge variations in the

awareness of bodily sensations between women, as well as across experimental situations. As well, it will be clarified that genital response (e.g., vaginal vasocongestion) does not necessarily determine women's subjective sexual experience. Also, discrepancies in the relationship between subjective sexual experience and sexual behavior have been found. Women may engage in sexual behavior even when they do not find it sexually exciting. There are many motives besides sexual arousal that may prompt women's sexual behavior. There is data to suggest that contextual factors largely predict sexual function, not genital response or hormones. Sexual distress in women is not related to physical aspects of sexual response, including arousal, vaginal lubrication, and orgasm. Therefore, female sexual problems should not be regarded as disease in the biomedical sense. Modern motivation theories predict that sexual response is the result of an interaction between the sensitivity of the sexual response system and stimuli that are present in the environment. There is increasing evidence that in somatically healthy women, sexual problems are unrelated to insensitivity of the sexual response system. Lack of adequate sexual stimulation – whether that is the result of absence of sexual stimulation or of lack of knowledge, bad technique, a lack of attention for, or negative emotions to sexual stimuli – and relationship issues seem to better explain the absence of sexual feelings and genital response in women. "□

801.1 Beyond PDE5 inhibitors.

*Serge Carrier. McGill University, Canada.

The most effective oral agents for erectile dysfunction (ED) are inhibitors of type 5 cyclic guanosine monophosphate-specific phosphodiesterase (PDE5). Their ease of use has made them the first line therapy if not contraindicated. But what do we do when they fail? Is there alternative? Vacuum constrictive device for erection, intraurethral therapy and intracavernous injection therapy are options available to the patients. Penile prosthesis will be an excellent option for the patient not responding to other therapy or not interested in other alternative. What is the role for sex therapy in this situation? This presentation will discuss the alternative ED treatment when PDE5 inhibitors therapy fails.

802.1 Psychological aspects of sexual dysfunctions in the couple.

*Mireille Bonierbale. Hopital Ste Marguerite, France.

In couples with sexual dysfunction and relationship dissatisfaction it is possible that inadequate personal relationships and poor communication need not always be involved in the aetiology of the sexual problems. Several studies have tried to resolve whether couples should receive sexual therapy, marital therapy or a combination of both. The assessment phase for commencing therapy is of great importance, particularly in those presenting with impaired sexual interest. This is to determine if the problem reflects interpersonal or individual differences. Where there are interpersonal problems and they become apparent

marital/couples therapy should be considered. Treatment of dysfunctional couple still remains a challenging task, because it requires deep understanding of basic mechanisms, which can improve or worsen the problem. Authors identifies the necessary diagnostics steps needed, the approach that requires to sensitively mirror the progress and attitudes of all persons included, with a special role of therapist emphasized. Whilst desire disorder is one of the commonest problems for both men and women, the presence of this problem in women is often associated with co morbid sexual problems principally arousal disorders and also orgasmic problems. The presence of secondary sexual problems for either partner tends to increase the reluctance to engage in any sexual therapy programmes suggested to the couple and this covert reluctance may intensify couple arguments and disagreements. The therapist needs to be acutely aware of this response in able to respond in a supportive and non critical way Do patient cognitions change by couple therapy? What kind of intervention produces the most change: a report to the couple, a class-type course or a negotiation exercise? Are changes in cognition related to changes in behaviour? Are changes in cognition related to the outcome of couple therapy? Clinical problems as unconsumated marriage, depression in sexual-dysfunctionnal couple, repercussions of sexual pain in men on the couple sexual relationship will be approach in this session

802.2 Effect of Sexual Dysfunctions (Including Desire Disorder) on the Couple Relationship.

*Kevan Wylie. Porterbrook Clinic, UK.

In couples with sexual dysfunction and relationship dissatisfaction it is possible that inadequate personal relationships and poor communication need not always be involved in the aetiology of the sexual problems. Several studies have tried to resolve whether couples should receive sexual therapy, marital therapy or a combination of both. The assessment phase for commencing therapy is of great importance, particularly in those presenting with impaired sexual interest. This is to determine if the problem reflects interpersonal or individual differences.

Where there are interpersonal problems and they become apparent marital/couples therapy should be considered. Situations in which couples appear in □greater distress□ may warrant further therapy prior to any other kind of therapy (including sex therapy). Such couples will be predominantly negative in their verbal interaction and attitude. Conflict resolution will be more difficult. Reciprocity will be primarily associated with negative exchanges and punishing behaviours. Some therapists question the validity of withholding sex therapy where relationship distress is present especially if the sexual dysfunction produces the secondary relationship discord. Improvements in relationship adjustment attained after therapy may be related to the emphasis placed on these factors during treatment of the sexual dysfunction. Whilst desire disorder is one of the commonest problems for both men and women, the presence of this problem in women is often associated with co morbid sexual problems principally arousal disorders and also orgasmic problems. The presence of secondary sexual problems for either partner tends to increase the reluctance to

engage in any sexual therapy programmes suggested to the couple and this covert reluctance may intensify couple arguments and disagreements. The therapist needs to be acutely aware of this response in able to respond in a supportive and non critical way. The use of systemic techniques alongside live observation and intervention from a team of therapists can often allow the therapists to progress the "stuck" couple. Other techniques may be necessary including adjustment of any prescribed medications, attention to comorbid medical and psychiatric conditions as well as use of agents to enhance sexual function.

802.3 Couple Therapy: From Diagnosis to Tailored Treatment - Invited Paper.

*Ondrej Trojan. Clinic of Psychiatry and Sexology, Czech Republic.

Treatment of dysfunctional couple still remains a challenging task, because it requires deep understanding of basic mechanisms, which can improve or worsen the problem. Author identifies the necessary diagnostics steps needed, the approach that requires to sensitively mirror the progress and attitudes of all persons included, with a special role of therapist emphasized. Sexual dysfunction is truly a couples' condition and a solid family relationship may be threatened or destroyed by it. Quality of life, from an individual and family perspective, is intimately related to sexual health and therefore a truly holistic care for sexual function difficulties is essential. At the beginning it requires few steps: – Identification of PATIENT medical and psychological co-morbidities – Identification of PARTNER sexual, medical and psychological co-morbidities – Identification of RELATIONSHIP and all factors influencing sexual function Two views: Current medical view is unfortunately often focused on restoring genital function, unaware of or ignoring or just doesn't have time to address behavioural, psycho-socio-cultural and relationship factors Psychological view focuses on behavioural, psycho-socio-cultural and relationship factors and may have an ideological antipathy towards addressing biomedical factors. Very often the resistance can appear. Main causes of psychological resistance – Length of time the couple was asexual before seeking treatment – Man's approach to resuming a sexual life with his partner – No or low sexual desire for his partner – Partner's physical and emotional readiness to resume lovemaking – Meaning for each partner of using a medical intervention to restore an erection – Quality of the non-sexual relationship In the future combined treatments may be the rule rather than the exception, for which scientifically proven algorithms and methods need to be developed There are several special aspects and approaches in combination of dysfunction with other symptoms - e.g. relapse of depression is associated with a criticising attitude of the patient's partner. In such a case couple therapy showed a significant advantage, both at the end of treatment and after a second year off treatment. Conclusions: careful evaluation of medical, psychological and social factors is essential in planning, structuring and implementation of tailored therapy.

802.5 Role of organs of sense on sexual desire.

*Salvatore Caruso. Research Group for Sexology, Italy.

Since 1994 we study the effects of steroids on olfactory and auditory system in both premenopausal and postmenopausal women. In premenopausal women, the olfactory threshold to odours and the auditory brainstem response (ABR) seem to depend on the variations of the ovarian steroids during menstrual cycle and on the iatrogenic effects of oral contraceptives. Moreover, in postmenopausal women treated with hormone therapy, estrogen has influence on neuronal plasticity and on neuronal conduction time into the both olfactory and audiological systems. Subjective sexual and genital arousal increase are positively correlated. The relationship between menstrual cycle phase and sexual arousal is substantiated by greater increase in sexual desire in follicular and periovular phase than in luteal phase. Methods: In order to understand if there could be any interaction between cyclic variation of olfactory and auditory thresholds and cyclic sexual arousability during menstrual cycle, we enrolled 60 premenopausal women (mean age 28.2 ± 4.1 years, range 18–37). During pre-screening, each woman underwent sexual history interview, and the Personal Experiences Questionnaire (PEQ) was self-administrated. By a prospective study, we measured the olfactometric and audiometric variations –by olfactometry and auditory evoked potentials (AEP)– during the follicular, periovular and luteal phases of one ovulatory menstrual cycle confirmed by sonography and serum progesterone concentrations, and during third month of pill intake; and contemporarily evaluated sexual behaviour by PEQ. The second control group was constituted by 18 premenopausal women with menstrual cycle without ovulation, that had been excluded from this study during enrolment. Results: Firstly, olfactometry showed a higher sensitivity during the follicular and periovular phases than during the luteal phase. Secondly, the wave latencies and inter-peak intervals of ABR obtained by AEP had shorter values during the periovular phase with respect to the follicular and luteal phases. Third, olfactometric thresholds during contraceptive use were similar to those of the luteal phase, while the ABR results in pill users were similar to those of both the luteal and follicular phases. Finally, subjects with anovulatory menstrual cycle had olfactometric and audiometric outcomes similar to those of women on oral contraceptive. Interestingly, sexual activity showed to be cyclic in women with ovulatory menstrual cycle with respect to women on oral contraceptive and women with anovulatory menstrual cycle. By PEQ, desire, arousal and enjoyment improved during the periovular phase with respect to each other phase ($p < .05$); pill usage ($p < .05$); and each phase of women with anovulatory menstrual cycle ($p < .05$). Comparing the cyclic variations of both olfactometric and audiometric values obtained during each phase of ovulatory and anovulatory menstrual cycle and during pill use with each item of PEQ, we showed an interesting statistically significant linear correlation of both auditory brainstem response and olfactory thresholds with desire, arousal, orgasm, enjoyment and satisfaction with frequency of sexual activity ($p < .05$). Mainly, both sensitivity and sexual activity seem to be increased in a linear correlation manner during periovular phase of ovulatory menstrual cycle, with respect to the other menstrual phases or in both control groups.

802.6 Unconsummated Marriage : female and male etiological factors.

Moshe Mock, Mijal Luria and Merav Sharon. Unit for Sex and Marital Therapy, Meir Medical Center, Israel.

Introduction and Objective: Unconsummated marriage is a common presenting complaint in sexual dysfunction clinics, occurring in 11-42% of all the patients referred. Vaginismus is the most common cause of unconsummated marriage. In the literature various theories on etiology have been proposed to explain this phenomenon. The aim of this study is to evaluate the etiology of unconsummated marriage in our patient population and to compare our results with the literature. Design and Methods: We collected the data, case history, psychiatric investigation and a gynecological examination of hundred cases of unconsummated marriage who underwent treatment in our unit for sex and marital therapy between the years 2000-2004. Results: Eighty-one percent of the patient population was of Jewish origin and 19% Muslim. Of the one hundred couples, vaginismus was the cause for the unconsummated marriage in 96 %. Three of the patients had a organic etiology : Vaginal septum, post vaginoplasty, and Congenital Androgen Insensitivity Syndrome.(Testicular Feminization). Twenty percent of the Jewish patients had a strict religious upbringing which is more than expected in the general population. In 8 patients (8%) we found clear indication of sexual abuse in childhood as a predisposing factor to their vaginismus. Four patients (4%) indicated that a traumatic medical examination was the cause of their vaginismus. The etiology of the unconsummated marriage in 10 couples (10%) was erectile dysfunction. However the overwhelming majority of cases of vaginismus are still due to psycho-social factors like fear of pain, anxiety, lack of sex education, sexual aversion of penetration, being controlled by a man, fear of being hurt during coitus, and unconscious conflicts and guilt feelings about sex. Conclusion: In our previous study *, evaluating the etiology of vaginismus, we found 32% of the causes related to childhood sexual abuse. In our current study, we found sexual abuse in only 8% of the cases of vaginismus. However the incidence of unconsummated marriage remains high, mostly due to A lack of sex education at school and at home, misinformation about the anatomy of the hymen and the female genitalia, phobic fear of pain, and unconscious conflicts towards vaginal penetration and towards the partner. * Vaginismus as a result of sexual abuse in childhood, paper presented at the International Congress on Rape: April,10,1986, Jerusalem,Israel

802.7 Some insights on the marital / sexual life of heroin addicts.

* Antonio Palha¹ and * Manuel Esteves^{2, 1}, Portugal; ².

A sample of 76 opioid addicts enrolled in a detoxification program was studied to evaluate the prevalence of depression and its influence on treatment. The authors extracted from this study the most relevant data on the marital and sexual issues, presented in this paper. Most (66%) of the individuals were single

and a 14% divorce rate was found. All 6 women in the sample were single, although 4 had boy-friends, that were also drug-addicts. In those that were married or lived in common-law, 49% considered this relation unhappy, 7% indifferent and 44% happy. High risk behavior, for HIV and hepatitis infection, when using drugs, was found in 32% of the studied sample. In fact a 19% prevalence of HIV infection was also found. Among many drug related problems we found prostitution to be very prevalent among women. Four of the 6 women in our sample practiced it, as a way of life. Moderate sexual symptoms were present in 22% of the sample and severe symptoms in 17%, during detoxification. These rates were significantly reduced in a reevaluation 3 months later. The authors further discuss the relevance of these findings.

803.2 Troubles sexuels et urinaires: plus qu'une simple coïncidence.

*Serge Carrier. McGill University, Canada.

Selon la Massachusetts Male Aging Study, plus de 50% des hommes âgés entre 40 et 70 ans souffrent de dysfonction érectile (DÉ). La DÉ augmente avec l'âge et on estime que 2/3 des hommes ont des difficultés érectiles à 70 ans.

Malheureusement, le vieillissement est associé également à une incidence plus élevée de pathologies pouvant affecter autant la santé en générale que la fonction érectile tel que les maladies cardiovasculaires et le diabète. Récemment, l'hypertrophie bénigne de la prostate (HBP) a été associée à une incidence accrue de la DÉ. L'HBP est possiblement la maladie la plus fréquente que l'on peut rencontrer. En effet, plus de 25% des hommes devront recevoir un traitement contre les symptômes de cette maladie au cours de leur vie. Les troubles sexuels et urinaires sont donc fréquents chez l'homme vieillissant. Est-ce que leur association n'est que pure coïncidence (car fréquent) ou réelle?

804.1 Sexuality and Faith.

*Debra W. Haffner¹, *William Stayton² and *Nike O. Esiet³. ¹Religious Institute on Sexual Morality, Justice, and Healing, USA; ²Widener University, USA; ³Action Health, Nigeria.

This symposium on Sexuality and Faith will provide an opportunity to understand the relationship of sexuality, spirituality, and religion. In Cuba, over 500 participants attended the panel on sexuality and religion. This workshop will extend that effort to help WAS participants understand the relationship of sexuality and spirituality and to more actively involve diverse faith communities in their work. The panel, moderated by Rev. Debra W. Haffner, Director of the Religious Institute on Sexual Morality, Justice, and Healing, will include three presentations. The first presentation entitled **Sexuality and Religion** will be presented by the **Rev. Dr. William Stayton**. It will be an overview of how the major faith traditions have historically considered sexual and reproductive health issues and how religious beliefs, teachings, and attendance affect people's sexuality and sexual decision-making. The second presentation on **Reaching Out**

to Faith Communities will be presented by the **Rev. Debra W. Haffner**. This presentation will provide an overview of how mainstream and progressive religious leaders from around the world support sexual and reproductive health and rights efforts. Strategies for involving faith communities and faith leaders in the movement for sexual health and justice will also be discussed. The final presentation will be **Involving Religious Leaders in Supporting Sex Education: The Nigerian Experience** presented by **Nike O. Esiet**. This presentation will discuss how Christian and Muslim religious leaders reacted to the new national sexuality education program in Nigeria, efforts to obtain their support, and plans for ongoing outreach to religious leaders. Questions and answers will follow, including an opportunity for participants to share their experiences in reaching out to faith communities.

805.1 The Role of Love and Conflict in Sexual Therapy.

*David Schnarch. Marriage and Family Health Center, USA.

Throughout the history of modern sex therapy, the two most overlooked topics are love and interpersonal conflict. But dealing with these two crucial issues involves more than communication skills, promoting acceptance, and sensate focus exercises. Effectively dealing with couples' sexual problems requires understanding (a) the socio-biology of romantic love, mature adult love, and sexual desire, and (b) how partners drive each other to grow through difficult contentious interactions. Many arguments, confrontations, and refusal to compromise (which create low desire) result from the normal healthy processes of differentiation, rather than incompatibility, irresolvable problems, or skill deficits. Objectives: Participants will be able to: 1. Distinguish between romantic love and mature adult love in terms of neurobiology, psychology, and differentiation, and apply this to therapy. 2) Identify the four key abilities of self-differentiation and interpersonal differentiation, and how these play key roles in sexual desire and sexual dysfunctions. 3. Explain how the Crucible Approach harnesses the love problems, desire disparity, and interpersonal conflicts that inevitably arise in emotionally committed relationships to increase partners' differentiation. 4. Describe how the therapist's level of differentiation plays a critical role in helping couples deal with intimate relationships. Session outline: This workshop is composed of three sections, integrated by way of an in-depth clinical case example that continues throughout the sessions. It begins by describing recent brain research documenting the neurobiology of romantic love. From this, the role of differentiation in romantic love and mature adult love is outlined. In the second segment, a new four-stage model of sexual desire, rooted in personal development, is then proposed. In the third section, the workshop explains an ecological approach to sex therapy is introduced and detailed, explaining how couples co-evolve through emotional gridlock and how therapists can assist this process. Relevance of this session to sexology: This workshop fills in gap in sexology of critical importance and practical significance. The Crucible Approach provides a sophisticated integrated systemic alternative to the work of Masters and Johnson, and Helen Singer-Kaplan. While many sex therapists combine some form of marital counseling in their clinical work,

conventional marriage and family therapy have yet to produce effective approaches for dealing with love problems or the conflict and rancor typically experienced by normal couples. This workshop offers an effective and much needed solution. Target audience: Experienced sex therapists seeking to refine their clinical and conceptual skills. Presenter experience: David Schnarch is a licensed clinical psychologist, a clinical member of AAMFT and an AASECT certified sex therapist (Diplomate status). Dr. Schnarch is an internationally recognized expert on the integration of sex, intimacy, and marital therapy. His approach is now taught as a general approach to marriage and family therapy graduate training programs across North America. He is the author of "Constructing the Sexual Crucible" (Norton, 1991); "Passionate Marriage" (Norton, 1997), and "Resurrecting Sex" (HarperCollins). His books have been translated into seven languages, and read by therapists around the world. He has been the keynote presenter at the AASECT annual conference, and in 2004 he delivered the keynote address at the AAMFT annual meeting. In the prior WAS conference in Cyprus, he also delivered the keynote address on the topic of sexual desire. Dr. Schnarch conducts training workshops around the world, and in the last three months he is working in Switzerland, France, Belgium, Holland, Singapore and Japan.

806.1 Direct Sexual Assistance A Taboo to Overcome. Risking Desire or Risky Desire.

* Catherine Agthe Diserens. Sexologist Consultant for People with Disabilities, Switzerland.

It is no longer a time of negating the sexual drive or desires of people living with a disability, nor is it time to exacerbate it. The numerous contacts of a handicapped persons daily life, have been stretched to take position and imagine new solutions, thanks to social integration, the recent sexual revolution, the power of the media, respect of basic human rights and particularly because of the claims of the people who are directly concerned who make known their emotional and sexual needs. One area remains very sensitive: Lack of opportunity to satisfy the needs and desires for a better quality of life that takes into account sensuality and genitality. This factor, delicate and still very taboo, voiced only discretely for the past few years is starting to emerge from the shadows to enable us to talk about providing . This subject is certainly very complex, because it deals with a person who will become intimately involved with the disabled person but without being in love with this person. It would be a new profession, halfway between prostitution at one end of the spectrum and caregiver at the other. But we are talking about . The sexual assistant answers to specific needs by varied sensual and sexual ways, he or she gets a specific training in these sensitive areas, to have a good knowledge of the different handicaps, different laws, also ethical and moral issues surrounding this area, as well as corporal approaches, erotic massages, tantric and sexology. Direct sexual assistance is one response amid many others in the realm of sexuality. This particular approach taps in to the qualities of humanism and creativity of the support team (educators, parents, and therapists) surrounding the disabled

person. We cannot innovate without taking risks. But, who that does not take risks, does not experience pleasure!

806.2 Sexual Assistance to Persons with Disabilities : Tool for Emancipation or Means of Alienation ?

*André Dupras. Université du Québec à Montréal, Canada.

The objective of this presentation is to re-examine the place and the role of sexual assistance in the services offered to persons with disabilities. Sexual assistance raises one fundamental question: are we witnessing the emergence of a new type of personality among persons with disabilities? We believe that persons with disabilities are, in fact, transforming their sexual identities. Something fundamental has changed, at the core of their self-definition, perhaps even in the very structuring of their personality. Thus, sexual assistance could represent the answer to the sexual needs of new personalities among people with disabilities. To begin with, it is essential to identify the various phases in the evolution of the concept of person with disabilities, as well as the corresponding necessary interventions. Persons with disabilities were originally perceived as asexual. Sexual assistance was non-existent. Later, when their status as sexual beings was acknowledged, various sexual assistance strategies were implemented to facilitate the realization of their sexual desires. More recently, persons with disabilities have become hypersexual beings. An ever-increasing number of means and methods are researched and tested to grant them access to sexual pleasure. Based on this historical recapitulation, we will examine the factors that have contributed to such transformations in the sexual identities of persons with disabilities, among others, the acquisition of a new physical identity. This analysis will then lead us to isolate the possible advantages and disadvantages of sexual assistance. The promoters of sexual assistance consider it a right for persons with disabilities, and a duty for society. Paradoxically, we are aware that sexual assistance often boils down to responding to specific and selective demands for sexuality. The political project promoting sexual citizenship is then replaced with the technical process of equipping persons with disabilities with the means and the tools to become sexual consumers and to obtain sexual pleasure. In this light, sexual assistance threatens to affect the potential for sexual emancipation held in sexological intervention. Access to means of satisfying sexual needs should not deprive persons with disabilities of their political status as sexual citizens (with its inherent rights and responsibilities).××

806.3 Psychosocial aspects of the direct sexual assistance.

*Michel Mercier. Facultés Universitaires Notre-Dame de la Paix, Belgium.

My communication approaches the psychosocial aspects of the direct sexual assistance. Which social representations are activated ? Which relations develop helping it with helped ? Is it about erotic care ? It is a question of approaching the relational dynamics which is played in the direct sexual assistance. It is a question

of showing that one does not fill all the emotional aspirations but that a sexual blooming is given to the person. In this spirit, a relational dynamics and a particular social integration are implemented.

806.4 Teaching Sexology to Gynecologists: 20 years of Experience in a Post-Graduate School Of Obst. and Gyn. - Invited Paper.

*Romano C. Forleo ¹ and Patrizia Forleo ². ¹Post graduated School Of Obst. and Gyn. Tor Vergata Univ., Italy; ² Dept. of Obst. and Gyn., Fatebenefratelli Hospital.

Human sexuality is a subject that belongs to social, emotional, ethical, cognitive and biological fields. It involves the whole person. The modern gynecologist isn't anymore an organ's and apparatus' physician, but is a whole woman's doctor, including the emotional, intra-psychic and relational matters. Teaching how to approach sexual physiopathology, is now fundamental in the training of Obstetrics and Gynecologist residents. After 20 years of teaching Sexology and with the permanent and continuous confront with the younger teachers in the post-graduate school, an educational program have been developed in order to promote the female sexual health. Sexual dysfunction and their therapy is not anymore a neglected field in Gynecology.

806.5 Sexual dysfunction in women operated by stress urinary incontinence in the Fundacion Puigvert.

Monica Gonzalez, *Marlin A. Fernandez, Carlos Errando, Eduardo Ruiz Castane and Cesar Rojas. Fundacion Puigvert, Spain.

INTRODUCTION: This study reviews the impact of minimally invasive surgery for treatment of stress urinary incontinence in female sexual function.

OBJECTIVE: Identify the incidence of sexual impairment in patients operated by stress urinary incontinence. **METHODS:** Patients surgically treated for stress urinary incontinence between 2000-2003 were evaluated with FSFI in a cross-sectional descriptive study. **Population Inclusion criteria:** 1. Women over 18 years of age 2. Minimal invasive surgery technique. 3. Sexually active women before surgery. **Exclusion criteria:** 1. Neurological diseases. 2. Other pelvic surgeries. 3. Non completion of questionnaire. 4. Additional surgeries during follow up. **Description** Cross-sectional descriptive study. **Instrument:** Sexual Female Function Index, Rosen, 2000. **Retrospective revision of clinical charts.** Telephone appointments arranged for visit. **Informed consent signed and FSFI questionnaire completed.** Weight, height and BMI measured. **RESULTS** After reviewing 226 medical charts, 113 complied with the selection criteria. 113 were telephoned, contact was made with 88, 28 were excluded because they were not sexually active, 20 agreed to fill the questionnaire. **Description of the population:** Average age: 54 years (43-75). Average weight: 73 kilos (51-91) Average height: 160 cm (153-174) Average BMI: 28.91 (22-39) Diabetes Mellitus: 3/20=15% Menopause: 15/20=75% Replacement therapy: 2/20=10% Average score FSFI: 20,6 (3.8-32.4) 15% considered that their sexual function worsened, 20% got

better, 65% did not change after surgery. While filling out the questionnaire, 75% (15) scored within average of female sexual dysfunction. Compared with pre-op subjective interpretation of sexual function in these 15 patients, 10 (66%) stated no change after surgery, 3 (20%) worsened, 2 (13%) improved. Women under 50 scored an average of 24 on FSFI and women over 50 averaged 18. BMI under 30 (average age 58) scored an average of 19.6, BMI over 30 (average age 49) was 22. Pre menopause women scored 24.2 and in menopause was 19.4. **CONCLUSION** Minimal invasive surgery treatment for stress urinary incontinence has no major impact on subjective perception of sexual function in treated patients.

806.6 A study for difficult factors of sex therapy for vaginismus.

*Reiko Ohkawa. Director, Department of Obstetrics & Gynecology, Japan.

Introduction: As the author mentioned several times in WCS, vaginismus is not a simple disease like sexual pain disorder, and considering various pathology of them, a name, disorders of vaginal penetration, is suitable. Because their psychopathology, physiology, partnership or other background is various, therapy should be modified to their situation. In this study I reflected on the cases of sex therapy to find out difficult factors and to improve the therapy of vaginismus. Method: Within 176 patients of vaginismus which the author treated from 1987 to 2003, 68 cases, 39%, were succeeded to intercourse but 52(30%) dropped out. Several factors are compared between these 2 groups. Also the author studied cases dropped out after years of sex therapy or those running therapy for a long time, namely difficult cases. Results: In the succeeded group (group-1), 63 out of 68 cases, 93%, had therapy for the couples. On the other hand, only 69% of partners joined therapy in the dropout group (group-2). In group-2, more partners had primary or secondary male sexual dysfunction than in group-1. In some cases patients gave up or ceased therapy due to desire disorders of husbands. Several patients of group-2 had severe vaginismus with serious phobia or psychological complication and could not progress behavioral therapy. Some difficult cases showed phobia but no involuntary vaginal spasm. In another cases of group-2, divorce or moving was the reason of stop therapy. Conclusion: Problems of both the patients and the partners and also their relationship are important factor of therapy. More intervention to the male partners should be available. For the female patients, managing for phobia should be more effective.

807.1 Anthropological study of the beliefs and behaviors of women about abortion in Azarbayegan neighborhood in an area in downtown Tehran, Iran.

*Maryam Chinichian ¹, Abolghasem Poorreza ² and Eleanor Maticka-Tyndale ³. ¹Institute of Public Health Research -Tehran University of Medical Sciences., Iran; ²School of

Public Health -Tehran University of Medical Sciences., Iran; ³University of Windsor, Canada.

Introduction: Anthropology is concerned with analyses, description and interpretation of social life; it is an attempt to compare and assess the origin of different social phenomena. In this research we have studied the abortion beliefs and behaviors of women in reproductive age. We also tried to explain how these beliefs and behaviors were changing with time. Considering the in-depth nature of anthropological research, *Azarbayegan*, an old and traditional district in downtown Tehran, Capital of Iran, was selected as the setting for this study.

Method: Besides 50 local women who came from different ethnic backgrounds, we interviewed 21 key informants for their views on abortion. These included health care professionals, community health volunteers, psychologists and marriage guidance counselors, social workers, midwives and physicians. The individual in-depth interviews and narrative interviews were complemented by a simultaneous literature and document review. **Result:** It became apparent that women's beliefs on abortion form a wide spectrum, from outright condemnation to complete acceptance. Despite the illicit nature of abortion, the practice is still very present in today's society. A variety of medications, both herbal/traditional and modern, are being used to terminate pregnancy.

Conclusion: Existence of a certain type of behavior is an indication of its function in the community. To conclude, in spite of the range of beliefs, abortion not only exists, but also it is often practiced in an unhealthy manner. Appropriate and realistic decisions are needed to promote the quality of life in reproductive age women.

807.2 Developing and testing a sexual education program for the female clients of the family planning centers in Tehran, Iran.

*Khosro Refaie Shirpak ¹, Hasan Eftekhari Ardebili ¹, Kazem Mohammad ¹, Ali Ramenzankhani ², Maryam Chinichian ¹, Akbar Fotoohi ¹, Mehrnaz Seraj ³ and Eleanor Maticka-Tyndale ⁴. ¹School of Public Health, Tehran University of Medical Sciences, Iran; ²School of Public Health, Shahid Beheshti University of Medical Sciences, Iran; ³School of Medicine, Iran University of Medical Sciences, Iran; ⁴Sociology and Anthropology Department, University of Windsor, Canada.

Introduction:Iran with one of the youngest populations in the world (median age is 23.5) has no formal sexual education programs for any age group. In Iran sexual issues can not be spoken even of among educated people. In setting sex education programs health service providers face religious, political, and cultural obstacles. The objective of the study was to develop and examine the effect of a sexual education program on sexual knowledge, attitudes and behaviours of female clients of governmental family planning centers in Tehran. **Method:**160 women attending family planning centers in any of the 3 Tehran Health Regions were randomly assigned to one "study group" (N = 80) and one "control group" (N = 80). The study was designed as a randomized field trial. At the first stage of the study, the needs assessment used qualitative methods (Focus Group Discussion, Individual Interview and literature review). In the intervention

segment, a short-term educational program (intervention) was used and a questionnaire completed by all study participants just before and 6 weeks after the intervention to elicit information regarding knowledge, attitudes and behaviours. The data was analysed by SPSS software. **Results:** There was no significant difference in demographic characteristics of study and control groups. We found a significantly greater increase in knowledge (median score 7 to 14 and 6.3 to 6.9 in study and control group respectively) and a sizable change in attitudes (median score 88.35 to 98.98 and 89.8 to 87.76 in study and control group respectively) in study compared to control group. For domains of behaviour, that are studied we also found fairly large and significant changes. **Conclusion:** This study shows that even in societies where people's religious and cultural background and strict rules and laws seem to make sexual education an impossible task, choosing the right place and right target population as well as appropriate educational material based on the target group's needs and their cultural and religious background can pave the road for success.

807.3 Burqas to Bikinis: Sexuality, Power & Adornment in Afghanistan, India, and the United Arab Emirates.

*Leslie Ann Kaye. Museum of Passion, USA.

Burqas to Bikinis: Sexuality, Power, & Adornment in Afghanistan, India, and the United Arab Emirates
Introduction: This oral presentation will discuss sexuality and politics as expressed in the colors, fabrics, textures, and design of women's clothing in Afghanistan, India, and the United Arab Emirates, from a Western woman psychologist/consultant's perspective. The objective will be to literally show the costumes themselves and tell of the diverse expressions of and reactions to sexuality, power, clothing, and cultural difference as seen in these countries. **Main Body:** While consulting in February 2004 to the United Nations in Kabul, Afghanistan, the speaker was struck by the fact that though culturally only about 1% of the women ordinarily wear Burqas, nearly 98% currently do. Many propose this is because of women's fear of retribution for modern dress, should the Taliban come back into power. The women of Afghanistan still expressed their individuality by their brightly colored skirts and expressive hands. The all covering Burqua was in contrast to the fluid sensuality of the Indian women in their Saris and Punjabi Suits seen during the speaker's organizational consulting there, and the high heels, sparkling jewelry and dramatic make up under the United Arab Emirates women's Habibs and Scarves, or the foreigners' of bikinis on the beaches in Dubai, seen while the speaker waited ten days for her UN flight. And yet as different as these costumes and women were from herself and her own clothing, all modes of dress impressed upon the speaker the unique underlying beauty, power, and message conveyed by adornment. **Conclusions:** Sexuality, desire, violence, and commerce interact in fascinating ways both here and abroad. Self-expression and sensual beauty spring up even under the threat of violence and disenfranchisement. The power of beauty, the allure of adornment, and the cost of women's sensuality teeters in an uneasy balance world-wide. We are wise to remain aware of this.

807.4 Modern Indian women: Re-discovering sexuality.

*Ranjita Biswas. Trans World Feature Service, India.

INTRODUCTION AND OBJECTIVES : Recent surveys among urban Indian women show that they are less reluctant to talk about their bodies and sexual needs. They also do not hesitate discussing about the importance of sexual compatibility in a relationship. A recent study on female sexuality among married women in Punjab showed that 62% of the respondents (20-40 ages) had significantly higher sexual knowledge, 66% admitted pleasure from sexual experience, and 96% considered sex as an important aspect of life. This is in contrast to the general image of Indian women being submissive partners in marriages, content to fit in the socially-condoned role as mothers. However, this assertion of sexual identity is not entirely new. Rather, it is a re-discovery of a sexuality long submerged in conservatism. In folk performing arts, as also in sophisticated literature, sculpture etc. from the past, sexuality of women was well-recognized. The songs and dances performed by women during Bihu, the spring festival of Assam in the North-East, are highly evocative of sexual desire. This is in evidence among other ethnic communities too. True, as anthropologists point out, they were connected with the fertility cult of agrarian societies, but they also displayed a healthy acceptance of sexuality of women. Later-day Puritanism, especially during the Colonial period, imbibed certain Victorian values among the urban educated. Folk performances like Bihu were even shunned by the class in Assam as it supposed to be too vulgar. **RESULTS:** Interestingly, if today urban educated Indian women are shedding inhibitions about their physical desires, it has a lot to do with the influence of western culture. The feminism movement in country in the 80s, education, exposure to the western media, and the growing economic independence are major influences contributing to a new self-confidence that challenges traditional notions of womanhood. **CONCLUSION :** The emerging self-confidence about sexuality is perhaps confined to a small section of women, but in a country where public outcry against a film on lesbianism (Fire) can result in vandalism in theatres, and choosing spouses by own accord is still frowned upon by families, it is an important development indeed.

807.5 The history of male homosexuality in Japan.

*Kazuya Ogino. Japanese Foundation for Sexual Health Medicine, Japan.

The history of male homosexuality must be distinguished from nansyoku and male homosexuality. Nansyoku, usually old man or boy who inserted to only young boy's anal, were not identified themselves as a gay. The great number of references, relating nansyoku in every social class, existed in the Edo period(1603-1867). Especially, nansyoku was a part of custom and daily activity in 1500s to 1600s. The origin of nansyoku was Azunainotsumi which was written in 201. Azunainotsumi is a part of chapters in the Jananese source book

"Nihonshoki Vol.9". It meant since 201, there was a certain number of nansyoku. Nansyoku started among the nobleman first. Afterward it was penetrated among the priest, the samurai, and finally the ordinary people. Nansyoku was gradually declined. At decisive point, the cognition of nansyoku was changed to male homosexuality, and from custom to abnormality, sickness, and perversion according to Western Europe's popular sexology which entered in the Taisho period(1912-1925). These changes started by translating Krafft-Ebing's book "Psychopathia sexualis"(1886). This cognition was lasted until the Japanese gay movement was raised in 1990s.

807.6 The Unspeakable.

*Francy F. Wang. Francy F. Wang, Canada.

Human sexual behavior is affected by environment and culture factors. China as a country with over 5000 years recorded history, its cultural history of sexuality has a long history as well. It can be divided into worship period, lenient period, restricted period, forbidden period, and the second lenient period. Its development was influenced by Confucianism, Taoism, Buddhism, traditional Chinese medicine, the social change, and the political factors. The controversial attitude in sexuality of Chinese and the double standard to man and woman are two of the results of the long historical accumulation. In this paper, author, combining her clinical experience, mainly explored the Chinese history of sexuality and its influence to sexual behavior, marriage, relationship, family, and society.

808.1 Risk and Risk Management in Sex Work and Hospital Work - Invited Paper.

*Frances M. Shaver. Concordia University, Canada.

Introduction & objectives (methods): In line with the more recent literature treating sex work as a form of interactive service work, this study locates sex work and sex workers within the occupational health and safety (OHS) literature. Using risk and its management as the unifying focus of attention, this study examines how the experiences and management practices of sex workers compare to those of hospital workers. Based on data collected in Montreal and Toronto, the analysis involves comparisons between 100 women and men street workers and a matched set of 75 ward aides and orderlies. Hospital workers were selected as an appropriate comparison group because both involve personal interactions between workers and clients/patients; both entail intimate contact with the body and body emissions, and neither have formal educational entry requirements. In addition, the selected hospitals were adjacent to the *strolls* and it was easy to recruit aides/orderlies working shifts similar to those of the sex workers. **Main body/Results:** The findings indicate that sex and hospital workers experienced similar levels of work-related stress. Violence was a stressful aspect of both types of work but, hospital workers were more likely to be assaulted by their patients than were sex workers by their clients. Sex

workers had more personal control over their work environment, but expressed more work dissatisfaction. Hospital workers managed occupational risks in an institutional and routinized way while sex workers more often relied on personal rules and co-workers. The women in both jobs assessed their work as more stressful than the men and were more prone to occupational hazards. In comparison to the men, the women were more likely to take care of themselves, and had different complaints about their working conditions. **Conclusions:** The results from these studies suggest that sex workers are not necessarily the greater risk takers but indicate that the illegal and stigmatized nature of sex work are likely to make occupational health and safety strategies more difficult to apply. Such comparisons not only enhance our understanding of work, they provide clear directions for immediate action and further research.

808.2 Males and Females in the Sex Trade: Occupational Equality?

*Josephine M. MacIntosh, Rachel E. Philips, Murray S. Anderson and Cecilia M. Benoit. University of Victoria Department of Sociology, Canada.

Males and Females in the Sex Trade: Occupational Equality? Introduction and objectives: Although studies show that the majority of sex workers are female, males represent an important and sizable minority of those working within the sex industry (estimated to be about 20%). Theoretical and empirical literature on gender and the workplace suggests that, on average, males are routinely granted greater worker control and higher earnings than females, even in traditionally female-dominated occupations. By contrast, sex work may be one of the few service occupations where male advantage is not uniformly evident. Drawing on a mixed method, non-random study (N=116) of active sex workers located in various parts of the sex industry in a medium-sized Canadian city, this paper investigates gender differences and similarities in occupational control, income, work place negotiation, and evaluation of the work. Main body / Results: Few demographic differences were found between male and female sex workers in this sample, including background characteristics such as age, ethnicity, and educational levels. Both genders also reported comparable levels of occupational control. Gender differences were, however, found along a number of key dimensions, including sexual orientation, circumstances for entry into the sex trade, reported income, time spent working, and narratives regarding negotiation for pay and evaluation of work experiences. Males were more likely to belong to sexual minorities, and less likely to cite economic need as a factor in entering the trade. Additionally, male respondents reported lower income, fewer hours spent on the job, and described different work experiences than the female respondents. Conclusions: While males represent a minority of those working in the commercial sex trade in Canada and are similar to female workers in some respects, male sex workers also report a number of unique gender-based differences. This research suggests that males have relatively lower occupational control than what has traditionally been reported in the literature on male privilege in the workplace. That male sex workers tend to earn less than female workers appears to be a function of time spent on the job. Whether or not spending fewer hours working is associated with the tendency for men to enter

the sex trade for reasons other than economic need is a topic for discussion and future research. The different work experiences of males and females in the sex trade are highlighted in the narratives regarding negotiation for pay and evaluation of work experiences.

808.4 Sexual health promotion and information in heterosexual sex clubs : A national survey among managers of sex clubs in France.

*Alain Giami ¹, Patrick de Colomby ¹, Michael Villamaux ¹ and Thierry Troussier ².

¹Inserm, France; ²Ministère de la Santé, France.

Introduction and objectives In order to obtain some knowledge about the sexual practices performed in heterosexual sex clubs, (i.e. commercial places where people can have sex in public and with unknown persons) and the health risks to which patrons are exposed, a self-administered questionnaire was constructed and administered to the owners and managers of sex clubs in France. The objectives of the study were to evaluate the attitudes of the owners and managers of these clubs, as regards to the prevention of STI/HIV and the health promotion activities organized in the premises of these clubs and directed towards the patrons. **Methods** After establishing a cross-validated database of the places where commercial sex occurs in France (N = 353), 161 questionnaires were returned after one month (response rate = 45 %). **Results** The majority of respondents reported that most participants use condoms when practicing penetrative sex (oral, anal, vaginal) and that condoms and lubricants are supplied free of charge in most of the clubs that responded. Nevertheless more than one third of the respondents reported that they knew "someone with HIV-AIDS" and about 20 % declared that they knew at least one patron of the club who is HIV positive or living with AIDS. Overall, more than half of the respondents reported that they had organized some kind of health information service with or without the help of an NGO, yet only 20 % reported that they had received some kind of training in HIV prevention. **Discussion** The results of the study give evidence that the managers of heterosexual sex clubs are conscious of the possible health risks involved in the sexual practices that take place within their club, that they have positive attitudes towards the development of sexual health information, and that some of them have started to organize health promotion activities. Public health actors involved with HIV related NGOs are well placed to support, collaborate with and develop the risk reduction initiatives of managers to raise awareness among patrons and to reduce the health risk related to the the sexual practices of the clubs.

808.5 The Professional Ones of Sex.

*Gabriel Maliyere. Central African network of the People living with HIV, Central African Republic.

INTRODUCTION AND OBJECTIVE Forming part of the 25 least advanced countries of the World (LDC), the Central African Republic knows since the last

years a stressing of poverty because of the economic macro context. Thus strong and fast progression of the infection with HIV on the level of the country is explained and been due to a combination of factors convergent. The increased poverty of the households, of the Sexual behaviours at the risk leading the girls to haggle over their sex (professional sex) in the bar and the street of the capital often in a phenomenon in RCA which one calls DAD HAPPINESS. I.e. of the easy old men propose to his/her daughters a going sum from 5000 to 10000 F CFA for a not protected sexual intercourse and 1000 F CFA for a relation with condom. Thus its professional of sex wishing to earn more money than to lose, being exposed at more the risk with the infection with HIV. The RECAPEV by my initiative set up the free Network of the girls of fight against the HIV of Central Africa in the 8 districts of the capital and account to widen in the provinces. The objective is to gather his/her girls to sensitize them, to form them for their insertion in the generator activities of returned for which there is mechanism of financing near the agencies of system of the Nation Linked such as UNDP WHO and UNICEF. PRINCIPAL RESULT: Principal teaching drawn from this experiment are very edifying and show that actions of mobilization, sensitizing and conscientisation matched of the mechanism of reconversion of the free girls in the economic activities have a real impact on the change of behavior in a context of poverty or the sex can be haggled over to survive on 120 free girls, professional of sex mobilized and formées⁹⁰ gave up the bargaining of sex and were directed in the generating activities of incomes for their survival. CONCLUSION: All its initiatives aim at reinforcing the capacity of the Network of the free girls in management social mobilization finally to direct them towards productive and economic activities in order to leave them the trade of sex which feeds the infection with HIV. S.O.S: My participation has this important meeting gives us one of rare the occasion to confront our experiments and especially the exchanges for a mutual enrichment of our initiatives. This meeting will provide the foundations of a durable and active partnership for the knowledge and exchange of information necessary to the consolidation of our organizations and especially the full achievement of our objectives.

809.1 Factor Analysis on The Bumby Molesting Scale (1996).

*Véronique M. Muschang and *Joanne-Lucine Rouleau. Centre d'Étude et de Recherche de l'Université de Montréal, Canada.

The relevancy of cognitive variables in the etiology and the maintenance of sexual aggression has been sought upon for some time by numerous researchers (Abel, Becker & Cunningham-Rathner, 1984; McGrath, Hoke & Vojtisek, 1998; Ward, Hudson, Johnston & Marshall, 1997). Although researchers in the sexual aggression domain have focused their efforts on the development of psychometric measures of cognitive distortions (Abel & al., 1984 ; Abel, Gore, Holland, Camp, Becker & Rathner, 1989; Bumby, 1996; Hanson, Gizzarelli & Scott, 1994), consulted literature (Abel & al., 1989; Arkowitz & Vess, 2003; Bumby, 1996; Burt, 1984; Cortoni, Gordon, Malcom & Ellerby, 1991; Finklehor, 1984; Hanson, Gizzarelli & Scott, 1994; Malamuth, 1984; Marolla & Scully, 1986; McGrath, Cann & Konopasky, 1998; Murphy, 1990; Pollack & Hashmall, 1991;

Stermac & Segal, 1989; Stermac, Segal & Gillis, 1990) reveals that few empirical studies address this topic, the majority of published studies concern descriptive, clinical and anecdotal reports. Bumby (1996) developed an instrument who assess the cognitive distortions of child molesters. The 38 items are scored on a 4-point Likert-type scale ranging from strongly disagree to strongly agree. None of the item is reverse scored. Bumby (1996) clarifies that the greatest difficulty lies in the psychometric deficiency of evaluation techniques. However, the Bumby (1996) cognitive inventory has excellent psychometric qualities. In fact, the internal consistency is excellent, the Alpha coefficient is .97. The test-retest reliability during a two-week period is of .84 which indicates an acceptable temporal stability. However, two studies (Arkowitz & Vess, 2003; Rouleau & Barsetti, 2003) allow us to question the discrimination presented in the Bumby (1996) cognitive inventory of child abusers between the child abusers and the control group when used in a clinical context. Moreover, the Bumby (1996) inventory is one-dimensional and does not possess a threshold that would permit the determination of the presence or absence of cognitive distortions. These last questions were not approached by the author of the inventory. In this presentation, the results of an exploratory factorial analysis of 200 child abusers having answered the Bumby questionnaire during the pre-treatment evaluation will be presented and will allow us to determine the different factors measured by the inventory. Data collection is currently in progress. Research results are therefore pending and will be available by April.

809.2 Bestiality and Zoophilia -- results from an exploratory study.

*Hani Miletski. Private Practice, USA.

This presentation is based on an exploratory study, documented in "Understanding Bestiality and Zoophilia" (2002) by the presenter, which resulted in obtaining abundant and rich information about the life and sexual behaviors of individuals who have sexual relations with animals. This presentation will attempt to provide as much data about the under-studied and misunderstood phenomenon of bestiality and zoophilia as time will allow, as well as help participants define and distinguish between bestiality and zoophilia. The presentation was developed from data gathered from 83 individuals who have had sex with animals, and who volunteered to fill-out a 350-item anonymous questionnaire. The presenter will describe the study's major results, such as the type of animals used for sex, the type of sexual activities with the animals, the subjects' subjective views on their activities, and much more.

809.3 Sexual Slavery of Women Globally.

*Andrea L. Parrot. Cornell University, USA.

Objectives: Identify various types of sexual slavery of women worldwide. Understand the impact of sexual slavery of women through the slaves own words. Introduction: Womens enslavement takes many forms. Poverty, greed,

marginalization, misogyny and power create the foundations for slavery. While slavery affects women and men, some forms are gender-specific, exploiting women and girls disproportionately, particularly sexually. The trokosi slave trade is an ancient practice in western Africa. The custom is related to a traditional fetish belief system which proposes that gods or spirits live within shrine priests, Virgin girls are given as slaves of the gods to atone for the sins of their ancestors. Like the Trokosi system, the Devadasi system in India targets poor, young girls. Devadasi girls have been dedicated as slaves for thousands of years. Although there have been attempts to stop the practice, an estimated 15,000 girls become devadasi annually. The Indian government has banned this practice but the devadasi practice, like that of the trokosi, is a religiously-based system which makes it difficult to change. Not all types of sexual slavery have religious underpinnings. Political motivation may be seen as justification for sexual slavery. Women are often viewed as the spoils of war and soldiers are often the perpetrators of crimes against women. Countries in political and social turmoil may spawn rebel factions responsible for human rights abuses, particularly targeting women. This was true in cases of political conflict for Korean Comfort Women, in Rwanda, in Sierra Leone, and Afghanistan. Sexual slavery also takes place in the US and other countries as a result of trafficking and kidnapping, and through mail order bride agencies worldwide. Conclusion; Sexual slavery may result from organized political, cultural or religious circumstances or from coercive entrapment and exploitation. It may even be the result of a psychopaths sexual fantasies. Regardless, it finds support worldwide in the patriarchal and misogynist attitudes that lead to the abuse of women.

809.4 Prevention of Professional Sexual Misconduct: An Overview of Risk Factors Associated to Therapist and Patient Sexual Involvement.

*Marc Ravart. Human Sexuality Unit, Montreal General Hospital department: Psychiatry, Canada.

PREVENTION OF PROFESSIONAL SEXUAL MISCONDUCT: AN OVERVIEW OF RISK FACTORS ASSOCIATED TO THERAPIST AND PATIENT SEXUAL INVOLVEMENT Introduction and objectives Professional sexual misconduct among therapists is a serious offense that deserves special attention. Despite the long history of prohibition against therapist-patient sexual involvement, condemnation by ethical codes, published guidelines and policies for all the helping professions, sexual exploitation by health and mental health professionals remains a prevalent problem. It is estimated that half of all clinicians will evaluate and/or treat at least one person who was sexually exploited by a previous psychotherapist, psychiatrist, physician, or other health or helping professional. Such boundary violations have negative consequences on the patients, the offender's reputation, and tarnishes the image of the profession. The main objective of this presentation is to inform students and clinicians of all levels of experience to the potential risk factors that may lead to therapist-client boundary problems and sexual involvement. Preventive measures will also be presented. Main body The presentation will review the clinical literature and present case vignettes on therapist vulnerability risk factors

associated to professional sexual misconduct. Factors exacerbating patient vulnerability to an abusive therapy relationship and characteristics of the therapist-patient sex syndrome will also be discussed. Conclusions Professional sexual misconduct is a problem that has been reported among clinicians of all levels of experience. Serious ethical, legal and clinical problems arise from professional sexual misconduct.

810.1 Sexuality in Africa - Invited Paper.

*Uwem Esiet. African Federation for Sexual Health and Rights / Action Health Incorporated, Nigeria.

The continent of Africa has a population of over 840 million people with diverse languages, cultures, norms and values. Sexuality discussions in Africa calls attention to various minefields and flashpoints that tend to problematise sexuality. Such flashpoints include poverty, culture of silence on sexuality issues, gender based violence, sexual violence especially child sexual abuse, transactional sexual activities, unwanted teenage pregnancies, unsafe abortions, sexually transmitted infections, HIV / AIDS, forced marriages, early marriages, harmful traditional practices, low literacy level especially of the girls and women, homophobia and others. However sexual pleasure is not entirely a taboo as there is overwhelming evidence to show that in some African communities skills acquisition to facilitate this is embarked upon especially during initiation into womanhood. Therefore this discourse highlights challenges, constraints and commitments needed to assure peoples living in Africa safety in their sexuality.

810.2 Is the physical rehabilitation setting ready for sexuality issues? Two sexological training programs for rehabilitation professionals.

*Woet L. Gianotten¹ and Jim Bender². ¹Medical Sexology Dept.; University Medical Centre, the Netherlands; ²RNG Rutgers Nisso Group; Expert Centre for Sexuality, the Netherlands.

Introduction: A questionnaire among rehabilitation patients recently showed that 60% of the patients suffer from sexual dysfunctions. Also 60% believe that sexuality should be discussed, but the topic isn't brought up by themselves. Another recent questionnaire showed that 85% of the staff never discusses sexuality. The goal of physical rehabilitation is improving the patients quality of life. Sexuality, we believe, should be part of this process. Thus, we developed two training programs to facilitate integrating sexuality within the rehabilitation treatment. **Objective:** One training was offered to the various rehabilitation disciplines separately. In two centres the rehab physicians, psychologists and social workers received a nine-hour training. All nurses, speech therapists, physical therapists and occupational therapists received a six-hour training. Emphasis was placed on proactively discussing sexuality with patients. Role playing with volunteer patients was the method used. Several disciplines showed uncertainty concerning their role in sexuality matters. Professional pride was

challenged with the question: *What added value could your profession have in the sexological care of rehabilitation patients?*. The other training focused on using the team approach in sexological aspects of rehabilitation. In 21-hours, one team was extensively trained in interdisciplinary cooperation and interdisciplinary exchange around sexual matters. Emphasis was placed on being able to proactively discuss sexuality issues with the patient or within the team. Defining everybody's role within the team and within the process of sexological care for their patients assisted in integrating this theme in their treatment methods. A professional actress created realistic practise situations. Both programs used *homework* consisting of reading and trying out the newly learned skills on their own patient population. **Main body / Results** 330 professionals have been trained in our rehabilitation centres over a 9-month period. The two programs are now examining the possibility of an integrated model to be offered nationwide. **Conclusions** Sexological training of relevant disciplines involved in rehabilitation treatment utilizing professional pride and working with simulated situations can assist in integrating sexuality into the holistic care of rehabilitation medicine.

810.3 The Inclusion of Condoms in a School-Based HIV Prevention Intervention in Kenya.

*Chris Brouillard-Coyle ¹, Eleanor Maticka-Tyndale ¹, Karen Metcalfe ¹, Dan Holland ¹, Janet Wildish ² and Mary Gichuru ². ¹University of Windsor, Canada; ²Centre for British Teachers, Kenya.

Introduction: The use of condoms correctly and consistently for those who are sexually active is one of the key elements of the commonly used "ABC" approach to HIV prevention. When introducing condoms in a programme targeting youth, implementers are faced with multiple local attitudes and beliefs which influence the messages individuals provide about condoms. This presents a dilemma for program developers. **Method:** The Primary School Action for Better Health (PSABH) is a school-based HIV prevention intervention being implemented across Kenya. Its evaluation targeted 120 intervention and 100 control schools in Rift Valley and Nyanza province, using surveys, focus groups and interviews with community leaders, teachers and pupils pre-training, and 6 months and 14-18 months post-training. Follow-up data collection with 40 target schools took place 26-30 months after training. **Results:** Interviews and focus groups from the early waves of data collection highlighted the inconsistent information provided about condoms to youth. Some of these messages were a product of misinformation which could be corrected through education. Other messages arose out of specific cultural, traditional and religious beliefs about sexuality and condoms. Awareness of the conflicting messages and acceptance of the different beliefs made it possible to negotiate an approach to the condom message to insure it was present in the educational program, albeit in a form that was different from what was originally planned. By 26-30 months after training, there was evidence that an increasing number of youth were receiving information about condoms within their schools. **Conclusion:** Efforts to adapt HIV programming to the local context must include recognition of the beliefs

that influence the delivery of portions of the program. By addressing the concerns raised by the local authorities and carriers of HIV information, it is possible for them to become more comfortable with condom messages. As the number of contradictory messages decrease, a corresponding change in the perspectives of youth can be seen.

810.4 Does Tolerance for Uncertainty Predict Information Seeking and Testing for STIs?

*Natalie O. Rosen, Bärbel Knauper and Jessica Sammut. McGill University, Canada.

Introduction and Objectives: This study examines how individual differences in tolerance for uncertainty interact with uncertainty of situations to predict monitoring. Miller (1980) identified "monitors" as individuals who scan for threat-relevant information when faced with a health threat. Previous research has suggested that monitoring may be motivated by a desire to reduce uncertainty (Miller, Brody, & Summerton, 1988). The objective of this study is to test this assumption by manipulating peoples' tolerance for uncertainty and measuring its effect on monitoring. We address this objective using the sexually transmitted infection (STI) Human Papillomavirus (HPV) because it is affected by many sources of uncertainty and because the health risk can be reduced through cervical cancer screening. HPV is a mainly transient infection, i.e. in most cases the immune system is equipped to clear the infection (Ho, Bierman, Beardsley, Chang, & Burk, 1998). However, if an infection has not resolved itself in 12 months, the probability of it disappearing in the subsequent 6-months drops from 39% to 11%. Persistent infections with high-risk strains of HPV increase the probability of developing persistent cervical cancer precursors (Ho et al., 1998). Thus, the presence of HPV creates uncertainty as to whether it will progress to cancer or disappear on its own. **Methods:** Participants were provided with information about a fictitious STI with similar properties to HPV. Participants were randomly assigned to either a high or low tolerance of uncertainty (TU) condition wherein TU was experimentally manipulated using a linguistic manipulation developed by Salancik and Conway (1975). Participants subsequently completed behavioral measures of monitoring such as requests for additional information about the STI and intentions to be tested for the STI, and the Miller Behavioral Styles Scale (Miller, 1980). We predict that those in the low tolerance of uncertainty condition will be more likely to monitor in an attempt to reduce uncertainty. **Conclusions:** The results may have implications for HPV testing as a screen for cervical cancer because it suggests individual differences in tolerance for uncertainty may limit people's ability to take effective measures when faced with a health threat (e.g., getting tested).

810.5 Conceptualizing Sexual Health from a multi-cultural/ethical point of view.

Denise Medico ^{1,2}, Nathalie Recordon ¹, Regina Kulier ¹, Aldo Campana ¹ and Willy Pasini ³. ¹Geneva Foundation for Medical Education and Research, WHO Collaborating Center in Education and Research in Human Reproduction, Switzerland; ²University of Lausanne, Health Psychology Unit, Switzerland; ³Fonds Universitaire Maurice Chalumeau, Switzerland.

The concept of sexual health is increasingly used and promoted by most of the international health agencies and sexological associations. But this concept, even if usually used as if it was self-evident, is complex, ideologically and culturally constructed. To investigate the different meanings and constructions of the Sexual Health concept, and to evaluate some possible practical use of it in different cultural setting, we held a focus group with 11 health care and research professionals in the field of sexual health, from 11 different cultural settings (from Sub-Saharan regions, Asia, Latin America, Eastern and Western Europe). Aspects, such as, meaning of sexual health on an individual basis, measurable indicators, values and sexual rights, sexual health and sexuality, and the actual needs for research and intervention in the field have been addressed. Important cultural/ethnic differences were identified and discussed. The results of the focus group discussion are presented, discussing the scientific exploration of sexual health, which is culturally/ethnically sensitive, as well as, its practical use in research and program implementation.

811.1 Adolescence and Sexuality: Discussing Health and Disease Factors with Groups of Adolescents.

*Luiz Carlos Castello Branco Rena. Pontifícia Universidade Católica de Minas Gerais, Brasil.

I introduce the action-research experience carried out through workshops with two adolescent groups, in rural and urban contexts, to deal with the sexuality practice and its implications to health. The experience here reported is part of the project "Conception of adolescents sexuality in rural area of Goiás: consequences in the process of human reproduction" that also includes a quantitative research with 1297 adolescents. The pedagogical experience of the "Workshops" was the other important dimension of this project. The workshops dealt with themes concerning sexual and reproductive experiences in adolescence. The main objective of the 6th Workshop, described in this work, was to permit reflections about the relation between health and sexuality. The most relevant result was the systematization of a strategy that could permit the overcoming of a biologicistic perspective and a review of health and disease concepts and factors, offering an alternative view that recognizes the social-historical-cultural dimension of health and disease, and also identifying factors of social-political and cultural nature present in situations of vulnerability.

811.10 Representation of diversity: Audiovisual Mass Media Constructs.

*Segura R. Jimenez and *Gonzalez JC. Pages. Centro Nacional de Educación Sexual, Cuba.

The media has the opportunity to perpetuate certain images while neglecting others. The audiovisual media in general and television in particular creates a differentiated image of the other, with symbols and morally reproachable

values. This representation is distorted precisely through the improper use of these media as a consequence of a series of factors as the hegemony of a group of people about others. In consequence, the other not include in our identity baggage as a source of exchange. These cultural stereotypes are deeply embedded messages that flow through mass media and others social institution such as family and school. The paper delivery focused mainly on analysis of the media and to determine how sexuality, gender and variables such as race and class operate in the social construction of the other. What kinds of images and representation are created for diversity. The study assesses the dominant arguments that typically shape coverage of audiovisual content. In addition to provide a systematic assessment of the ways that has been covered the sexual diversity in national Cuban audiovisual. Mass Media need to express and respect heterogeneity and must highlight the cultural exchanges and learning to live together and prompt involvement in society.

811.11 Mothers perception of their adolescent daughters' first date. An approach from the Role Theory.

*Santa Ortega ^{1,2}, Carlos Ramirez ^{1,2} and Eduardo Morales ². ¹Instituto Mexicano de Sexología, Mexico; ²Grupo de Estudios Avanzados en Psicología, Sexología y Ciencias Sociales, Mexico.

Dating is one of the experiences that adolescents choose as a part of socialization and integration to the world, and together with gender identity, they will be a part of collective imaginary that responds to a social and historical moment in which it develops. The social discourses that correspond to men and women, limit their erotic, emotional and sexual responsibility, since they are based on a social role that is immerse in the network of relationships that censor or permit expressions of sexuality. To new mothers, the new role confronts them with a change in their own dynamic of relationships with their daughters, as the right of feminine sexuality is accepted only in marriage. The present study is aimed at investigating the meaning, for mothers, of their daughters' first date. This was accomplished by conducting semi-structured interviews. This is a qualitative study that was done in a group of six mothers who had an adolescents daughter between 11 and 16 years old. Mothers say they experience their daughters' dating in a negative way, since thwy feel anxious about teenage pregnancy, STIs and HIV. Dating, in this case, is stigmatized in social discourses in which it seems adolescents can't look after themselves, establish limits, and make their own decisions. This invites the act of dating to be lived clandestinely and mothers who, in the past, wished to have more freedom, find it difficult to empathize with their daughters' experiences, basically because of their roles as mothers.

811.12 The meaning of dating in adolescence. A reflexion on the validity of relationships.

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Through life we find ourselves with multiple partners and, as we grow, the circle widens beyond our nuclear family. The first relationships, or the relationships that occur during adolescence, have as much meaning for those involved as the affective bonds established during adulthood. However, such relationships are hardly addressed in their validity and significance by those who live them. The purpose of my research was to know the meaning of dating relationships in a group of adolescents. In this qualitative study, we applied a semi-structured interview to a group of both sexes between 14 and 18 years old who were living a dating relationship. The results show that within such affectionate relationships as established there are some meaningful tracts: the desire to share and know each other, to establish a trustful bond and to have physical contact. Such bonds allow the adolescents to learn about their identity and difference, breaking myths and taboos concerning gender and discovering the existence of multiple ways of being. It is important for adults to recognize and validate the affective relationships of adolescents and to learn how to accompany their experience within a disposition of acceptance. As necessary as a formal education within the school system, an emotional education requires a process of teaching and learning about love: to love and to be loved, to give and to receive, to express ourselves and to respond to others.

811.13 Emotional strengthening for the prevention and care-taking of VIH/Aids by means of a workshop scheme.

*Norma A. Gonzalez ¹ and *Luis Perelman ². ¹Pro Salud Sexual y Reproductiva, Mexico;

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Presentation of the preliminary results of the joint project that has been introduced in Nuevo Leon, Mexico with the support of the state Health Ministry since January of 2002. The outcome of this project is a workshop scheme that benefits the intervention and aid for a greater number of people of families of all sexual orientations. The objective of the workshop scheme is to improve the quality of life of the family members of all sexual orientations and some of these members live with HIV / Aids or have died because of AIDS. A further objective is to support the prevention of HIV / Aids in particular among young people. With the help of this workshop scheme that is based on the basics of Family Constellations by Bert Hellinger, the aim is to strengthen people emotionally so that they can find their own peace and reconcile with their families. This innovating workshop looks for the solution of several problematic issues by means of the acknowledgement of the reality and agreeing to it. We are talking about a proximate situation without any moral judgements. Respecting and acknowledging the place of all the members of the families, encouraging also each member to take his or her own responsibility.

811.14 Sexual and reproductive health in youths mexican.

*Ligia G. Vera, Guadalupe P. Andueza, Judith E. Ortega, Andrés C. Santana and Yolanda P. Oliva. University of Yucatán, M㥉ico.

Introduccion. The generation of juvenile politics agrees that the demands of the youths of the state of Yucatan is of most importance. An observational, quantitative study was applied to 405 youths between the ages of 12 and 29 in the state of Yucatan. The study consisted of questionnaire with 5 subjects. Results. The young knowledges reported was 80% to know at least one anticonceptive method. It was notable that many men and women know to prevent STDs and HIV-AIDS. At the beginning of the study 35% of the youths had already had sexual relations. The active sex life was between 15 and 19 years of age. Most of the youths said their first sexual relationships was with a friend; 51.4% of the total of the youths who have had sexual relations have used anticontraceptive methods. The most frequently used methods were, condoms (45%), the pill (30%) and the rest referred to a wide variety of the methods. Those youths who had not had sexual relations gave reasons such as virginity, religion, waiting for the perfect partner and love. Conclusions. Yucatecan youths have information on anticontraceptive methods and the way to prevent STDs and HIV,AIDS, however only half of them uses a condom in their first sexual relationship. It is common for this group of yucatecan youths to have a girlfriend or boyfriend from the age of 15. An adequate sexual education is opportune from an earlier age.

811.15 Agarimos Co-Educational Sex Education Program: A Quantitative Evaluation.

*Maria Lameiras Fernandez, *Yolanda Rodriguez Castro and *Victoria Carrera Fernandez. University of Vigo, Spain.

Introduction: This study examines the results obtained from the quantitative evaluation of Agarimos, a coeducational program aimed at fostering the psychological, emotional, and sexual development of preteens and teenagers (aged 12 to 16). Methodology: This program was implemented in several classes of 15 to 16 year olds in their fourth year of compulsory secondary school education in Spain during the 2002 2003 academic year. In order to evaluate the effectiveness of Agarimos, a control group was selected which had the same characteristics as the experimental group age and grade level and the same questionnaires were administered to both groups. The measures selected were questionnaires on selfesteem (Rosenberg, 1965), selfconcept (AFA; Musitu, Garcia and Gutierrez, 1991), eating habits (EAT 26; A Zarima Group Prevention, 1999), sex role ideology (EIRS; Moya, Gomez, and Navas 1991), knowledge about the use of the male condom, and risk perception (the latter two adapted from Ubillos, 1995). Results: The data obtained reveals that after carrying out the program, there were significant differences for two of the variables examined sex role ideology and eating (habits) when comparing the experimental and control groups. Conclusion: This research confirms the positive effect that the Agarimos program has on sexual attitudes and the development of healthy eating habits among teenagers

811.16 Communication between Adolescents and their Parents on HIV/AIDS

Related Topics.

*Magali Berta Chiong Ramos. Sexual - Health Promotion Center, Cerro Municipality, Cuba.

Introduction: In today's world HIV-AIDS has unfortunately become one of the most commonplace occurrences that parents and adolescents must face daily. For children to exhibit responsible behavior, parents must constitute the fundamental source of information. Objectives: To characterize communication between parents and adolescents on matters related to HIV / AIDS, as well as to identify the aspects that either hinder or favor it, from both the parent's and the children's perspectives. Methodology: To successfully fulfill these objectives the entire population of families with children in the 10 to 19 age group living in the area covered by the No. 28 Community Health Center attached to the "Heroes de Giron" Polyclinic, Cerro Municipality, Havana. The information gathering process was done using "The HIV / AIDS Adolescent-Parent Communication Scale", "The Bipolar Quality of Communication Scale" and Focus Groups Techniques, so as to assess the levels of trust, the quality of communicative functions and the contents of communication respectively. Two levels of analysis were made: statistical methods and focus group. Results: In more than 50% of those surveyed there exists a high level of HIV / AIDS trust among adolescents and their parents in related topics. This is in keeping with the fact that in the communication processes, the informative, emotional and regulatory functions exhibited optimal levels of quality. These two elements, together with the interest expressed by the adolescents and their parents to discuss HIV / AIDS related topics, were identified as elements that foster communication. The lack of preparation and faulty information on the above stated topics were identified as the elements that hinder communication. Recommendation: As a result of this analysis, the need to conduct workshops on all matters related to sexuality for both parents were recommended. Prior to these workshops, some research must be done to establish the actual cultural level of families and the educational role played by the Family Doctor. A

811.17 Juegos sobre educacion sexual en un museo de ciencias.

*Hernandez Caballero V. Virginia and *Valderrama Diaz K. Kenia. Universum, Mexico.

El Museo de las Ciencias, Universum, de la Universidad Nacional Autonoma de Mexico cuenta con 12 salas de las diferentes disciplinas de la ciencia. En particular, la Sala Biología Humana y Salud, desde su apertura ha manifestado su interés y participación en medidas preventivas y educativas en lo que respecta a la Salud Integral. Donde a través de medios escritos, electrónicos, multimedia, conferencias, charlas y talleres, además de una exposición sobre VIH/SIDA se informa a los visitantes sobre los temas de salud. El público adolescente es el que mayor atención demanda dentro de la Sala. El número de visitantes promedio es de 300 por día. Gracias a la aceptación de los visitantes nos propusimos continuar con nuevas actividades y mejores resultados. El objetivo del trabajo es promover la salud sexual, ofreciendo educación sexual integral a través de diversas

actividades y dinámicas de juego que divulguen las herramientas básicas para propiciar una sexualidad sana. Por lo que, se realizó una evaluación y selección de actividades para complementar y actualizar contenidos y materiales. Desarrollamos actividades complementarias dentro de la sala, como son los siguientes: Rolando tareas. Dirigido a niños y niñas de 4 a 7 años. Juego donde los participantes reconocen y comparten las tareas del hogar y los roles de género. El Gato fecundo. Dirigido a niños y niñas de 8 a 15 años. Entretenido juego donde se aprende compitiendo en equipo al contestar una serie de preguntas de diferentes niveles (novatos y conocedores), referentes a los temas de la sala Enciclopedia de la Reproducción Humana. El Rally de la sexualidad. Dirigido a adolescentes de 10 a 18 años. Divertido juego de mesa en donde se desarrolla un ameno intercambio de conocimientos sobre sexualidad y reproducción. Prevención en pareja. Dirigido a adolescentes y adultos. Charla interactiva sobre métodos anticonceptivos. Posteriormente, pretendimos conocer sobre los antecedentes sobre educación sexual creen tener los jóvenes que participan en las actividades. Motivo por el cual aplicamos una encuesta al azar a 200 chicos entre 12 y 25 años, anónimo, con datos personales como edad, sexo y grado escolar, y preguntas como: con que familiares vive, cuantos hermanos y de que edades tienes, Tienes novio o novia, Has tenido relaciones sexuales, Conoces los condones, usas los condones, tienes información sobre infecciones de transmisión sexual, Has tenido alguna plática sobre educación sexual, quien te la ha dado, crees que en la escuela se da la información suficiente sobre sexualidad, de donde has obtenido la información que hasta ahora tienes sobre sexualidad, Al mismo tiempo, hemos trabajado y complementando las actividades que permanentemente se han seguido aplicando tanto dentro como fuera del museo las cuales son El Gato fecundo, Métodos anticonceptivos y como complemento a estas actividades estamos trabajando en un juego de lotería sobre Infecciones de Transmisión sexual para integrar una mejor información de prevención.

811.18 Sexual desire construction: an alternative paradigm for therapeutic intervention.

*Nivon Bolan Maria del Rosario. Institute International Sexocorporel Jean-Yves Desjardins, Suisse.

** Sexual desire has been considered as a natural characteristic of human beings; in consequence, several therapeutics proposals focus on managing its blockade or inhibition. As a matter of fact, most sexual therapy textbooks incorporate a chapter of "inhibited sexual desire problems" and their treatment, which might mean: sexual desire ought to be there but something blocks it. ** The treatment of low or absent sexual desire problems in women has been traditionally considered difficult to manage. In this paper I state that this is due to the employment of traditional strategies that emerged from the innate nature idea of sexual desire. I will then explain a different paradigm about sexual desire based on basic concepts of the sex-corporal therapy approach. ** This alternative paradigm proposes the constructions of sexual desire. It considers some basic sex-corporal therapy concepts, such as the intimate perception of having a

specific sex: female or male and for that reason, of belonging to a particular kind of world: feminine or masculine. It also takes in to account the feelings emerging from these perceptions, including their emotional connotation. In the paper, I describe the interaction between the symbolizing process of feminine, the corporal perception of being female and the cognitive, ideological appreciation of the "feminine world", as well as the "non feminine" or masculine world; I also will discuss their roll in sexual desire construction. ** In conclusion, clinical cases analysis shows the importance of developing different ways of view that promote alternatives to the practice of sexual therapy. It also illustrates that different concepts originated in different contexts may be useful elsewhere and may be employed whenever they seem useful for patients and their problems.

811.2 Gender, Sexuality and Diversity. New Education Alternatives for the 21st Century.

* Alicia M. Gonzalez Hernandez ^{1,2,3}. ¹ Enrique Jose Varona Pedagogical University, Cuba; ² Centro Nacional de Educacion Sexual (CENESEX), Cuba; ³ Sociedad Cubana Multidisciplinaria de Estudios de la Sexualidad (SOCUMEX), Cuba.

The challenges the new millenium imposes on men and women demand new qualities, behaviors and capacities from them, which allow them to stand up against discrimination and develop richer behavioral patterns, more creative and adjustable to all levels of life: couple, family and society. The only way to achieve the highest levels of growth and harmony of female and male members of the human genre is to engage in a process of continuous improvement of pedagogy together with the education of the personality and sexuality. In light of those facts, the author has proposed a new Critical-Humanist approach to sexuality and its education, which demands a new pedagogical concept sustained in diversity and equality. This pedagogical approach is based on the criteria that diversity, whether cultural, ethnic, racial, personal or other, is one of the greatest fortunes of the human genre. Therefore, it arises from upholding the rights of all human groups, especially men and women, to build their personality and sexuality based on their differences derived from their identity. At the same time, it promotes the development of communication skills and dialogic horizontal negotiation capacities, which may guarantee the most absolute equity. This approach also criticizes patterns of education that impose role-models and differences derived only from external demands, which are far from the actual individual and collective needs.

811.3 Body and sexuality: narratives of gender and social representations in youth mexicans.

* Ramfis Ayus Reyes, Yanet Almeida Hernandez and Luis Montejó Sanchez. El Colegio de la Frontera Sur, Mexico.

The communication informs on a study how youth people construct representations to speak about sexual and reproductive practices and

relationships in which they involve their bodies. Social representations are gathered and analyzed; they are focus into experiences of initiation inside the active sexual life, metaphors, images about the body and its cares, risks and pleasures that involve the sexual practices. We pay attention in tales, histories, narrations, conversations, more and less personals with the youth teenagers give sense to their lives, construct their identities and take decisions. From the point of view of the theory, we work with the notion of body and bodythness, habitus and the social representations theory. Methodologically they are reconstructed, using resources of the narrative analysis, the cognitive processes that youth teenagers used to talk about their bodies and their sexuality. The communication is a result of researches made in Mexico city and the states of Tabasco and Chiapas in the southeast of the country. Through the analysis of 131 interviews of depth and one ten collective workshops.

811.4 Sexual Health promoters educational program focused on AIDS prevention in transvestite men who have sex with men.

*Rosa M. Rodriguez. Centro Nacional de Educacion Sexual, Cuba.

Introduction and objectives; The 80 % of HIV transmission in Cuba is trough male individuals, among them 86 % are trough men who have sex with men. The AIDS prevention strategies by the CENESEX are focused on an educational program that includes transvestite men who have sex with men. The main objective was to educate transvestite men who have sex with men on communication skills and proper knowledge on AIDS prevention. Methods and results: The sample included 21 transvestites who have sex with men. The selection criteria were to be motivated, to be 19 years old and older, and to be free of psychiatric disturbances. We also used some techniques for the selection that included interviews, autobiography, focal groups, psychological tests (16PF Catell, Bender, Machover, Somatic Test, Raven) and meeting places visits. The educational program was performed based on the learning necessities of this group. We planned 10 working sessions with a total amount of 40 hours. The Program was adapted to their communication and language codes. Conclusions: The educational program allowed us to educate transvestites men who have sex with men on AIDS prevention. It resulted in a permanent forum of discussion with a better understanding of this group. It made possible the reinsertion of some of them to their jobs or to the school. Remarkable improvement were seen in their personal and with their couples relationships, usually characterized by a violent pattern. This experience could be extended to other 4 provinces in our country

811.5 The challenge of an appropriate sexual intervention with teenagers.

*Marie-Paul Ross and *Gérard Bachand. Association des Sexologues du Québec, Canada.

To identify the needs of teenagers in sexual education and to acknowledge their sexual problems, it is essential that educators and therapists have special skills and specific professional competence. After having met with young people from 12 to 20 years of age, we carried out an analysis of the needs related to real-life

sexual experiences of individuals within this age group. During the presentation, we will put forward a model of intervention we developed from having listened to the needs and distress of young people, often expressed through their personal and social discomfort and behaviour. A teenager in search of love and eager to become an individual needs to give meaning to his life and to his sexuality. The orientations received from adults often prevent him from elaborating his own reflections and from establishing his own criteria in the area of sexuality. His sexual experiences - often painful - lead him to adopt defensive behaviour that is far from true to his desires and in-depth aspirations. The time has come to offer young people an intervention more suited to their needs and their rights. At the end of the presentation, the participants will be asked questions regarding the rights of teenagers to receive an appropriate intervention from adults and professionals who counsel and accompany them in their process of sexualization.

811.6 Adolescents peer educators on sexual health and HIV/AIDS: a Cuban experience.

*Imilse Arrue Hernandez. Imilse Arrue Hernandez, Cuba.

This paper deals with different issues related to HIV / AIDS and adolescents Sexual Health. These are the results of research conducted in Cuba based on the peer educators strategy through the program, How do I show you that I love you. The program was designed to promote both resilience and transformative leadership amongst youngsters, aiming to reduce the gap between information on sexual health and HIV / AIDS and sexual behaviour. For this purpose, a diagnosis on learning needs was conducted amongst adolescents and youngsters, using focus groups and questionnaires. We will show some results obtained after implementing this program in adolescents and youngsters groups. Some of the themes to be presented are adolescents rights, HIV / AIDS prevention and health promotion. □

811.7 Person, sexuality and religion. An overwhelming horizon.

*Francisco Javier FJ. Jimenez Rios ^{1,2,3}. ¹Universidad de Granada, Spain; ²Asociación Española de Especialistas en Sexología, Spain; ³Sociedad Española de Intervención en Sexología, Spain.

The personal human reality consists of a desire of achievement that does not resign to the idea of death. This is the fundamental dynamism which constitutes the individual's religious reality, and the foundation of the religious fact. In this open horizon of knowing, being able and always feeling more, the individual is found reattached to others and things. We need affection as much as we need oxygen, in such a way that sexuality and work appear as the fundamental anthropologic structures. The individual's communicative reality opens the horizon of his/her personal achievement when meeting with other people. In this way we can affirm the profound connection between sexuality and the

structure of desire of the personal human reality, at least in a double level: in the showing of desire and its historic responses. The 'masters of suspicion' have highlighted the power of the human desire, able to create a God. This dynamism of the desire is a fact that reveals the depth of the religious dynamism as for the relational dynamism and, therefore, sexual dynamism. As we go back to the answers of the questionnaire we enter in the field of the personal options. But something can be said. If there is a reality that responds to the human idea of God, this must be, at least, a personal reality; moreover, it can not lack the static and relational dynamisms which characterize and constitute each personal reality. In this sense, we can consider the idea of God as a Pure Sexuality, a Full Sexuality, and an overwhelming and never ending Symbolic Exchange. An idea that finds a great acceptance within the Christian conception of God, beyond the totalitarian monotheism (fusion) and the dualist anthropology (contradiction), as two different tendencies which end in fanaticism and the destruction of the human being, preventing his/her historic achievement.

811.8 The sexuality curriculum of the education professional. A teaching experience.

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Since some years ago we teach at the Faculty of Education Sciences, University of Granada, an elective course under the title Sexual values and integral education. We emphasize the great demand of this particular subject, which meant having to increase the number of allowed enrollments. During the academic year 2003-2004 the subject was focused on the creation of a questionnaire in order to investigate the sexual values of the students of Psychology, Medicine and Pedagogy at the University of Granada, and some other universities in Rome. Moreover, some extra work was done focused in the publication of this questionnaire. During the academic year 2004-2005 all the effort has been focused on assessing the sexuality curriculum of the education professional, in the fundamental line of a socialization of the sexual knowledge as an instrument for personal achievement and construction of the social fabric. Seventy-five students has been implied in this activity, organized in small work groups of which X has done a final summary focused on the making of this paper as a specific participation in the historic inertia of the sexual education. The research could be approached in a general way or could be focused on some dimensions of the sexual education considered more urgent or relevant. Given the average age of the people involved, around twenty, the most recurrent topics have been those which more preoccupy at these ages: everything related to unwanted pregnancy and diseases linked to sexuality. The most significant fact is, like in other projects, the vigorous request for a quality sexual education, first expressed as a personal need to face the function of an education professional. Sexual education is founded on the person's structure, and a change of attitude on the educator's part is required, so that the latter can find sexual naturalness as the best instrument and the best language to offer each individual what he/she really needs in the process of his/her personal achievement. Conclusion: in this

experience the sexuality curriculum of the professional educator is not built, but important elements are outlined.

811.9 Reflections, education and sexual health: collective work in sexual rights of young people.

*Ena-Erendira Nino-Calixto ¹ and Selma Gonzalez-Serratos ². ¹Human Sexuality Program Prosexhum Faculty of Psychology Unam, Mexico; ²Human Sexuality Program Prosexhum Faculty of Psychology, Mexico.

Introduction One purpose of the Human Sexuality Program-PROSEXHUM of the Faculty of Psychology, at UNAM, is to promote sexual health among the students community. We develop a preventive educational workshop, enriched by gender studies and human rights, with a humanistic and ethic point of view.

Method and materials. We work with: information, attitudes and life skills, through group dynamics and reflections. We use balloons, music, aromatic candles, incense, slides, overview acetates, mats, comfortable clothing. We work in a wide space for free moving and play. **Main body and results** We have done 5 workshops. Subjects are explained in this presentation. **Conclusions** Workshop has proved to be useful for a significative learning about sexual rights of the young people.

812.1 Men's sexual health in South Asia: using the private sector as an entry point for public health goals.

*Sarah Hawkes. London School of Hygiene and Tropical Medicine, UK.

South Asia, and India in particular, is experiencing a rising epidemic of STIs, especially HIV. Public health programmes for prevention and care of these infections mainly use public sector clinical care services as entry points for access to target populations, and as opportunities for dissemination of behaviour change messages. However, population-based surveys across South Asia highlight a number of important areas for discussion: (1) men generally do not consider STIs and HIV to be their most salient SRH concerns, but are more likely to express performance anxiety, semen loss and other broader sexual health issues as their pre-eminent concerns; (2) men frequently do seek care for their sexual health concerns, and mainly use the private sector; (3) the private sector is generally focused on curative services, is unregulated, and often has little formal integration with the public sector. Using data gathered from a number of surveys across South Asia, this talk will focus on the evidence for men's expressed sexual health concerns, their care seeking practices, and the opportunities this presents for working in collaboration with private sector providers to achieve goals of public health importance. Optimal strategies for collaboration between public and private sectors will be discussed.

812.2 “Face to face”: An example of close intersectoral collaboration.

*Rafael Mazin. Pan American Health Organization, USA.

“Face to face”, a training seminar on HIV/STI and promotion of sexual health for community leaders and health care providers who work with men who have sex with men (MSM) was conceived and designed by an international health agency and an academic institution, namely the Pan American Health Organization (PAHO) and the Program on Human Sexuality (PHS) of the University of Minnesota. The seminar, also known by its Spanish title “Cara a cara”, targets MSM in Latin America as well as Latino men who live in the United States. To be implemented “Cara a cara” requires full involvement and participation of members of community-based groups who will have the responsibility for dissemination of information about the seminar and for persuading acquaintances to attend. In addition to the formal educational aspects conducted by a group of experts, the most substantial aspect of “Cara a cara” is the possibility of interacting “face to face” with peers and review one’s personal feelings, attitudes, and values regarding a healthy sexuality. “Cara a cara” has been successfully implemented in the United States with the support of CDC (governmental agency), USMBHA (non-governmental organization), PAHO, PHS, and a large number of community-base organizations (CBO’s). More recently it was implemented in Mexico with full support of the National AIDS Program (CENSIDA), the Mexican Institute of Social Security (IMSS), PHS, PAHO, “Letra S” (a non-governmental organization working on HIV- and sexual health- related issues), and several CBO’s. The structure of the seminar will be presented and the impact of such intersectoral collaboration will be discussed.

812.3 From Watch dog to safety Net: the role of NGO'sin the Public-Private Partnerships in Sexual and Reproductive health

Addressing the reproductive health (FP/RH) needs and rights of women and men and especially young people in the 21st century requires an enormous expansion of services. To achieve this expansion, nongovernmental (NGO) and other private organizations have to work with the public sector and find ethical ways to expand the role of the supporting each in SRH service availability, especially for young people.

The presentation will look at the role IPPF and its Members Associations in light of Public Private Partnership. Questions that will be addressed include:

1. What is the relevance scope and effectiveness of partnerships between IPPF and its member associations (MA’s) and the public sector and other actors in the field of reproductive health and rights

The role is for IPPF and the MA’s as non governmental organizations are diverse:

- watch dog
- ‘green house’

- safety net
- implementer
- advocate

The role the NGO chooses to play has a direct impact on the nature and impact of the partnership.

There is a shift in the role of IPPF towards a commitment to a rights based approach. Although little is known yet on the implications of rights based programming will have on public private partnership it will address some ‘uncomfortable issues’. For example IPPF’s commitment to the right to safe abortion. This has a direct impact on its relationship with governments and the public partnerships.

2. What is the relationship between IPPF and the commercial sector: what are the pitfalls and what are the opportunities? What are the ethical implications? Some examples from the field will be shared.

Conclusion: Public –Private Partnerships are crucial for addressing sexual and reproductive health and rights, however roles and responsibilities need to be clearly defined. There needs to be an ongoing debate, sharing of experiences and research with other development NGO’s.

902.1 Lessons from a Decade of Cross-Cultural Sexual Research in 60 Countries.

*Robert T. Francoeur¹, *Suzanne G. Frayser³ and *Raymond Noonan². ¹Farleigh Dickinson University, USA; ³Colorado College, USA; ²Fashion Institute of Technology, SUNY, USA.

Most members of WAS, SSSS, and AASECT have at least some idea of the difficulties they will likely encounter when and if they undertake a research project that focuses on some aspect of human sexuality. We are also aware, if we are serious about engaging in a particular sexological research project, that we can call on our colleagues to share with us their related experiences, the obstacles and problems they have encountered and their hopefully workable solutions. At the same time, sociologists, behavioral psychologists, and especially cultural anthropologists face similar, but also distinctly different sets of methodological ideals and realities specific to their own disciplines. Modern attempts to combine and integrate cross-cultural research and sexological research have added challenging complexities to any effort in cross-cultural sexological research. The panelists in this symposium (from countries from around the world) will share their views and raise yet-to-be-answered questions about the complexities of developing and carrying out research projects that bring together the methodologies of sexology and cross-cultural anthropology. Our views will take into consideration how the history of our discourse about sexuality has changed in the past century, shifting from a compilation of exotic sexual customs described by travelers, condemned by missionaries, or diagnosed

as abnormal by physicians to a synthesis of knowledge taken seriously, with "intense concern" about its importance in our individual and collective lives. Cross-cultural sexual research today recognizes that our "cultural snapshots" are colored by "what is still not fully exposed even in an enlightened modern world." Our modern cultural snapshots prompts us to remember that seemingly "objective" writings, e.g., encyclopedias, textbooks, research reports, contain assumptions and value judgments specific to the cultural context during which they are written. Ira Reiss has succinctly pointed to the crux of these issues: "All our views are but partial views of whatever reality is out there." *The Continuum Complete International Encyclopedia of Sexuality* "intersects the cross-cultural methodology of the past with new information that can prompt innovative perspectives and new research methods in the future." Our hope is that this symposium will promote innovative perspectives and begin the development of new research methods.

903.1 Premature Ejaculation.. is this the best terminology?

*Prakash Kothari. Department of Sexual Medicine, Seth G.S.Medical College & K.E.M.Hospital, India.

For decades physicians have based the classification of male orgasmic disorders on □ejaculation□ i.e. the visible and dispensable component of orgasm and not orgasm per se. Isn't it time to face the fact that most of the time, people have sex with pleasure on their minds and not babies? Besides, basing the classification of sexual dysfunctions solely on ejaculation and not on orgasm only perpetuates the myth that ejaculation and orgasm are synonymous. They most certainly are not. Neurophysiologically, they are distinctly different and one could occur without the other. Ejaculation is necessary for procreation. Orgasm is necessary for recreation. The other great injustice is that by focusing purely on ejaculation, we miss out a sizeable male population: - pre-pubertal boys and elderly men with very low testosterone levels, who, on reaching orgasm, have no antegrade or retrograde ejaculation because there is no production of semen. - individuals on anti-hypertensive or anti-epileptic medication. - those who have had radical pelvic surgeries and so on. If any of these individuals present a problem of reaching orgasm early, the existing classification would term the diagnosis □premature ejaculation□ – even when there is no ejaculation at all! A majority of the population indulges in sex primarily for pleasure and not for procreation. As counsellors, we treat more couples seeking sexual fulfillment rather than fertility. That leaves no doubt in my mind that the classification of sexual disorders should be based on orgasm and not ejaculation. Orgasmic disorders can best be classified as Early, Delayed, Impaired and Absent Orgasmic Response, wherein the pleasure principle is the principal concern. (Orgasm: New Dimension, VRP Publishers, India, 1991). Early Orgasmic Response would indeed be a better terminology than premature ejaculation and can be defined as a condition in which □orgasm is experienced earlier than one's expectations - within rational limits□. Not only does this terminology eliminate the flaws of the previous classification, it has the added advantage of drawing parallels between male and female sexual dysfunctions. The new classification applies equally to both sexes.

903.2 Premature Ejaculation: Perceptions of Male and Female Partners.

*E. Sandra Byers ¹ and Guy Grenier ². ¹University of New Brunswick, Canada; ²Private practice, Canada.

This presentation will be presented as part of a symposium on premature ejaculation organized by Dr. Pierre Assalian. The study investigated the relationship between men's and their female partner's perceptions of men's ejaculatory behavior as well as the impact of premature or rapid ejaculation on couple functioning. Participants were 152 men and their female partners both of whom provided information about the man's ejaculatory behavior, perceptions of whether the man had a problem with premature ejaculation (PE), their sexual and relationship satisfaction, and their sexual concerns. The men and women's reports on the man's ejaculatory behavior were only moderately correlated. In general, the women saw RE as less of a problem for the men than their male partners reported for themselves. For both the men and the women, having more characteristics of PE was related to lower sexual satisfaction, but was unrelated to relationship satisfaction. PE characteristics were also related to the number of non-PE sexual concerns reported by the men, but not to the number of sexual concerns reported by their female partner. However, men and women who identified the man as having a PE problem rated PE as having only a slightly negative impact on their own or their partners functioning. The results suggest that, for most couples, the timing of ejaculation adversely affects sexual satisfaction but not overall relationship and personal functioning.

903.3 Neurobiology of Premature Ejaculation.

*Marcel D. Waldinger. Haga Hospital Leyenburg.

Premature ejaculation has always been regarded as a psychological dysfunction. However, both human pharmacological and neurobiological animal research strongly indicates that lifelong premature ejaculation is a neurobiological dysfunction with an increased risk to develop for psychological and sexual problems anywhere is a lifetime. In last decade, repeated studies showed that central serotonin neurotransmission is directly related to the ejaculation process. Particularly, the 5-HT1A, 5-HT1B and 5-HT2C receptor appear to play a crucial role in the way ejaculation can be delayed. But also other neurotransmitters, like for example dopamine, are involved in the ejaculation process. It is speculated that the capacity to delay ejaculation, and lifelong premature ejaculation is genetically determined. Progress in neurobiological research however, is dependent on animal research. Recently, an animal model for premature ejaculation has been developed.

903.4 Premature ejaculation: a new comprehension based on a body-mind sexological evaluation model.

*Dominique A. Chatton ¹, Anne Chatton ¹, Jean-Yves Desjardins ², François de Carufel ³ and Christophe Pause ¹. ¹Private praxis, Switzerland; ²Private praxis, Canada; ³Private praxis, Belgium.

We conducted a prospective research on premature ejaculation (PE) with a control group. We questioned 10 men with PE (DSM-4/ CIM-10, F52.4) and 10 without. We compared their sexual excitation modus in self-stimulation and during coitus (methods of stimulating, movements, rhythm, pressure, muscular tension). Our hypothesis was that men with PE move differently and tense muscles which are important in sexual excitation differently than men without PE. This hypothesis was confirmed by our observations. Moreover our precise screening also shows that men ejaculating within 30 seconds of penetration (and sometimes before penetration) function differently than men who ejaculate after 1 to 2 minutes. The former seem to have reflexive hypertonic contractions of the perineal muscles as soon as they are about to penetrate or when they penetrate. They hardly need penis-vaginal contact to ejaculate. The latter are far more focussed in the sensations provoked on the penis by direct touching and rubbing in the vagina and did not describe early perineal muscle contractions. Compared to men who do not suffer from PE (Control group) both PE types showed more often growing muscular tension in their pelvic muscles, parallel to increasing sexual excitation, confining to hypertony. The control group was capable to control sexual excitation by modulating the amplitude of the pelvic movements, rhythm of these movements and pelvic muscular tension. These results confirm clinical impressions concerning patterns of sexual excitation in PE patients. Taking these body observations into account offers a sexological basis to the evaluation and the treatment of PE patients. We conclude that the way men usually conduct their sexual excitation to climax, both in self stimulation and during coitus, is fundamental to understanding why some suffer from premature ejaculation and some not. The methods used to bring on climax could also explain why some EP patients suffer from hyper-rapid ejaculation (i.e. ante-portas ejaculation).

903.5 Premature Ejaculation: What is its Etiology? An Integrative, Biopsychosocial, Multidimensional Approach.

*Michael E. Metz. Meta Associates, USA.

Premature or Rapid Ejaculation (PE) is the inadvertent and unsatisfying, rapid speed of male ejaculation. Studies suggest that PE is the most common male sexual problem, affecting approximately 29% of all men (Lauman, Paik, & Rosen, 1999). PE is complicated. It is a biopsychosocial personal problem with multiple causes, multiple effects and involving multiple personal and relationship dimensions. Real-life human problems rarely have a simple cause and a simple cure in spite of people longing for quick fixes. Although by observation, PE is one phenomenon, poor control over ejaculation, there are many possible causes for PE (Metz & Pryor, 2000). In the medical and psychological sciences literature

(Metz et al, 1997), the possible causes of PE cluster or group into 9 types or groups of causes: 4 Biogenic or Physiological Types of PE determined by bio-neurologic system, physical illness, physical injury, or from drug side-effect; and 4 Psychogenic or Psychological Types determined by an innate psychological system, acute psychological distress, relationship distress, and deficits in the psychosexual skills of sexual arousal. The ninth type in the literature is a Mixed PE type, PE concomitant with another sex dysfunction such as erectile dysfunction. There are interactions between these physical, psychological, relational, and psychosexual skills dimensions. PE caused by any of the types may also precipitate multiple effects or consequences. These effects, in turn, may become maintaining and complicating causes of PE, making it chronic and severe. It is a vicious cycle. For example, lifelong PE that is caused by neurologic hard-wiring (Neurologic System PE), or acquired PE that is initially caused by a prostate problem (Physical Illness PE), may interact with partner distress and negatively affect couple cooperation (Relationship Distress PE), and also precipitate depression (Psychological Distress PE) which exacerbates the situation. In addition to understanding the multiple causes and effects of PE, it is important to appreciate that PE is also multidimensional. The subtle intermingling of each of the partners cognitions (e.g., spectating, negative expectancies like failure), emotions (e.g., performance anxiety, frustration), and behaviors (e.g., arguing or avoiding) adds to the complexity. Comprehensive assessment and effective treatment must adequately determine and address the role and severity of all the specific causes, effects, and dimensions of PE. To overlook a contributing or maintaining cause, a detrimental effect, or a significant dimension, will sabotage treatment effectiveness and frustrate both the couple and the clinician. Utilizing an Integrative, biopsychosocial, multidimensional approach for evaluating and treating PE offers the best strategy for helping men and couples to sexually function and enrich emotional and sexual satisfaction (Metz & McCarthy, 2003).

903.6 The Psychosocial Impact of Premature Ejaculation on Men.

*David L. Rowland ¹, Stanley E. Althof ², Ira D. Sharlip ³, Margaret Rothman ⁴, Weiwei Feng ⁴, Carol Jamieson ⁴ and Pauline McNulty ⁴. ¹Valparaiso University, USA; ²Case Western Reserve University School of Medicine; ³University of California at San Francisco; ⁴Johnson & Johnson.

Introduction and Objective: Premature ejaculation (PE) is the most common form of male sexual dysfunction. It has been shown to have a negative impact on men's sexual relationships; however, relatively little is known about the level of psychosocial impact associated with this condition. The objective of this study was to assess personal distress and interpersonal difficulty related to ejaculation, satisfaction with sexual intercourse, sexual relationship, and confidence in men with and without PE. **Methods:** Data were obtained from a 4-week multi-center observational study that enrolled subjects with (n=207) and without PE (n=1380). Subjects were classified as PE or non-PE by a clinician according to the DSM-IV-TR criteria. Subjects completed single-item measures of personal distress and interpersonal difficulty related to ejaculation (5-point scale; 0=not at all to

4=extremely) and satisfaction with sexual intercourse (5-point scale, 0=very poor to 4=very good), and 2 subscales of the Self-Esteem and Relationship (SEAR) questionnaire (sexual relationship 'items 1–8' and confidence 'items 9–14'; scale, 0–100). A 2-sample *t*-test was used to compare responses between subjects with and without PE. **Results:** Among men with PE, 88.4% indicated they were moderately to extremely distressed by how fast they ejaculated compared with 15.3% of men without PE (mean, 2.7 vs 0.7; $p<0.0001$). 86.1% of men with PE reported that how fast they ejaculated caused difficulty in their relationship with their partner, compared with 6.0% of men without PE (mean, 1.8 vs 0.3; $p<0.0001$). Only 30.8% of men with PE reported good to very good satisfaction with sexual intercourse compared with 90.0% of men without PE (mean, 1.98 vs 3.32; $p<0.0001$). Lower SEAR subscale scores were observed in men with vs without PE: sexual relationship (mean, 54.6 vs 82.3; $p<0.0001$), confidence (mean, 69.3 vs 90.3, $p<0.0001$), and total ('items 1–14' mean, 60.9 vs 85.7; $p<0.0001$). **Conclusions:** Men with PE reported substantial negative psychosocial impact. Men with PE reported greater personal distress and interpersonal difficulty related to how fast they ejaculate and less satisfaction with sexual intercourse than men without PE. Single- and multiple-item measures of satisfaction with sexual intercourse showed similar results.

904.1 Relevant Research by the Mexican Institute of Sexology.

* Juan Luis Alvarez-Gayou. Instituto Mexicano de Sexología, Mexico.

A national survey on Sexual behavior in Mexico. A national study on teen agers sexuality and behaviors and motivations A Qualitative research using focus groups in deaf teen agers A qualitative research analysing contents of pornographic material used by teen agers in Mexico A qualitative cultural research regarding a catholic religious practice in the state of Guerrero where male transvestite themselves.

904.2 The 'Mojigangas'. A cultural and religious transvestite practice.

* Luciano Sanchez Castro. Instituto Mexicano de Sexología, Mexico.

Introduction and objective The "mojigangas" is a religious celebration that takes place in the state of Guerrero, Mexico. In this festival, children and adults are dressed or disguised to represent a local or foreign character, and most of the participants are men who dress as women and compete among them. The present study is a qualitative and ethnographic interpretation aimed at finding the meaning of this transvestite practice of the "mojigangas". **Method and participants** Participants were adolescent and adult men who were dressed as women. Data was obtained through observation, the taking of pictures and the filming of the event, as well as through a focus group and interviews to key observers or participants. **Main body/Results/Conclusions** This study shows that men who participate in this event have stereotyped masculine (macho) attitudes, but admit they understand the social role of being a woman (specially

when it comes to dressing) better after the experience of cross-dressing. Participants admit being religious but do not condemn the act of transvestism under these particular circumstances (cross-dressing outside this celebration, however, would be strongly criticized) neither do they alter their religious beliefs or practices after the "mojigangas" event takes place. Cultural and social implications of this double standard are discussed.

904.3 Sexual health and adolescence: myths, realities and needs.

*Paulina Millan Alvarez and Juan Luis Alvarez-Gayou. Instituto Mexicano de Sexologia, Mexico.

Introduction/Objectives Adolescence, defined by various authors as a period of transition to adulthood, involves physical, psychological, and cognitive changes, directed towards the search for a personal identity within the society in which a person lives. In this period of our lives, sexuality plays an important role which will be influenced by the education, culture, and society a person has lived in. Mexico has seen a gradual growth of sexual permissiveness during this last decade, but is still fighting religious and cultural restrictions that its young population have been trying to reconcile. **Subjects/Method** In this study, a survey was conducted (with both qualitative and quantitative data) in 3800 adolescents from different parts of Mexico to know if they had had sex and why, if they had masturbated and why, if they had received information about sexuality and who from, if they had used a condom or a contraceptive method, among other data. **Main body/Results/Conclusions** From the total number of subjects, 52% were men and 48% were women, with an average age of 15.4. This research is an update of other studies conducted by different researchers over the past decades, and it also contributes with new data on topics scarcely studied before. When asked about their sexual activity, 24.3% of the participants said they had had sex at least once (35.5% of them were women and 64.6% were men). In the group of adolescents who have had sex, 45.5% say they use condoms 100% of the time, while a 16.8% say they never use it. In the group of people who have not had sex, 36% of women and 59.1% of men say they have had other types of erotic encounters. Masturbation is a common practice for the majority of men, while it is not at all common for women. Even though 96.7% of these participants have received information about sexuality from different sources, many express doubts and show misinformation on the topic. It is undeniable, from the subjects' answers to some questions, the presence of a very different education: women center their answers on topics such as love and traditions, while men talk about desire and less about their feelings.

904.4 Preliminary results of the Mexican National Sexual Behavior Study.

*Juan Luis Alvarez-Gayou and Paulina Millan Alvarez. Instituto Mexicano de Sexologia, Mexico.

Introduction/Objectives Last century several authors; in the US Alfred Kinsey

performed a national surveys on sexual behavior which showed important and interesting correlations between social factors and the behavior patterns of males and females. Others in other countries followed such as S.I. Asayama in Japan, P. Simon in France and M. Hunt in the United States in the 70's. More recently other authors have also made new studies. Research in this sense is crucial to understand many behavioral aspects of a population and for a long time we have felt it necessary to have such information for Mexico.

Method/Participants The place where it took place was the town of Cuernavaca in Morelos, Mexico, specifically, the Centro de Atención Múltiple No 6 (Center for Multiple Attention) where people who have hearing difficulties are helped. The sample taken for this research consisted of 37 people, 17 women and 20 men, whose ages ranged from 17 to 22 years old and who were studying the three first years of junior high school (considered a special high school). The methodology for this research was the use of focus groups where participants expressed themselves through sign language. All sessions were videotaped.

Main body/Results/Conclusions The data collection of this research was done by means of a self applied questionnaire that has 84 open and closed questions, for the closed section we developed codes for multiple choice responses. The questionnaire is divided in six sections: a) general, b) for married persons or live in a couple, c) for males, d) for females, e) for homosexual persons, f) for bisexual persons. To this date we have 1,200 respondents from several states of the Mexican republic, such as Morelos, Oaxaca, Guanajuato, Guerrero, Yucatán, Chiapas, Aguascalientes y D.F. The sample is composed of 68% males, 32% females, the average age is 28 years. Among the demographic variables for comparative analysis are age, gender, gender preference, years in school, income, single or married, religion, attendance to religious services, and work. The questions answered gave data on gender preference and activities with the same gender, relations outside the formal couple, abortion, sexual dysfunctions, orgasm, G spot, coital positions, coital frequency, behavioral expressions of sexuality, etc. The sample detail is of females, 87% heterosexual, 8% lesbians, 5% bisexual and of the male group 79% heterosexual, 13% homosexual and 8% bisexual. Some of the relevant results are: have had sexual intercourse outside the formal couple 42.98%, concerning abortion: men that have had a partner that has undergone the procedure 13.4% and females that have undergone abortion 14%. Other interesting results can not be presented here due to space limitations.

904.5 The building of sexuality in deaf dolescents. A preliminary approach.

*Magnolia Tellez Trejo. Instituto Mexicano de Sexologia, Mexico.

Introduction/Objectives The lack of audition represents a true obstacle to the access of speech, but it is also an obstacle to the understanding of spoken and written language, all of which are basic elements of socialization. That is why the hearing-impaired have difficulty acquiring information from the environment, the mass media, books, etc. As a result of this, besides social isolation, this community of people build their own conception of sexuality, one that is very different from the hearing community and that is often based on poor and distorted information, full of myths and taboos that other people, usually

misinformed, give to them. The present study is aimed to having a better understanding of the conceptions and perceptions that deaf people have in terms of sexuality. This is expected to help fulfill an urgent need for attention in the area of sexuality of this community. Method/Participants The place where it took place was the town of Cuernavaca in Morelos, Mexico, specifically, the Centro de Atención Múltiple No 6 (Center for Multiple Attention) where people who have hearing difficulties are helped. The sample taken for this research consisted of 37 people, 17 women and 20 men, whose ages ranged from 17 to 22 years old and who were studying the three first years of junior high school (considered a special high school). The methodology for this research was the use of focus groups where participants expressed themselves through sign language. All sessions were videotaped. Main body/Results/Conclusions Findings show that the biggest part of this community does not receive information about sexuality and that the little information that deaf people have regarding sexuality continues to be traditional (thought to be meant only for the purpose of reproduction), full of myths and taboos. This situation keeps them from having access to a better sexual health and to the opportunity of a plentiful development as sexual beings.

904.6 One Rainbow, but Many Colors: Promoting Cultural Competency in Interventions with Gays, Lesbians, Bisexuals and Transgender (GLBT) Populations.

Carlos E. Rodriguez-Diaz and *Maria C. Santos-Ortiz. University of Puerto Rico - School of Public Health, Puerto Rico.

The same demographics and cultural changes that have caused government agencies and private sector to educate their work force to be culturally competent are affecting the sexology profession. Professionals working in this area should be sensitive and responsible to competently address issues related to culture, race, age, gender, ethnicity, religion, disability or sexual orientation. The diversity-oriented perspective of sexologist makes it critical that they also be culturally competent by wanting to engage in process of becoming culturally aware, culturally knowledgeable, and culturally skillful. Accepting the challenge of human diversity and the inclusion of communities like the GLBT populations, professionals working in the human sexuality field will provide more culturally competent interventions and more access to health services according to the needs and characteristics of heterogeneous populations. During this workshop the participant will: Discuss the importance of cultural competence in sexual health promotion interventions; Analyze how personal values, beliefs and attitudes can affect professional interventions addressing issues related to GLBT populations & Demonstrate cultural competence in sexual health promotion interventions with GLBT populations The session is design to include an introduction to the workshop (facilitators presentation, objectives and methodology), an exercise in which the participant interact with each other, concepts discussion, one exercises (an analysis and a demonstration) followed by the final discussion and evaluation. During the workshop the facilitators will incorporate group discussions, role playing and knowledge socialization. Its relevancy to sexology is emphasized by validating cultural competence as a way

of promoting sexual rights, equity, social justice and access to sexual health related services. This activity is design for Spanish speaking professionals working in the sexology area, specifically those in the sexual health promotion arena including the sexual health of GLBT and culturally diverse populations.

905.1 Group Treatment for Gender Dysphoric Patients Using a Combined Approach of Sexoanalysis and Psychodynamic Therapy.

*Marilyn Wilchesky¹ and *Helene Cote². ¹McGill University Health Centre, Canada;
²Clinic 1001.

Historically, group therapy has been one of the treatments of choice for patients presenting with any level of gender identity disorder, whether it be psychodynamic, cognitive or existential, as has individual psychotherapy of various approaches. Fierce resistance to insight in this population has been well documented. To counteract this resistance over the past 15 years, the authors have developed a dual and complementary approach to treat patients diagnosed with Gender Identity Disorders in a group setting: sexoanalysis and psychodynamic psychotherapy. We will briefly describe this unconventional treatment procedure in terms of their respective and complementary processes, focusing on the underlying psychodynamics, the gender issue and the intrapsychic aspects specific to this disorder. Particular attention will be given to the importance of what we named the universal sexual/non-sexual fantasies often reported by this clientele, their link with reality, and the desire for sex reassignment surgery. Clinical illustrations will demonstrate how integration of the self/gender is worked through the understanding of the sexual/erotic developmental inconsistencies in gender ontogenesis and the interplay with the imaginary within the psychodynamic framework. The authors will present the overall results of a survey of those who reclaim the original gender; terminate the process; try to integrate opposite-sex elements within the self harmoniously; or by sex reassignment surgery. The advantages and limitations of this therapeutic procedure will be addressed. Finally, this paper will offer therapists new avenues to explore in developing future research and insights to substantiate and enrich the work accomplished with this particular clientele.

905.2 Psychological testing and transsexualism.

*Richard Karmel. McGill University Health Centre, Canada.

Psychological test findings from patients seeking sex reassignment will be presented. The objective is to illustrate the contribution of psychological testing to the study of gender identity and to the study of transsexualism. Focus is on Rorschach and TAT findings. Clinicians working in a multi-disciplinary setting, with a psychodynamic orientation, will find this presentation pertinent to their own clinical-diagnostic work.

906.1 Vaginal practices in Asia and Africa.

*Terence H. Hull ¹, *Adriane Martin-Hilber ², *Iwu Utomo ³, *Wassana Im-Em ⁴, *Ninuk Widyantoro ⁵, *Eleanor Preston-White ⁶, *Brigitte Bagnol ⁷ and *Jennifer Smit ⁸.

¹Demography and Sociology Program, Australia; ²Department of Reproductive Health and Research, Switzerland; ³National Centre for Epidemiology and Population Health, Australia; ⁴Institute for Population and Social Research, Thailand; ⁵Yayasan Kesehatan Perempuan, Indonesia; ⁶HIVAN Centre for HIV/AIDS Networking, South Africa; ⁷Institute of Women and Gender Studies, South Africa; ⁸Reproductive Health Research Unit, South Africa.

Following exploratory research in Southeast Asia, in 2005 a multi-disciplinary team of researchers from Indonesia, Thailand, Mozambique and South Africa initiated a detailed study of vaginal practices found in each of those countries. These included the ingestion of herbal preparations, the use of astringent stones or powders, and dietary practices in order to reduce vaginal discharge or tighten the vaginal walls. The motivations underlying these practices varied widely, from the overt attempt to increase the sexual pleasure of the male partners, through the reduction of unwanted wetness, to the elimination of unpleasant odours. However the key motivations appeared to be sexual. In some countries women have also tried surgical interventions to make the vagina smaller. Contrary to some expectations the use of vaginal tightening and cleansing herbs does not appear to be a matter of shame or secrecy among many women, and the motivations are sometimes more complex than originally anticipated. This session will cover the background and early findings of the research with a particular emphasis on the construction of typologies and lexicons for the vaginal practices. The session will include three or four researchers from the study team who will present brief descriptions of their study areas and initial findings. The research coordinators will draw out the implications of the various practices for the health and well being of women, and the construction of culturally specified sexualities. Members of the roundtable will be invited to describe vaginal practices in other cultural settings, and suggest alternative interpretations of the motivations and implications of the behaviour. The roundtable seeks to have between 20 and 30 participants, largely drawn from the social sciences, though welcoming clinical experts.

906.2 Sexual concerns of the asthmatic patient.

Dominique Vervloet ¹, Christine Rolland ¹, Marc Sapène ¹ and *MichÈle Pujos-Gautraud ². ¹Association Asthme & Allergies Paris, France; ², France.

OBJECTIVES Asthmatic patients are often faced with worries and difficulties concerning their sexual life stemming from their asthma. Even though quality of life has been investigated in asthma, and its impact on sport activities, leisure and absenteeism, the link between asthma and sexuality has never been studied. Therefore, a national survey assessing sexual concerns of asthmatic patients was conducted, to determine how asthma impacts patient sexuality. By highlighting sexual concerns in asthma patients, we try to identify a possible link between

asthma severity and medications and to define the eventual impact of asthma on patient's sexuality METHODS a unique survey was built, based on validated quality of life and sexual functionary questionnaires (IIEF; FSF; EF Juniper quality of life) This new questionnaire was implemented, including different sections assessing main asthma parameters (severity, control, quality of life) and their impact on patient sexual concerns. 15000 questionnaires were randomly distributed to patients by 1500 pneumologists. To ensure confidentiality the questionnaire was completed and sent by the patient to " Asthma and Allergy Association" RESULTS 273 questionnaires have been already exploited, 53% had signs of asthma more than once a week and 92% had a permanent treatment for their pathology. 42% had some difficulties by climbing two stages and developed anxiety only by the idea having asthma crisis. 66% had sexual intercourse once a week or more. 38% from the responders had breath difficulties or asthma crisis during intercourses (46% in the sub-population of severe asthma) Therefore the intercourse's duration is shortened for 1/5 of the asthmatic patients having consequences on spontaneously positions and frequency of sexual relations and finally on sexual desire which progressively diminishes, mainly in the severe asthma population (14%) To prevent these disagreement, most of them (67%) did nothing Preventing treatment were taken by 27% of the severe population ;sometimes: 21% or most of the time (6%) CONCLUSION These results should sensitize GP to this critical issue, and help to expand the dialogue between physician and patient concerning sexuality issues, in order to improve the informative and preventive measures and finally the quality of life of their patient.

907.1 Sexuality Education for People with Developmental Disabilities.

*Scott K. McCann. Planned Parenthood of Santa Barbara, Ventura & San Luis Obispo Counties, USA.

People with developmental disabilities have all of the sexual health needs of average people, but typically receive little or no sex education in school or at home. Further, opportunities for normal social and sexual experiences among people with developmental disabilities are often restricted by institutions, parents and care providers. The combination of cognitive impairments, limited sexuality education, and restrictions on social-sexual interactions place people with developmental disabilities at elevated risk for sexual abuse, unintended pregnancy, sexually transmitted infections, and perpetration of sex related crimes. Efforts to provide sexuality education to people with developmental disabilities are often reactive, in response to specific behavior problems, rather than proactive, are typically prevention-oriented and suppressive, rather than comprehensive and empowering, and are often restricted to classroom or workshop settings, failing to address environmental support for healthy sexual development. This interactive workshop will address the sexual health needs of people with developmental disabilities and methods for addressing these needs. Specific topics will include: Age and functioning level-specific needs; care provider beliefs and practices related to the sexuality of people with developmental disabilities; client perspectives on their own sexuality needs; the

goals of sexuality education for people with developmental disabilities; methods for providing sexuality education to this population; legal issues in addressing the sexuality of people with developmental disabilities; ways to involve parents, teachers, and care providers in promoting sexual health; and resources for providing sexuality education to people with developmental disabilities. Video presentations and case studies will be used to illustrate the sexual health needs and methods for working with people with mild, moderate, and severe developmental disabilities. The potential impacts of these methods on the sexual health of individual clients will be discussed. Curricula, videos, and other resources for providing sex education will be shared. Methods for advocating for the sexual rights of people with developmental disabilities will also be addressed.

907.2 Creating the 'perfect' sexual body? Female genital cosmetic surgery.

*Virginia Braun. The University of Auckland, New Zealand.

Women's (unmodified) genitalia have often been considered taboo or tainted, and female genital modifications are widespread and diverse. They range from limited pubic hair removal through to extreme forms of genital cutting, with some practices virtually mandatory in some cultural contexts, but uncommon or prohibited in others. One practice in the west (and beyond) which has recently gained considerable media attention is what has been dubbed the 'designer vagina'. The term 'designer vagina' refers to a vulva or vagina altered surgically for aesthetic (and/or functional) purposes. It covers a range of surgical procedures, including reduction of the labia minora (labiaplasty), vaginal tightening, hymen reconstruction, and liposuction of the pubic mound. By various accounts, such surgical procedures are increasing in popularity. This presentation aims to examine the contemporary phenomenon of the 'designer vagina', through an examination of media representations of 'designer vagina' surgery, and interviews with 15 surgeons who do the procedures. The presentation draws on social constructionist theorising and discursive psychology. Representations of the designer vagina offer sites to examine various debates about sex and sexual pleasure, surgical 'enhancement', the 'medicalisation' of sexuality, free choice and agency versus cultural coercion, and consumer culture. My critical examination of representations of the designer vagina shows that genital surgery is seen to result in a body and mind that produces, or allows for, more sexual pleasure, on the part of the woman, and a more clearly demarcated gendered body (and identity). In this context, the 'free choice' of surgery is generally framed as a good choice for women, and one that will sexually and socially liberate them. This surgery, like cosmetic surgery generally, is framed as about transformation and identity, and of fixing the body to fit a perception of how it should be. As the 'designer vagina' is represented as a viable, legitimate solution to women who do not 'like' the appearance of their genitalia, or who wish to achieve an improved sexual function, I finish this presentation by raising questions of 'where to now' for women's experiences and understandings of their genitalia and of sex.

907.3 Dynamometric Traction for Penis Enlargement. Our experience with Andropenis device.

*Carlos Moreira and Santiago Cedres. Masters Clinic, Uruguay.

Objectives: During the last 4 years, we have treated more than 40 patients asking for penis enlargement. We treated them with a non invasive technic: the Andropenis device. Material and Methods: We considered as including criterions for the study: -men 18 years old, who have not had any penis surgical procedures or sexual dysfunctions and who could maintain the treatment for at least four months and a subsequent control after the first year. The average of usage of the andropenis device was of 7.2 hours per day. All the patients completed a ten month treatment (using the penis stretcher) and they were controlled two years later, by our medical staff, in order evaluate and determine if their expectations of psychological satisfaction have been reached and the different grades they reached. Results: After 4 months of regular use, the penis length media increment was: 3,02 cm (erect), 3,45 cm (softness) and the erect penis perimeter increased 0.7cm. These measures were improved and remain stable. Conclusions: Even taking account a small sample of 14 patients, and considering essential the need of further research, we could realize that this penis device showed a very good approval and truthful accomplishments for many patients suffering for their penis size. All the patients have improved and reached in four months an increase over 3 cm. This accomplishments are psychologically considered as a very gratifying point for these patients. Dr. Carlos Moreira Psychiatrist & Sexologist Director Masters Clinica Masters. Montevideo, Uruguay medisex@adinet.com.uy www.sexologiamedica.com

907.4 Size of the penis does matter in relation to human sexuality, relationships, intimacy and love.

*Alexander A. Krakovsky ¹, *Dale Kiker ² and *E. Douglas Whitehead ³. ¹Alexander Krakovsky, USA; ²Dale Kiker, USA; ³E. Douglas Whitehead, USA.

There is little doubt that no matter how successful a man is, how much money he has or how powerful he may be, he will surrender to the his sexual desire for woman. In Freud's psychosexual stages of human development, he centered on the sexual pleasure drive and immature (small) penis that he considered as the libidinal object of infantile sexuality in men. Many men are proud or ashamed of their penis-size, shape and performance. There is often anxiety about men's self-confidence due to the size of his penis and functionality. This directly relates to sexual performance, female satisfaction, intimacy and love. Until recently, men had to accept whatever Mother Nature had given to them. Nowadays, penile enhancement is a process that is available in the plastic and cosmetic surgery fields. Although this subject was taboo some years ago, today many men are interested in learning about how phalloplasty may improve their self-confidence, sexual relationships, female satisfaction, pleasure, intimacy and love. Phalloplasty includes penile lengthening, girth enhancement and glanular enhancement. Phalloplasty is available today and may improve the man's relationships, sexuality, intimacy and love. Physiologically, historically, socially and sexually,

man's self-esteem and self-image has always been connected to the size of his penis. This can be easily observed in the most ancient artistic pictures and sculptures. Therefore, regardless of the culture, religion or social class, this concept has value today and consciously or subconsciously affects many men. The size of the penis has always symbolized strength, virility, power and domination in relationships, sexuality, intimacy and love. Phalloplasty does not affect the erection mechanisms. However, if the man or his partner is not satisfied with the dimensions of the penis, relationships, sexuality, intimacy and love may become serious problems. Therefore, modern sexology should have an open mind regarding the size of the penis and the current surgical procedures that allow appropriate changes. The information about the availability of these techniques has to be appropriately delivered to the public to let them understand that there is a surgical treatment that may improve unsatisfactory sexual performance, relationships, intimacy and love due to the size of a man's penis.

908.1 Sexology consultation for HIV positive, a pilot study en France.

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Context: For HIV individuals, sexual life is invaded by a major constraint produced by the necessity of adopting preventive behaviors on a long term basis. 40% among HIV individuals report sexual dysfunctions. This means that time has come to deliver an innovative kind of service focused on the quality of sexual life of people living with HIV. Sexologists should be involved in the delivery of this new kind of care for HIV patients. Methods: Two Parisian Hospitals have set up a consultancy: sexuality and prevention, for HIV patients (Saint Antoine Hospital and European Georges Pompidou Hospital). This new service is being part of an innovative research funded by the French Health Ministry. First results are the product of a qualitative analysis of 200 sexology sessions. Results: Patients N= 80, 1/4 were women, among men, 50% described themselves as homosexuals. Half of the patients were living with a steady partner who was HIV negative or HIV positive. The sexologist works with participants during three or four sessions on the following topics: sexual dysfunction assessment, erotic needs, sexual self-esteem, attachment and love life. He offers a retrospective and prospective evaluation of the capacities of each patient regarding her/his preventive strategies. HIV Stress reduction techniques are worked during the sessions. Altruist preventive sexual attitudes are studied within the context of fantasies inherent to the orgasm. This pilot study demonstrates that sexual dissatisfaction and erotic complaint are very often linked to difficulties caused by the internalized constraints and representations of HIV prevention. The sexology should re-think the etiology of sexual dysfunction with regard to HIV. For men should be investigated the limits of the subjective evaluation of the vital need expressed in orgasm and ejaculation. For women

should be explored their representations of the penetration and contacts with fluids . The rule of three (need, demand, desire) is often disturbed by the risk of HIV transmission that impairs the erotic potential of HIV individuals.

Conclusion: The relationship between an HIV individual and his/her body is modified by the presence of the HIV virus and the risk of transmission through vital fluids. The approach of the erotic function as the cement of the identity should be a part of care and support of all HIV people. There is a growing need of support of people living with HIV / AIDS regarding the quality of their affective and sexual lives.

908.2 Learning to control deviant sexual arousal by aversive treatment: Efficacy and limits.

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Numerous studies have shown that deviant sexual interests are an important feature of sexual abusers and should be targeted for treatment. Two meta-analysis (Hanson & Bussiere, 1996; Hanson & Morton-Bourgon, 2004) indicated that deviant sexual preferences were the single dynamic characteristic most predictive of sexual recidivism. Different behavioral treatment modalities have been adopted sometimes without much research supporting their efficacy. Results observed on 123 consecutive subjects (pedophiles and rapists incarcerated for a minimum of 2 years) treated at La Macaza Clinic using aversive treatment will be presented. Results will be first presented in terms of the efficacy of the technique in reducing deviant sexual arousal. The discussion will center on the impact of the technique on deviant sexual arousal but also on the treatment process toward more general goals (like responsabilization for the offences). The limits of this specific technique will also be discussed.

908.3 Qualitative analysis of cognitive justifications of sexual aggressors.

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In the recent years, many studies have analysed the cognitive justifications (distortions) of sexual aggressors. Nevertheless, just a few have adopted a qualitative analysis perspective. We present the results of a research jointly conducted by the Center for the intervention in sexual delinquency in Laval (CISD) and the Department of sexology of the University of Quebec in Montreal (UQAM). The main objective of the study was to analyse the narratives of 30 sexual offenders at the moment they were admitted to the CISD. All were under judiciary power (provincial jurisdiction) when they entered the research and the data came from semi-structured interviews based on the account of the event that justified the arrest and the conviction of the respondent. Data analysis, which was done through Atlas/ti software, lead to the establishment of a cognitive justifications typology (19 types), but it also underlined the role of some personal (mental health, affective problems) and sociological factors

(matrimonial, family or occupational difficulties), that play a role in the justification process. In conclusion, the authors stress the necessity to increase the knowledge in that field by conducting more clinical research in order to provide more effective treatment and thus to better prevent recidivism.

908.4 The Quest for Intimacy in the Context of HIV Epidemic: the New HIV Social Vulnerability.

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Introduction: Recent studies suggest that HIV infection is now being observed in the context of regular partnerships, whereas before it used to occur mostly between unknown partners at the beginning of the epidemic. This being the case, the idea that regular partners are safer because of presumed mutual knowledge must be challenged. This work proposes a new approach to HIV social vulnerability based on the quest for intimacy between regular partners as a vulnerability factor. We propose that differentiation of intimacy into an autonomous social system contributes to destabilize intimate relationships, and thus, they appear more difficult to initiate and to last. We hypothesize that this pressure on the quest for intimacy affects safer sex negotiation processes between regular partners and promotes sexual risk taking. Method: Firstly, we proceeded to review published data on traditional social determinants (educational attainment; occupational status; socio-professional category and income) on sexual risk-taking. Secondly, determinants of risk-taking among regular partners and among couples in which serological status of partners that are discordant were identified. Finally, data on the semantics of unprotected sex and condom use between regular and occasional partners are described. Results: Traditional social determinants appear to have little influence on sexual risk-taking, supporting the hypothesis of differentiation of intimacy into an autonomous social system. This autonomy suggests the importance of social coding of intimacy over the traditional stratification determinants. Intimacy prescribes that sexual and medical history are taboo subjects between partners. Only information reinforcing mutual interest and trust should be revealed, particularly at the beginning of the relationship. The coding of unprotected sex and condom use suggests that unprotected sex is coded positively and described in terms of mutual trust and intimacy. It is considered appropriate to not use condom for partners who want to be closer and to manifest their desire to keep seeing each other. On the contrary, condom use is coded negatively in terms of intimacy, relating to semantics of coldness, suspicion, sickness and death. Condoms are considered more appropriate between unknown partners. Conclusions: The social coding of intimacy appears to promote sexual risk-taking between regular partners, which can be theorized as a way to stabilize intimate relationships as well as a confirmation of mutual trust between partners. Implications of the underlying social codification of intimacy for HIV vulnerability and the new profile of the epidemic are discussed. Impacts of this approach to social HIV vulnerability on prevention are also discussed.

908.5 Original Space Maintainer Device in Penile Lengthening, and Penile Augmentation With Dermal Graft: A New Technique and Results.

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Purpose: Personal experience in the surgical treatment of severe cases of short penis is reported, we describe a new technique for penile lengthening and augmentation the results achieved. **Materials and Method:** Release of the suspensory ligament and advancement of the suprapubic skin with an V-Y plasty, a block of soft silicone is cut to fit the angle created by the cavernosal bodies and the pubic symphysis; the concave surface is fashioned which will come into direct contact with the convex dorsal surface of the cavernosal bodies, then the proximal convex surface is prepared to fit the concave surface, an area in which the pubic symphysis is found. Four Prolene 0 stitches are passed through the space-maintainer, 2 in the deep part, one on the left and one on the right, and 2 in the superficial part, original technique for penile augmentation with dermal graft is described. **Results:** From November 1999 and march 2003 the technique was applied in 97 patients (mean age 33 years). The increase in penile length was about 2,5 cm in flaccid state and 1,9 cm in erect state, there were no injuries of the neurovascular bundle or urethra, and not erectile dysfunction. Removal of the space-maintainer was not necessary in any of these patients. **Conclusion:** The suspensory ligament release and the implant of the space maintainer provides a genuine increase in penile length with satisfactory results without the most frequent being recurrence of the shortening within three months due to the adherence and subsequent scarring of the edges of the resection.

909.1 Differences by gender in adolescent sexuality: implications for health education and prevention in Portugal.

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Adolescent sexual activity is important in terms of public health concerns. Preventive research must explore how young people understand, manage, and explore their sexuality, risk and relationships. The context of adolescent sexuality needs to be understood. The purpose of this study was to assess the relationship between psychosocial and ecological variables and adolescents' sexual behaviour taking gender into account. This research was also designed to understand the cognitive and emotional bases of the sexual decisions made by Portuguese adolescents. The study utilised mixed quantitative-qualitative methods. Data were collected through self-administered questionnaire from the Portuguese sample of the *Health Behaviours in School-Aged Children -2002- (HBSC)*- a collaborative WHO study. In 2002, 6131 Portuguese adolescents, randomly chosen from those attending of high school that includes 11, 13 and 15 year old pupils. In addition, 14 focus group were conducted, a purposeful sample of 42 girls and 42 boys from seven secondary schools. A substantial minority of young people continue to engage in high-risk practices. Boys were more likely than females to report ever having had sexual intercourse. From the total sample,

7.1% report that they or their partner didn't use a condom last time they had engage in sexual intercourse. A logistic regression model identifies several associations among demographic and psychosocial variables for not using condom during sexual intercourse. Each gender was examined separately. The focus group shows gender differences in factors associated with the sexual behaviour. Sexuality and its expression take place in a larger context of structural gender inequality. The social control of sexuality and gender relations are complex phenomena deeply enmeshed in culturally specific ways of making meaning. The perceptions of societal double standard in sex are still in teenage culture and may influence behaviour. These adolescents view sexual behaviour, sexual partners, and condom use as elements within a complex script that governs heterosexual interactions. Several themes related to condom used emerged. These findings have important implications to implement a comprehensive programme on sexual education in Portuguese secondary schools that are culturally sensitive and gender-specific, and have practical suggestions and recommendations for social policy changes.

909.3 Sexual Changes in Antofagasta, Chile from the Standpoint of Social Psychology.

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Introduction and objectives: This study aims at describing sexual behavior in Antofagasta, Chile, from the standpoint of social psychology. Specifically, the purpose of the study was described the changes in sexual behaviour, sexual attitudes and AIDS in Antofagasta, Chile. This study is a major milestone in the study of sexuality in the North of Chile. We use both a survey and interviews. In a survey participants were 526 subjects (ages 18-69 years). It was used a cross-sectional survey with a probability sample. Data were collected using a complete sexual behavior questionnaire (face-to-face questions and self-reported questions). We did too 52 interviews during 2 hours. Specifically, we assessed different sexual behavior variables in our survey and interviews included the following sets of questions: sociodemographic background, cultural norms regarding sexuality, communication and rules, sexual negotiation, sexual initiation, protection and condom use, sexual partnership and sexual practices, commercial sex, rape, HIV/AIDS and income. We use a life-course perspective and the sexual scripts theory. **Results and conclusions:** Results shows that in Antofagasta and in Chile too is producing an important transformation both in sexual and gender values. Probably, one of the most important findings in our study is the processes that have led to the flexibility of sexual roles and cultural norms regarding sexuality since the late 1970s even the role of Catholic Church on social policy, the people church attendance and the consequences of military dictatorships on Chilean sexuality. This process led to the transformation in sexuality, gender relation and family structure in Antofagasta. The results suggest even the role of Catholic Church on social policy and the role of military dictatorships on Chilean sexuality, the Chilean sexual life and sexual scripts are changing, producing gender and sexual relations more equitative.

909.4 Different for goils: an agent based model of parental investment and sexual motivation.

*Emily Nagoski. Indiana University, USA.

Introduction and objectives

Differential parental investment predicts that human females benefit more by being choosy about their sex partners than do human males. In parallel, female sexual response appears to be more contingent, more plastic, and have higher thresholds for arousal than male sexual response. It seems plausible that female sexual response would have evolved to have higher thresholds than male sexual response, due to the enormous cost of motherhood balanced against the pleasure reward associated with sex. To begin exploring a possible connection between these two concepts, I use agent-based modeling, a method which offers the ability to measure how individual-level motivations may give rise to macro-level systemic self-organization.

Main body/Results

In an agent-based model of "goils" and "bois," agents have sexual motivation differentially "gendered" in accordance with the predictions of differential parental investment and with empirical research on gender differences in sexual inhibition and excitation. Agents are sexually proceptive and receptive according to their arousal thresholds. Some of the results are relatively straightforward - bois have more partners than goils, make more offers, and are more receptive to offers. Other results are less obvious, like the effect of overlapping the distribution of the genders' motivation thresholds. Overall, this method offers new insight into how male and female sexual differences may affect social organization.

Conclusions

Sexual motivation is a diverse field which uses all approaches to sexuality, from psychophysiology to sociology, and female sexual arousal is an especially complex and ill-understood area of study. By incorporating evolutionary theory into our understanding of gender differences in sexual motivation, we might get a toehold in a solid conceptualization of how - and why - males and females differ. No evolutionary story of sexual motivation is likely to capture the complexity of our highly social, highly contingent sexual behavior, but it could offer insight that helps us shape future research questions.

909.5 Brain Sex – Testosterone role in personality evolution Females and Males are different ?

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The genders are different because their brains are different. The brain is differently constructed in men and in women; it processes information in a different way, which results in different perceptions, priorities and behaviour.

Men and women are equal only in their common membership to the same species, humankind. The influence of testosterone on the prenatal brain is producing differences in personalities and social behaviours of this humankind. The extraordinary journey from the sexual differentiation from the prenatal brain to the gender differences inherent in kindergarten play styles, classroom abilities and adult attitudes towards love, sex and marriage and social life in general have been analysed within the last 20 years.

909.6 Intimacy when Coupled with a Crossdresser or a.

*Eva Norvind. Taurel Institute, USA.

Intimacy is important in both the emotional and sexual part of a relationship. This paper will examine relationships where one partner is biologically male or female and the other is somewhere on the gender line, either cross-dressing, on hormones, pre-op or post-op. Case studies will be discussed where the person in transition and his/her partner may fear a loss of intimacy and how counselors may facilitate the communication between them. In a world where transgender issues are becoming more frequent and the transgender line more flexible, it is important for therapists to learn how best to be supportive of persons in transition. Therapists are encouraged to deepen their understanding of each person and situation and help accordingly. This session is relevant for both therapists and educators and those involved in such relationships.

910.1 Bilateral oophorectomy and female sexuality.

*Vlad R. Gheorghita. Clinical Hospital No. 3 of Obstetrics and Gynecology, Romania.

Introduction: Bilateral oophorectomy is a relatively frequent surgical intervention. There is contradictory information about how this procedure affects the women's sexual life. **Aim:** To identify the new therapeutical approaches for this pathology by overviewing the articles published worldwide on this issue, in the last 5 years. 27 articles, published between 2000 and 2004, from the PubMed Web site were reviewed, all referring to female patients who underwent a bilateral oophorectomy for non-oncological reasons or who were already at the menopause. **Method:** Analyzing and comparing the different approaches founded in these articles and underlining the common ideas. Developing general conclusions referring to the post-oophorectomy female sexuality. **Results:** From all the studies, 10 were double blinded, randomized, placebo controlled, 6 were simple blinded randomized, 4 were synthesis on the subject and the rest unspecified. The medical specialities involved in these studies included: obstetrics and gynecology (9 studies), epidemiology (4 studies), psychiatry (4 studies), endocrinology (3 studies), women's health (1 study), sexology (1 study), preventive medicine (1 study) and other specialities (endocrinological gynecology, genetics, microbiological gynecology). The treatment of women sexual disfunctions included different types of androgens, associated or not with estrogens; other substances were also tested, like DHEA,

tibolone, sildenafil, Ginkgo biloba + Muira puama. **Conclusions:** - Women's sexuality after bilateral oophorectomy is a subject of interest for many medical specialities. - Several treatments have been tested. The most studied and, as it seems by now, the most efficient treatment is the testosterone-estrogens association. - In the future lies the answer to questions like: what is the type of androgens with minimum secondary effects? What is the minimum efficient dose? Is the oral form better than the transdermal one? How long should the hormonal therapy be pursued? - It has to be established a clearer difference between local (genital) and general causes of sexual insatisfaction. - No article studied the impact of any form of counselling upon the patients' sexual well-being. - The medical speciality that seems to be mainly involved in this subject is gynecology, probably due to its main role in inducing surgical menopause.

910.2 Midodrine treatment for anejaculation in spinal cord injured men.

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Introduction. When natural capacity is lost, ejaculation can be triggered in spinal cord injured (SCI) men with penile vibratory stimulation (PVS) or rectal probe stimulation (RPS). In earlier years, further injections of physostigmine, prostigmine, neostigmine and midodrine were used to treat anejaculation or retrograde ejaculation. While these drugs are no longer available, oral midodrine is still used for hypotension. **Methods** In an attempt to find a replacement therapy and to encourage self-induced ejaculations in SCI men, we used midodrine (M) with PVS, when PVS alone failed in 42 spinally injured men subdivided in five groups of lesions. Success rate and blood pressure were measured **Results** the data showed that PVS triggered ejaculation in 67% of C1-C8 patients and an additional 20% using PVS+M; 40% of T1-T6 patients reached ejaculation with PVS and an additional 20% with PVS+M. No T7-T10 patients required midodrine and no T11-L2 or L3-S5 patients responded to PVS. Systolic blood pressure (SBP) changed from an average of 113mmHg at baseline to 142mmHg at ejaculation, or a 30mmHg increase. Diastolic blood pressure (DBP) moved from an average of 72mmHg at baseline to 90mmHg at ejaculation, an increase of 18mmHg. Combined midodrine and PVS changed SBP from 117mmHg at baseline, to 127mmHg after midodrine ingestion and 170mmHg at ejaculation. In contrast, SBP during negative tests never exceeded 3.5mmHg. **Conclusion.** The results suggest that (1) ejaculation in SCI men requires increases of 30mmHg in blood pressure, (2) that midodrine is effective to treat anejaculation in SCI men, which increases baseline pressure by 10mmHg and ejaculation by 45mmHg. (Funded by the Christopher Reeve Paralysis Foundation).

910.3 Predictive measures of orgasm in men, women and spinally injured subjects.

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Introduction. In order to identify the predictive parameters of ejaculation and orgasm we observed men, women and spinally injured (SCI) subjects in direct comparisons during ejaculation and/or orgasm to characterize female orgasm through men objective ejaculation and to compare SCI men with non-SCI men. **Methods.** Physiologic measures of sexual paroxysm included heart rate (HR), blood pressure (BP), plethysmograph or vaginal probe, EMG of the bulbocavernous and abdominal muscles and H-reflex. Three studies were performed, one with independent tests on men and women, one with repeated measures on men and women and one with repeated measures on SCI men and non-SCI men. **Method of study I:** In a laboratory setting, 11 men and 11 women non-SCI were asked to self-stimulate to ejaculation and/or orgasm. **Method of study II:** Using the same measures, 2 men and 2 women non-SCI were repeatedly tested on 6 occasions to control for within subject variance. **Method of study III:** 2 SCI and 2 non-SCI men were repeatedly tested on 5 occasions using the FertiCare vibrator. Results showed significant changes from ANOVAs analysis, in men and women, on HR, BP, plethysmograph or vaginal probe, EMG measures of bulbocavernous and abdominal muscle (frequency and amplitude) at ejaculation and/or orgasm. H-reflex decreased significantly at ejaculation and/or orgasm and rapidly returned to baseline. SCI men exhibited a decrease rather than increase in HR at ejaculation and BP was slower to return to baseline than non-SCI subjects. H-reflex similarly decreased in men and women at ejaculation and orgasm but slowly returned to baseline for SCI men. **Conclusion.** This study validates the multiple measures of orgasm and introduces the H-reflex as a valid tool to predict ejaculation in both SCI and non-SCI subjects. Clinical implications for SCI men and women are discussed as perception and use of cognitive restructuring to identify signs of arousal and orgasm. (Partly Funded by the Christopher Reeve Paralysis Foundation).

910.4 Sexual dysfunction and sexual health care in men and women with spinal cord injury.

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Introduction: Sexual functioning is an important contributor to quality of life and should be an integral part of rehabilitation care in spinal cord injured patients.

Objectives: 1) to examine the prevalence of sexual dysfunction in men and women with spinal cord injury 2) to examine how patients evaluate provided sexual health care. **Methods:** All patients (n=578) that were discharged from two Belgian and three Dutch Rehabilitation Centres during the last 10 years were sent questionnaires, covering topics as demographic data, depression (BDI), quality of the marital relation (DAS) and sexual functioning. Sexual functioning was studied by a subscale of the UKU and sexual health care evaluation was performed with a self-constructed descriptive questionnaire. **Results:** One hundred sixty-nine

patients filled out the questionnaires properly (Response-rate: 169/578). At this time we only dispose of the results concerning the 95 Belgian patients. In men, 28% reported decreased libido, 75% reported problems with erection and 92% reported problems with ejaculation and orgasm. In women, 27% reported decreased libido, 9% reported problems with vaginal lubrication and 50% reported problems with orgasm. Fifty-four percent of the patients would prefer more information about sexuality. The data of the 74 Dutch patients are currently being analysed and will be presented at the Congress. **Conclusions:** Spinal cord injured patients often have to cope with important changes in their sexual lives and many are confronted with important sexual problems. This study shows that sexual health care should be a normal part of an integrated rehabilitation care programme, not at least because the patients themselves ask for it.

910.5 Purpose of sexologic intervention.

Marie-Paul Ross and *Gérard Bachand. Association des Sexologues du Québec, Canada.

In our post-modern society, people in general search for different developmental tools to help them grow in harmony and in faithfulness to self. Our era is characterized by technological progress, and also, at the humanitarian level, we observe a multitude of psychological theories and methods offered for the purpose of responding to the requests and needs of those who come to consult. Sexologic intervention generally finds its support in the influence of these different schools of thought, and becomes more and more varied. We observe that these educational and therapeutic proposals often seem to contradict one another, and may even create confusion at different levels for the individual. From a current of sexual repression which deeply marked the last centuries, we have arrived at a more liberal presentation of human sexuality in the last thirty years. The well justified struggle against mystery, taboos and secrets which surrounded sexuality generally gave way to pornographic proposals very rewarding on the economic level but disastrous on the human level. Even erotic art seems to have been attained in its purpose and its very essence.

911.1 Different levels of impact of sexual problems on the couple relationship.

*Maureen Luyens and Alfons Vansteenwegen. Institute of Family and Sexuality Studies, Belgium.

Introduction and objectives To make a useful distinction between different levels of impact of sexual problems on the couple/living together relationship.
Main body/results Based on a clinical experience of sex therapy for more than 30 years and a clinical study, different levels of impact are formulated and illustrated

with cases from the clinic.(1) One partner's sexual problem influences the other partner.(2)Maintenance of an existing sexual problem in a couple.(3)The relationship is the cause of the sexual problem.(4)The relationship needs the sexual problem. (5) The relationship boycotts the therapeutic solutions. The cases illustrate these different levels of impact. **Conclusions** On the basis of clinical experience different impacts of sex problems on the couple relationship are clearly demonstrated.

911.10 Is it real sex if he doesn't go inside me? Women's confusion and distress about penetration, clitoral orgasms and the vagina.

*Susan M. Quilliam. British Association for Sexual and Relationship Therapy (BASRT), UK.

i: Introduction and Objectives Since Freud's first claim that clitoral orgasms are infantile and vaginal orgasms are mature, there has been confusion about which type of stimulation - and which type of climax - is most 'valid'. This paper explores what impact this confusion has on heterosexual women's view of, and pleasure in, sex. ii: Main body / Results The author of this paper is a problem page columnist who receives up to 25,000 letters a year, the majority from British women but with a significant minority from a world-wide readership, and from men. One clear theme that emerges from this correspondence is that many heterosexual women and their partners are confused and distressed about whether the enjoyment they receive from clitoral stimulation is valid, and whether - if they don't enjoy vaginal penetration or cannot easily climax through it - they have a problem. Citing these correspondents' concerns, the author then overviews historical and current viewpoints from a range of disciplines - biological, psychological, religious and sociological. She explores the presupposition that 'penetration is best'; conversely, she then highlights the problems this presupposition causes for individuals and partnerships. iii: Conclusions The presentation offers a reminder that while vaginal sexuality is key in a culture where conception and childbearing is highly valued, it is not necessarily the most effective way to female sexual pleasure. In addition, in a world where values are shifting from sex for conception towards sex for pleasure and bonding, the roles of vaginal versus clitoral stimulation and orgasm are being redefined. Women in particular may be both confused and distressed by these mixed messages; the presentation ends by recommending ways in which sexologists may clarify their awareness and offer helpful models when educating, advising and counselling.

911.11 Enhancement of Sexual Pleasure with Yoga.

*Sudhakar Petkar. SST Medical College (Ayur), India.

Introduction - Human sex is not only an act but it is an art for which physical fitness & mental concentration of mind is required. An ancient Indian Science YOGA is related with physical fitness calmness and concentration of mind. Method - An experiment was carried out in Dr. Petkar's yoga Centre gives a very encouraging results. A) YOGIC POSTURES - 1)Forward bend Posture 2)

Back Stretch Posture 3) Half Twist Posture 4) Moon Posture 5) Supine Ankle Posture 6) Cobra Posture 7) Bow Posture 8) Stand On Shoulder Posture. 9) Stand on Head Posture 10) Plough Posture. B) YOGIC GESTURES 1) Stand on Elbow Gestures 2) Royal Gesture 3) Hoarse Anus Gesture. C) NEURO MUSCULAR LOCKS 1) Fly up lock 2) Anus lock 3) Chi lock. D) For calmness & concentration of mind.- YOGIC BREATHING PRACTICES & MEDITATION. Results - This study shows that Yoga plays an important role for better sex and enhance the sexual pleasure. It increases the duration of the coitus and helps to solve the problem like premature ejaculation, functional erectile dysfunction etc. Conclusion - But yoga is not a single day procedure. It should be accepted as a life style and for this "WILL" and determination of mind is necessary. It is a non-invasive, cost free treatment for better sexual pleasure.

911.12 Methodology of survey-design, and the Method to view sexological reviews' results using the system of social-personal coordinates.

*Yuriy Zharkov and Nikolay Masalskiy. National Research Center on Addictions, Russia.

The advanced methodology for questionnaire-design for sexological investigations requires a survey must reveal behavioral patterns by cognitive and emotional content, and also fulfill a prognostic, the intuitive component. To identify all these factors in the cases of individual respondents and social group studied, so called "semantic compositions" are in use. As questionnaire reflects both social and personal sexological categories of social group, special method of statistics procedure is used to identify their relations. Each sentence of semantic composition gets two coordinates. The first one is "social coordinate", which is calculated as a sentence choice frequency from whole totality. The second one is "personal" and is calculated as sentence choice frequency from whole questionnaire in comparison with other semantic compositions. So each sentence of semantic composition could be presented as a point at graph which has two axes (social and personal). This professional tool has been successfully applied to study sexual views of addicts and their relatives (n=132) and family planning clients (n=78). Significant differences were found in sexual and reproductive points.

911.13 How to teach better orgasms through masturbation techniques.

*Pia Struck. The European Orgasm Academy, Denmark.

Presentation about the weekendworkshop on how to create better orgasms
Initiation into female sexuality - how to make love to yourself A magical weekend workshop dedicated to the female rites for women who want personal, spiritual and sexual healing and development. Learn how to create better

orgasms for yourself. An evening of video watching and 2 great weekend afternoons where 2 -5 women of 18 - 86 years of age participate in rituals designed to increase awareness of our own sexuality. Here you get something new on many levels- new sex-knowledge, more sex-abilities and new and positive attitudes towards sexuality. Pia Struck is the only one in Europe teaching through Betty Dodson's method on how to create better orgasms. Learn to feel safe about sexuality. Gain sexual self-confidence. The emphasis is on having fun and being playful. A powerful healing process is initiated when you share your feelings about your body and orgasms. It may become clear to you that the reasons for many of your problems are social and/or cultural/religious - not personal! Old feelings of shame and guilt can be healed. When women share their thoughts and inner feelings with other women, an atmosphere of trust develops, where each woman can discover her own sexual potential. By using your body as a source of power, energy and pleasure, you can obtain the power to live your own sexual life and the freedom to experience your sexuality in a more creative way. During the workshop you may realise that the person you have been looking for your whole life actually is yourself. Loving another human being begins with loving yourself. Here you take the first steps and learn some important basic techniques. It's for any woman who wants to develop and enrich her sexuality and have better orgasms! If you never have had an orgasm, or you want to be able to have multiple orgasms! Women of all ages and different sexual preferences are welcome! We laugh a lot and cry little. There is room for it all. As we work with our loving relationship with ourselves, we create a healing space where our differences become a benefit for all of us. What you may experience: The power of your positive affirmations. Learn to play with sexual fantasies. Learn to use breathing techniques consciously with your sexuality. Learn to sing your sexual song - express the sound of your passion. Learn to employ your PC-muscle more actively. Learn how you use a vibrator and other great sex toys. The pleasure anatomy of the female genitals. Find your G-spot - the female prostate gland. Loving self-massage techniques for your vulva. Mirror work with your self - admiration of our female genital design. Appreciate your divine vulva - the gateway for all human life. Masturbation techniques. How to use masturbation as erotic meditation. Self-loving as a means of improving your partnersex. Learn what to ask of him. Sexual communication. Learn to make your sexual energy flow. Explore and enhance your amount of lust and desire. Learn what is needed for you reach multiple orgasms - how to surf the waves. Experience a full body orgasm. Learn how to explore pleasure creatively - ongoing - the rest of your life. Hear about other kinds of sexuality - other ways, sexuality can be expressed - sexual minorities. An orgasm lesson for men is a two-hour conversation, where he is taught how to separate orgasm from ejaculation, so that he ends up being able to have several dry orgasms before he chooses to ejaculate during intercourse. He gets much more out of sex - No more premature ejaculations for him!

911.14 Defining the relationship of Sex and Love cities.

*Deelip D. Mhaske. Indian Institute of Technology Bombay, India.

Introduction and objectives : Love and sexuality relationship is define in many text books, but in cities the concept of love and sex is determine by the accessibility of the freedom of choice. Main body/ Results : the study in mumbai youth and married people shows the results that sexuality is different then LOVE as such. but the results shows that without love the sex loose its impotant Conclusions : Love and sex are most important part of the human cycle, and also they are realted to all the aspects of emotions, phsycological health of people

911.15 Etiology of Bisexuality.

*Fernando L. Cardoso. Universidade do Estado de Santa Catarina - UDESC, Brazil.

This study investigated possible reasons for bisexuality. I used interview or questionnaire data from males between 20 and 30 years of age from working and middle social classes who were classified according to sexual behaviors and fantasies as primarily homosexuals (N=180), bisexuals (N=180), and persistent heterosexuals (N=520). In some childhood characteristics bisexuals scored intermediate between heterosexuals and homosexuals such as playing mostly with girls, cross-dressing as a child, liking to accomplish girls tasks, and desiring to be a girl. However in all of these traits bisexuals were far close to heterosexuals than homosexuals. Bisexuals were also different from both homosexuals and heterosexuals in indices of stimulus seeking personality in that they liked dominating their partners. Some circumstantial factors used to explain bisexuality were also examined. Bisexual behavior could not be attributed to a lack of access to women since bisexuals received more invitations for sex by women than did heterosexuals. However fewer bisexuals hold steady jobs, which may have encouraged them to seek homosexuals for money. Bisexuals did have somewhat more liberal political view regarding homosexuality and sex in general, but were not different in terms of religious views. An argument from evolutionary psychology was also supported by the data. Bisexuals more than heterosexuals adhered to a clientelistic political ideology that emphasizes personal alliances than personal qualifications.

911.16 Homoerotic Relationships and Sexual Fantasies: The Last 12 Months of 80 Men.

*Jaqueline Brendler. SBRASH (Brazilian Society of Human Sexuality Studies), Brazil.

INTRODUCTION: Little research exists in Brazil about homoerotic relationships and fantasies. OBJECTIVE: To analyze the profile of male respondents, their relationships and sexual fantasies during the last 12 months. METHODS AND MATERIALS: The survey consists of 20 questions, which were spontaneously answered via the President of SBRASH's website (www.terapiadosexo.com.br). The results of the first sample during the last 12 months are shown in this document. RESULTS: The average age of respondents was 28 years and 8 months. In the 51 of them, the average age at which attraction to the same sex was perceived was 14 years and 2 months. 33.33 % had

a university degree. 21.33 % had finished the second grade. 17.33. % were currently university students. 44.15 % were working. 33.76 % were both working and studying. 65.21 % said that their actual partner was unaware of their homosexual fantasies. The experiences of 47.5% were exclusively related to the same sex, this being the most frequent response: 17.50 % were only sexually involved, 11.25% experienced recurring sexual fantasies only, 10% were only emotionally involved and 5 % were both emotionally and sexually involved. 30% were involved with members of both sexes. 6.25 % of those had recurring sexual fantasies with both sexes, 6.25% were sexually involved and had sexual fantasies about both sexes, as well as emotional involvement with the opposite sex. 3.75% were sexually and emotionally involved with the opposite sex as well as having recurring sexual fantasies about both sexes. Only 18.75% were involved exclusively with the opposite sex. CONCLUSIONS: During the last 12 months, the most frequent experiences of the male respondents were exclusively related to the same sex. The second most frequent group showed mixed activity (involvement with both sexes), and thirdly, the least common, exclusive relations with the opposite sex.

911.18 Reinscribing Sexuality From Subaltern, Revolutionary and Macabre Counterpoint In Nawar El-Zadawi'S Woman at Point Zero.

* Adebayo Mosobalaje. Obafemi Awolowo University, Nigeria.

This paper examines the transvaluation of the patriarchy's macro-structural moral specificity patterning of prostitution and whoredom to a more positive and surreptitiously pernicious discourse or counterpoint in the employ of wildly interpellating male gender ideology. In this novel, Zadawi creates a protagonist, a conscious acting agent of women imbued with her own sense of other, whose perception of women's reality leads her not only to appear a seeming pageant victim of men's sexual gratification but also paradoxically a decidedly death giver when the orgy of the pleasure is high in men. From a critical poststructuralist reading of this novel, Zadawi champions a course of socio-cultural campaign designed to deterritorialize both the objective and subjective macro structures of male centeredness and ideology.

911.19 Who will protect the powerless?

* Agnes O. Runganga. Human Behaviour Research Centre (pvt) Ltd, Zimbabwe.

The presentation dwells on gross human rights abuses in homosexual practices and activism in Zimbabwe. The victims are boys and men in emotional, cognitive, economic, social, and legal vulnerable situations. In promoting sexual health and addressing sexual inequalities such abuses must be addressed urgently.

911.2 A Study on the Condom Using and Its Related Factors in College Students in Taiwan.

*Lin Yen-Chin and *Chu Yuan-Hsiang. Graduate School of Human Sexuality in Shu-Te University, Taiwan.

Abstract The purpose of the research is investigating the current situations of condom using and its related factors in college students in Taiwan. Using stratified sampling (group sampling) method, the total sample was 1200 students from 12 colleges in the East, South, West and North areas in Taiwan. Two classes was sampled from each school, and each class sampled 50 students. 105 samples' files were incomplete and deleted from the study, so total research sample was 1095 students. The data was analyzed and tested by t-test and regression and correlation analyses. The results showed that: (1) The students 63.3 % from the 1st grade, 24.6% from 2nd grade, among them 41.6% did not have boy / girl friends, 58.4% have had boy / girl friends, out of them 41.7% partner-fixed, 57.2% partner-unfixed. As the intimate relations, 62.3% had no intimate boy / girl friends, 25% had intimate boy / girl friends but no sexual intercourse yet, and 12.0% had intimate boy / girl friends and had sexual intercourse. Most of them (92.6%) were not in cohabitation, 6.1% were in cohabitation. 98.4% of them had no STDs experiences, 1.6% had infected with STDs. (2) The female students displayed higher scores on attitudes towards using condom, peer relationship, awareness for dangerous, and applying condom and lower scores on self-effectiveness and gender stereotypes than male students. (3) There were significant differences between students had intercourse and students do not have intercourse in the aspects of the attitude of using condom, the actions of using condom, peer attitudes towards to peers, and the awareness of dangerous. (4) The actions of using condoms most likely can be predicted by gender and peer attitudes. (5) There were correlated between the attitude of using condom and self-effectiveness, gender stereotypes, peer attitudes, and he actions of using condom.

911.3 Female Experience of Men's Attitudes to Sexuality and Life Events: The Females Study.

William Fisher¹, Raymond C. Rosen², Ian Eardley³, Craig Niederberger⁴ and *Michael Sand⁵. ¹University of Western Ontario, Canada; ²Robert Wood Johnson Medical School, USA; ³St James' University Hospital, UK; ⁴University of Illinois at Chicago, USA; ⁵Bayer Healthcare, USA.

Objective: To characterize female partners of men with erectile dysfunction (ED) enrolled in the Men's Attitudes to Life Events and Sexuality (MALES) 2004 study, with respect to female partner attitudes, beliefs, and sexual experience. **Methods:** Consent was sought from all men with ED participating in the MALES 2004 study to interview their partner; 283 female partners subsequently provided consent and were separately interviewed via mailed or internet questionnaire. The same questions administered to males were presented to their female partners. Additionally, women were asked "before / since your partner experienced difficulties with his erection, how frequently (almost always, most

times, sometimes, a few times, never) during sexual activity with your partner did the following (I experienced sexual desire or interest, I became aroused, I reached orgasm, I experienced sexual desire or interest) occur" **Results:** Female partners of men with ED reported significant declines in the proportion of time they "almost always or most times" experienced desire (72% before partner's ED vs 46% since partner's ED), arousal (75% vs 44%, respectively), orgasm (65% vs 34%, respectively), and the proportion of time they were "very or moderately" satisfied with sexual activity (82% vs 45% respectively) subsequent to their partner developing ED (all $p < 0.001$). Pain with sexual activity was not affected (4% experienced pain "almost always or most times" before and since partner's ED). **Conclusion:** The development of ED has a profoundly negative effect on the sexual experience of the female partners of men with this sexual dysfunction. Partner response may affect both treatment-seeking and treatment continuation in men using pharmacotherapy for ED. Clinicians should be aware of the potential for significant sexual concerns in the female partners of their ED patients and offer appropriate counseling or care as indicated.

911.4 The Human Female Prostate and Its Relationship to the Popularized Term, G-Spot.

*Gary Schubach. Institute for the Advanced Study Of Human Sexuality department: Media, USA.

Dr. Gary Schubach's response to The G-Spot: A modern gynecologic myth, from the August 2001, edition of The American Journal of Obstetrics and Gynecology, by Terence Hines, PhD. This paper concludes that the term "spot" is not a useful metaphor to describe the anatomical basis of female erogenous experience of manual stimulation of the vaginal wall and that a more accurate and scientifically based term, such as female prostate, is needed. Article also concludes that more research is needed into the physiological and biochemical components of the expulsion of fluid from the urethra during sexual arousal, popularly known as female ejaculation.

911.5 Sexual Practices and Satisfaction in middle class women at Guadalajara, Mexico.

*Laura T. Flores ^{1,2}, Osmar Matsui ^{1,2}, Miguel Angel Guerrero ¹, Hector Del Real ², Ithzia Martinez ¹, Jose Jesus Madrigal ¹, Araceli Cortes ¹ and Alejandro Aguilar ¹. ¹Centro Universitario de Ciencias de la Salud / Universidad de Guadalajara, Mexico; ²Maestria en Educacion de la Sexualidad Humana (CEASS), Mexico.

During last years a controversy among the sexological community has been developed. First, it is spoken of an increase of FSD and a high prevalence of female sexual dissatisfaction; on the other hand, a question has been raised: whether is medicalization of sexuality promoting higher exigencies for female sexual response in order to be considered satisfactory and free of dysfunction?. OBJECTIVE: To explore sexual practices and sexual response of middle class women and their relation with perceived sexual satisfaction, and relationship satisfaction with partner. METHODS: An anonymous and confidential questionnaire was applied to 150 selected women at their workplace. Statistical analysis of the data includes central tendency, X², and Student's t. RESULTS: The age average was of 38,5 + 9.1 years. For most women feeling loved and intimacy satisfaction were more important than the presence of orgasms. Less than 2% never have experienced an orgasm. Majority are satisfied with their current sexual practices, although 25% of them referred they would like to engage more sexual activities during intercourse. We found a direct relation between the frequency of orgasms and the level of sexual satisfaction. The most named cause of decreasing intercourse frequency was a low sexual effective stimuli and low sexual desire of the women or their partner CONCLUSION: It is evident that women considered of extreme importance their affective bond with their partner, and this is directly related to sexual satisfaction. The sexual response with orgasms is very satisfactory but it is not the only important factor to obtain their sexual satisfaction.

911.6 Intimate Relations: Images of Sex.

Marina Wallace and Caterina Albano. Artakt at Central St Martins' College of Art and Design, UK.

The proposal for our contribution to the International Sex Conference stems from the research on representations of sex carried out for the forthcoming exhibition *Intimate Relations: Images of Sex West and East* (Hayward Gallery London, Oct 2006). This research has brought to our consideration an extraordinary range of artworks and artefacts that has, in different cultures, shaped the representation of sex, both publicly and privately. By focusing on the relationship between the viewer and the objects and referencing the cultural contexts within which the objects have been historically viewed, collected and displayed, we will explore the function of these images and how our current sex culture reflects and is product of a long tradition of viewing sex. Moving from some the questions that have informed the selection for the exhibition, we will look at the transgressive in images: both as a historically and culturally defined concept and as a psychological dimension. The transgressive image whether a depiction on a Greek vase, a Renaissance painting or an internet image is commonly taken as a documentary account of an actual event or a particular practice, and accordingly interpreted as potentially dangerous. This is mitigated or exacerbated by the category into which an image falls, such as whether it is seen as Art and the degree to which the image is circulated. As with any other image, however, representations of sex also use visual vehicles in which culture and psycho-physiology interact. Also has the way we view sexual images change

across time and has this change had an impact in the making and perception of the images themselves? What is the relationship between images and words when it relates to sex? How much do sex images historically and culturally testify to gender determination? Where do we position ourselves towards sex images as active player in their acceptability? When and why do we set the boundaries that an image is acceptable for adult but not for children?---

911.7 The M²M Study: Married men who have sex with men.

*Jeff H. Hudson ¹, Garrett Prestage ², Bulent Turman ¹ and Patricia Weerakoon ¹. ¹Sydney University - School of Biomedical Sciences, Australia; ²University of New South Wales, Australia.

The presentation describes a research study of Married Men who have Sex with Men (MMSM) in Sydney with a view to understanding issues, optimizing healthcare and informing the community. The project aims to understand the social, sexual and demographical aspects of Married Men who have Sex with Men, so as to guide a better understanding of this group, promote education initiatives, support and explore the risk environments. The project is a comprehensive examination of the social and health issues emphasizing the social aspects, attitudes and practices among MMSM and also describes and documents the experiences of MMSM. The project explores how socio-economical factors impact on MMSM and document data on the social context of MMSM lives and their coping strategies. It explores sexual behaviours among MMSM and identifies the frequency and extent of sexual encounters, the socio-demographic and behavioural aspects/characteristics associated with these sexual practices. The project hopes to identify the social contexts of and interactions of sexual encounters, sexual practices, sexual pleasure, partner choice and protective practices identifying attitudes, values and current levels of knowledge of sexually transmitted diseases and HIV/ AIDS. This presentation will use a multi-media approach to emphasise the importance of the topic. It will outline the project, literature review, present brief case studies and examine recruitment strategies to highlight the issues.

911.8 Finding Mr Any Minute Now: Recruitment strategies for The Married Men who have Sex with Men (M2M) Study.

*Jeff H. Hudson ¹, Garrett Prestage ², Bulent Turman ¹ and Patricia Weerakoon ¹. ¹Sydney University - School of Biomedical Sciences, Australia; ²University of New South Wales - National Centre in HIV Epidemiology and Clinical Research, Australia.

This project aims to understand the social, sexual and demographical aspects of MMSM such as to guide a better understanding of this group, promote education initiatives, support and explore the risk factors in this group. This project also seeks to investigate the sexual networks within the MMSM population and examine the concept of sexual fluidity within the context of sexual ambiguity of MMSM. Subjects are being recruited through community organizations, activities, networks, snowballing (passive), advertising and personal contacts. Descriptive methods of publicly available data on the internet will be used to formulate proxy markers to indicate where the populations of MMSM are generally located. Using the search engine of highly popular adult internet web sites with a personal ads section for men to contact each other, observations will be presented based on profiles of men who choose to identify as either gay, bisexual, bicurious, curious, or open-minded but also state their marital status as married, attached or defacto. Postcodes or suburbs will be recorded, this will enable the researcher to target specific areas / suburbs in NSW to identify a catchments area for successful diverse sampling and enable appropriate recruitment through advertising. Additionally to compare and contrast recruitment strategies the period of recruitment will be divided into three. Each division will have a period of 3 weeks for recruitment. The number of questionnaires distributed during that period will be accounted for. The divisions are as follows. A. The Connected Group involving organizations with a vested interest in the area of married men who have sex with men, such as the NSW Bisexual Network, Gay and Married Men Association (GAMMA), Mature Age Gays. Sex on premises venues. B. The Clinical Group consisted of recruitment from medical or hospital clinics specializing in the areas of sexual health. C. Active advertising using the Ethics Committee approved advert in locations suggested by proxy markers as target areas. D. The Last Hooray is a final attempt to recruit using all the above as a last attempt to add to recruitment. Note: Consistent through out the process will be snowballing through word of mouth and the cooperation of Sex on Premises venues used by MMSM. Discussion is needed for the specific strategic recruitment methods targeting an almost invisible group. This will enable similar methods to be employed based on findings.

911.9 Which Aphrodisiac Foods, Aromas and Libations are the Hottest for 21st Century Sensibilities?

*Linda De Villers^{1,2}. ¹Aphrodite Media, USA; ²Pepperdine University, USA.

This paper takes a contemporary look at the erotic power of aphrodisiac foods, aromas, and beverages (alcoholic and non-alcoholic). It highlights both their actual biochemical properties, their visual properties and the importance of taking advantage of the power of perception and experience to boost their aphrodisiac potential. In addition to the traditional favorites such as oysters, chocolate, chiles and champagne, this paper also includes the results of an internet-based, international survey of favorite aphrodisiac foods, beverages and recipes. Preliminary analyses of the data show that gender, age, country-of-origin and ethnicity all influence which foods, beverages and aromas hold the

greatest aphrodisiac appeal. The results also reveal that those who have adventurous palettes find exotic foods are perceived as aphrodisiac, while those who have conservative palettes perceive robust, substantial foods as aphrodisiac. Sumptuous, simple recipes are offered, from seductive starters, to enticing entrees, to decadent desserts, all with creative serving ideas, using all of the senses, to maximize sensory and erotic pleasures. The paper concludes with the significant sexual, relationship and health benefits that arise when regularly, preparing and enjoying meals becomes a celebration of sensuality, and when meals focus on pleasure. The research conducted for this paper will be included in Dr. De Villers forthcoming book, *Aphrodisiac Cookery: A Sex Therapist's Guide to Maximizing the Erotic Power of Food, Aromas and Libations*.

912.1 Reproductive and Sexual Health: A Series of Unfortunate Events for the Filipino Woman.

* Gladys Malayang. Health and Development Initiatives Inc., Philippines.

This paper shall present a story of the Filipino Woman as she journeys through history—a story that is merely a microcosm of what women throughout the world in one way or another go through. The story will show how the □Filipina□ was, in terms of her reproductive and sexual health, prior to Western influence, and what she has become after Catholicism, American education, and the current diaspora and globalization has changed her life. The paper will examine the downward spiral of the Filipina's reproductive and sexual health and will provide insights into the influence of religion, culture and global events that shape a woman's life choices and behavior. The paper will also provide recommendations on what can be done to change the situation of the Filipina so that she, like the rest of her sisters throughout the world, will finally find a place where her body, her sexuality and her choices are respected.

912.2 The Debate on Sexual Education: the case of Costa Rica.

* Anna Arroba. Asociacion de Mujeres en Salud, Costa Rica.

This paper deals with the ongoing debate in Costa Rica about sexual education carried on between adults of different institutions which leaves young people in the penumbra of ignorance and danger. In different studies young people acknowledge their level of ignorance, and clearly indicate what they want. Is it not time to take them into account and to create a new paradigm of sexual education where the body, responsibility and pleasure are central.

912.3 Reproductive Choices and Sexual Health.

* Joana Nerquaye-Tetteh. Planned Parenthood Association of Ghana, Ghana.

Ghana has progressive policies on sexual and reproductive health, however, the country faces significant challenges including high maternal mortality, high teenage pregnancy, unsafe abortion, a high unmet need in family planning, an

HIV prevalence rate of 3.1 and a general lack of sexual and reproductive health education and services in the rural areas and also for young people. Most of the clinical cases seen in the country in the area of sexual and reproductive health are a result of the reproductive choices that people make. People's attitudes and beliefs about their own worth and their sense of control over their lives usually influence their decisions about sex and sexuality and their choices are informed if they have had the relevant education and information. Some choices are also enforced where individuals are not given their rights to make their own decisions. The lack of relevant health services aggravate the problems. Some case studies have been used in this presentation to highlight the issues that cause people to make certain reproductive choices and the consequences as manifested and dealt with in our clinics. These include the lack of sexual and reproductive health education and services, especially for young people and the inherent problem of females' lack of social and economic power, both resulting in high unwanted pregnancies, high abortion rates and STIs including HIV/AIDS; the choice of early marriage, an issue of cultural beliefs and influence, which result in pregnancy and birth complications for the young mother; the reliance on untrained traditional health practitioners by large rural populations due to lack of access to health services resulting in various complications; cultural practices usually forced on young girls, for example female genital mutilation (cutting) which result in complications at birth and a general lack of enjoyment of sex by these women. Male clients also have concerns of their own and issues of their sexuality and gender-based power influence their choices. The conclusion is made that in our clinical work we usually have to look at the social and physical environment of the clients and successful results are mostly achieved where all the various determinants of sexual and reproductive health have been included in the solutions.

1001.1 Sexuality in Canada.

*E. Sandra Byers ¹, Alexander McKay ², Eleanor Maticka-Tyndale ³ and Peggy J. Kleinplatz ⁴. ¹University of New Brunswick, Canada; ²Sex Information and Education Council of Canada, Canada; ³University of Windsor, Canada; ⁴University of Ottawa, Canada.

This symposium is sponsored by the Canadian Sex Research Forum and has the objective of acquainting WAS participants with sexology in the host country, Canada. It will consist of presentations by four of Canada's leading sexologists. Dr. Sandra Byers will introduce the session and serve as discussant. Dr. Alex McKay will present on sexual health education in Canada; Dr. Eleanor Maticka-Tyndale will present on sex research in Canada; and, Dr. Peggy Kleinplatz will present on sex therapy in Canada. Dr. McKay's presentation will provide an overview of the provision of sexual health education to youth in Canada. Most public school curricula and guidelines (e.g. Health Canada's Canadian Guidelines for Sexual Health Education) tend to reflect a non-judgmental recognition that most Canadian young people become sexually active during their teenage years. However, the extent and quality of sexual health education in Canadian schools is inconsistent and varies from province to province, school board to school

board and from school to school. The sexual health education of Canadian youth will be discussed within the context of prevailing societal attitudes towards adolescent sexuality and in light of basic sexual health indicators (e.g., teen pregnancy and STI rates) among Canadian youth. Dr. Maticka-Tyndale's presentation will provide an overview of the areas of sexuality where Canadian researchers have focused their attention including both within Canada and internationally. Both large-scale research programmes and notable, distinct projects will be highlighted. The implications of federal, provincial and regional policies related to training, funding, and development and support of clusters of researchers or centres of research on the advancement of sexuality research in Canada will be addressed as will the influence of research on the development of sexuality-relevant policy. Dr. Kleinplatz's presentation will consider the state of sex therapy in Canada. Provision of services, diagnostic issues and fees/insurance coverage/reimbursement for sex therapy will be discussed. Training and licensure/certification of sex therapists will be reviewed. Given the vastness of Canadian geography and the uneven population distribution, the availability of sex therapy is spotty. This presentation will highlight the interdisciplinary training, certification and continuing education in sex therapy in Canada's largest province as provided by the Board of Examiners in Sex Therapy and Counseling of Ontario (BESTCO). BESTCO offers a model of exemplary standards with high quality assurance built into its program. Implications of current public health policy for the development and treatment of sexual problems will be considered.

1002.1 L'Homme ressemble-t-il à la femme ?

*Jean Mailhot. Institut de ressources médicales en andropause, Canada.

Bien que la notion du vieillissement chez l'homme soit connue depuis longtemps, ce n'est que depuis dix ans environ que les paramètres cliniques et biochimiques émergent avec force. Nous suivrons l'historique de ce syndrome qu'est l'andropause, tant au niveau de la population que de la communauté scientifique, surtout depuis sa reconnaissance officielle par l'OMS en 1998. Les symptômes cliniques en sont la première phase du diagnostic et ils ressemblent beaucoup à ceux de la femme. Plusieurs maladies se retrouvent chez l'homme vieillissant, à savoir l'ostéoporose, la dépression, le diabète et la résistance à l'insuline, les dyslipidémies et les maladies cardiovasculaires et les anomalies prostatiques : simple coïncidence ou relation de cause à effet ? Il n'en reste pas moins que l'homme de plus de 50 ans qui présente une testostérone abaissée multiplie son risque par deux et parfois par trois de développer de tels problèmes de santé. Nous devons donc porter une attention importante aux aspects cliniques de l'andropause, rechercher des paramètres encore meilleurs pour supporter le diagnostic et amorcer des recherches qui permettront non seulement d'améliorer la qualité de vie mais peut-être de retarder l'apparition et l'évolution de ces comorbidités.

1002.2 Ou se situe la mesure de la testostérone ?

*Gilles Brisson. Cité de la Santé de Laval, Canada.

L'andropause est défini par un ensemble de symptômes cliniques reliés à l'hypogonadisme et doit être confirmé par des analyses biochimiques comprenant en particulier la mesure de la testostérone. Mais de quelle testostérone parlons-nous? Testostérone totale, libre ou testostérone biodisponible? Pouvons-nous poser un diagnostic d'hypogonadisme uniquement avec la testostérone totale? Devons-nous mesurer ou calculer la fraction libre ou biodisponible? D'autres tests de laboratoire peuvent-ils nous aider? La littérature scientifique démontre une grande confusion lorsque l'on parle de la mesure de la testostérone. Il existe pourtant des évidences que les approches proposées par plusieurs organismes reconnus pour confirmer l'andropause ne permettent pas la mise en lumière de l'hypogonadisme recherché chez l'homme vieillissant. Dans ce contexte, nous reviserons le rôle du laboratoire dans l'investigation de l'andropause et préciserons l'approche qui permet le mieux de caractériser l'hypogonadisme chez l'homme.

1002.3 La dépression chez l'homme vieillissant hypogonade

Le risque de dépression est 4 fois plus élevé chez l'homme vieillissant hypogonade. La dépression est un facteur de risque majeur pour le suicide et les hommes plus âgés ont un des taux de suicide les plus élevés parmi les groupes démographiques. De plus la dépression est souvent sous dépistée et sous traitée dans ce groupe d'âge. Plusieurs mécanismes biologiques expliquent l'association entre l'hypogonadisme et la dépression. Identifier l'hypogonadisme qui augmente le risque de dépression constitue une occasion de prévention et de traitement précoce pour ce véritable problème de santé publique. L'emploi de la testostérone comme antidépresseur ou en potentialisation est prometteur pour les cas d'hypogonadisme et de dépression.

1003.1 Understanding Women's Sexual Desire: The Role of Sexual Agency.

Jill Wood, *Patricia Barthalow Koch and Phyllis Mansfield. The Pennsylvania State University, USA.

A qualitative grounded theory research design was used to study sexual desire among postmenopausal women. Twenty-two postmenopausal women participating in the TREMIN Research Program on Women's Health responded to semi-structured telephone interviews. The resulting qualitative data were analyzed in *Nvivo 2.0* using the constant comparison method of grounded theory research. The results suggest that women's experience and meaning of sexual desire is intrinsically related to their negotiation of their sexual agency. Women were challenged to negotiate their sexual agency within three sites: within themselves, within their relationships with their partners, and within their interactions with the medical system. The findings will be discussed with regard to how women's sexual desire is deeply embedded in the sociocultural context of their lives. These women's own words will be used to describe the importance of sexual agency to their experience (or lack) of sexual desire and overall sexual satisfaction. Implications include the need to reconsider the current conceptualization and treatments of sexual desire (disorders) for women.

1003.2 Where in the Brain is a Woman's Sexual Response? Laboratory Studies including Brain Imaging During Orgasm.

*Beverly Whipple¹ and Barry R. Komisaruk². ¹The State University of NJ, USA;

²National Institute of General Medical Sciences, NIH, USA.

Women report pleasurable responses, peak sexual experiences, and orgasm from a variety of stimuli. Physiological studies from our laboratory have validated the reports of women that they do not fit into a pattern of only one way to respond sexually. Data from orgasmic responses of women using functional magnetic resonance imaging (fMRI), and positron emission tomography (PET) with O15-labeled water will be given. During these studies, activity in the brain was recorded during vaginocervical self-stimulation (VSS) in women with complete spinal cord injury (SCI) at or above T 10 (i.e. at or above the level of entry into the spinal cord of known genitospinal nerves, pelvic, pudendal and hypogastric) and in women without spinal cord injury. Activation of the region of Nucleus Tractus Solitarius (NTS), the sensory nucleus of the vagus nerve was observed, supporting our hypothesis that the vagus nerve provides a spinal cord bypass pathway for vaginocervical sensation. During orgasm, compared to pre-orgasm, high levels of activity were observed in the regions of the following: hypothalamic paraventricular nucleus (PVN), midbrain central gray, amygdala, hippocampus, anterior cingulate, frontal, parietal, temporal, and insular cortices, anterior basal ganglia, and cerebellum. fMRI data from imagery-induced orgasm will also be presented. Application of these data for therapy will be suggested.

1003.3 Procter & Gamble's Testosterone Patch for Women: A Case Study in the Medicalization of Sexuality.

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Over the last ten years, media attention and scientific research on women's sexual life have increasingly emphasized performance norms for sexual adequacy (e.g. routine and consistent sexual desire, arousal and orgasm), physical causes of sexual inadequacy (e.g., hormonal and genital blood-flow deficiencies), the central role of physicians in helping women with sexual problems, and the role of drugs and other medical interventions in treatment. We call this the medicalization of women's sexuality. This medicalization has been made possible by a number of social, economic and professional trends, and one way to tell the story is in terms of individual case studies. Procter & Gamble (P&G), a major Fortune 500 corporation with \$55 billion/year sales in domestic cleaning, food, and cosmetic products, has a small pharmaceutical division. In the late 1990s, along with other companies, P&G began to study the possibilities of treating a new condition, "female sexual dysfunction," with synthetic androgenic hormones. They chose a transdermal patch technology

(other compaines are going with gels, creams, nasal sprays, and pills). In 2000, the FDA provided guidelines on appropriate clinical trial endpoints and study groups. P&G submitted the data on their testosterone patch product (named "Intrinsa") to the FDA in June, 2004, but after it was unanimously rejected on safety grounds by an FDA advisory committee early in December, 2004, P&G withdrew its application. However, In January, 2005, P&G submitted its data to the European Medicines Agency, the EU counterpart of the FDA. In this presentation, I want to describe the invention and promotion of the new medical "female sexual dysfunction" using the P&G story as a case study. "Intrinsa" offers us an example of sexual social construction in action and allows us to observe the active roles played by consumers, sexologists, the pharmaceutical industry, physicians, insurance payers, government agencies, public relations companies, and many different kinds of media. Any attempt to describe the biopychosocial perspectives of women's sexual lives must take the current medicalization into account, in terms of its effects on the policy, media, interpersonal and intrapersonal levels.

1004.1 Index of Premature Ejaculation: A new questionnaire to assess changes in control over ejaculation and satisfaction with sex life.

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Introduction and Objectives: No validated questionnaires to assess the subjective aspects of premature ejaculation (PE) are currently in use. Clinical trials have generally only considered time, measured by ejaculatory latency, as an indicator of efficacy, but ejaculatory control, sexual satisfaction, and distress are important aspects of PE, which impact on the patient and his partner. The objective of this study was therefore to develop and validate a new questionnaire to measure the overall experience of premature ejaculation.

Method: Test items were initially developed through discussion with two sex therapists (SA and RR) and through in-depth interviews with men with PE. The psychometric analyses were conducted on a sample of PE sufferers (n=926) who ejaculated <2 minutes in 70% of attempts at sexual intercourse and non-PE men (n=154) who self-reported latencies "about average" or "a little longer than average". **Results:** Factor analysis revealed a three-factor solution: Sexual satisfaction, Control and Distress. Reliability was good and convergent validity was as predicted when correlated with the Sexual Quality of Life Assessment tool. Discriminant validity was excellent with non-PE subjects scoring significantly higher than PE sufferers on all domains. **Discussion:** The Index of Premature Ejaculation (IPE) is a reliable and valid questionnaire for the assessment of control over ejaculation, satisfaction with sex life, and distress in men with PE. This tool has the potential to add value to interpretations of improvements in ejaculation latency resulting from new treatments of PE. Further research will need to investigate the IPEs sensitivity to change and define a "minimum important difference" for each domain.

1004.2 Emotional Impact of Premature Ejaculation in Patients: A Qualitative Exploration.

*Eusebio Rubio Auriolles, Ivan Arango de Montis and Nadine Terrein Roccatti.
Asociacion Mexicana para la Salud Sexual A.C., Mexico.

OBJECTIVE: To explore the emotional impact of premature ejaculation as perceived by the patients with qualitative research methodology. **METHODS:** Subjects were selected from the patient database of the AMSSAC Sexual Health Clinic. Subjects were invited to participate; an informed consent form was provided, explained and signed by participants. A screening interview included the identification of inclusion and exclusion criteria as follows: Inclusion criteria: Premature ejaculation diagnosed according to DSM IV TR, between 20 and 55 years of age, Heterosexuals, with active sexual life according to subject statements, with a single partner in the last 6 months, premature ejaculation had to occur at least twice a month, with at least high school education. Exclusion criteria: use of medication that impairs sexual function. A 2 hour session focus group was conducted and recoded both in audio and video format. A complete transcript of the session was then analyzed to identify content following the principles of Grounded Theory, and categories of emotional impact were constructed and accommodated in a Mental Map. **RESULTS:** The following categories of impact were identified: Impact in the Patient, Impact in the Partner, Impact in the Family, Impact on Sexual Function, Impact on co-morbidities, especially alcohol abuse, and interestingly some positive impacts. The most extensive category here was impact in the Patient where the following areas of impact were identified: Identity (self esteem and masculinity), Affective States (Frustration and depressive feelings), Sexual Functioning (avoidance of sexual interaction), Interaction with Partner and Social skills (diminished perceived capacity to approach a potential new partner) **CONCLUSIONS:** Premature ejaculation had an important impact in this group of self identified patients. The emotional impact on the patient himself is clear and with several levels both in himself, his partner and sometimes family. More research is needed to understand how these patients refers such a big impact and other men (i.e. Laumann, et al 1999) apparently have a less distressing reaction to premature ejaculation

1004.3 Premature ejaculation: short term sexotherapy.

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Based on clinical observations on the way men who suffer from premature

ejaculation (PE) play with sexual excitation, we developed a short term sexotherapeutic procedure. After a thorough evaluation of the sexual excitation pattern either in self-stimulation or during coitus, we offer a quite standardized procedure to modifying PE. First a man should be fully conscious of his closeness to the level of sexual excitation where he will ejaculate. He should also become aware of his muscular tension in the muscles connected with genital excitation: abdominal muscles, buttocks, anal muscles and perineal muscles. Secondly, he has to learn to move his back, pelvis and shoulders, implying his whole body, in an harmonious way, avoiding hypertony, progressively doing this while self-stimulating and finally with his sexual partner and during coitus. With motivated patients (most of them are very motivated) and an experienced sexotherapist, the treatment of PE proves efficient within 5 to 10 sessions. Some identified patients need more time: when severe reflex contractions of perineal muscles are present (very rapid ejaculation, sometimes □ante-portas□), or with so called □fusional□ patients, motivation to self-stimulation should take place in order to insure adhesion to the treatment. This way of treating is now beneficial to a large number (thousands) of patients. We firmly state that this sexotherapy should be seriously considered by every sexotherapist who wants to treat PE patients. Research is planned to demonstrate this in the future, but clinical evidences are strong enough not to wait for formal proof.

1004.4 Guidelines for the Pharmacological Treatment of Premature Ejaculation.

*Pierre Assalian. Montreal General Hospital, Canada.

Guidelines for the pharmacological treatment: 1-Etiology is indicative of biological origin. 2- Patient choice. 3- Loss of beneficial effect of traditional sex therapy. 4-Life saving measures. 5- In failing relations where PE has been an important factor. 6- When the female partner refuses to participate in sex therapy. 7- In certain cultures or religions. 8- The "exciting vagina"

1004.5 Premature Ejaculation: What Do We Do For It? An Integrative, Biopsychosocial, Multidimensional Approach.

*Michael E. Metz. Meta Associates, USA.

Approaching Premature ejaculation (PE) from an Integrative, biopsychosocial multidimensional perspective provides a format to ensure comprehensive assessment and treatment, the best approach to ensure not only sexual function but sexual satisfaction and relationship intimacy. This inclusive approach to treating PE recognizes that it is usually a complicated personal and relationship problem. It emphasizes that four essential factors require equivalent attention for sexual health: the biophysical foundation of sexual function, the psychological dimensions (cognitions, behaviors, emotions), relationship dynamics (such as cooperation and emotional intimacy); as well as psychosexual skills for lovemaking. Treatment must be based in thorough assessment of all possible causes, effects, and dimensions of PE. The two essential features in assessing PE

are to determine (1) the initial and maintaining causes or types of PE, and (2) the severity of the PE. Determining the type(s) or origins of PE will clarify and organize the resources and tools required for comprehensive treatment, while the severity determines the level of detail that the therapeutic effort will require. The basic treatments for Physiologic PE include treating Neurologic System PE by ensuring realistic sexual expectations on the part of the couple; psychosexual skills training (to compensate for neurologic efficiency); and pharmacotherapy (e.g., SSRIs, Dapoxetine) for those who choose this. Physical Illness PE is treated with medical interventions appropriate to the disease (e.g., antibiotic for prostatitis) and may include limited psychosexual skills to assist the couple to recover from the negative effects. Physical Injury PE is treated with pharmacotherapy to neurologically delay ejaculation. When not effective, psychosexual skills training can help the couple adapt with satisfaction. Drug Side-Effect PE can be ameliorated, if the health cost-benefit ratio allows, by adjusting the drug (e.g., dosage of desipramine), switching to an alternative agent, or training in compensatory psychosexual skills. The basic treatments for psychogenic PE vary from extensive psychotherapy, to psychotropic medications, to brief supportive therapy, and to love-making skills training. Psychological System PE (e.g., bipolar; OCD) will warrant intensive psychotherapy, often including psychotropic medication, as well as psychosexual skills training. Psychological Distress PE (e.g., career distress, grief) usually requires brief psychotherapy, and may include psychotropic medication (e.g. for reactive depression or anxiety), and psychosexual skills training to regain sexual confidence and recover sexual function. Relationship Distress PE warrants relationship therapy as well as some selected psychosexual skills training to heal, restart comfortable lovemaking, and enhance intimacy. Psychosexual Skills Deficit PE requires specific psychosexual skills training. Mixed PE needs to address not only the PE but the other sex problem using all available resources in an integrative way. By treating PE as a biopsychosocial problem, and using a comprehensive, integrative approach that uses all resources (medical, psychological, relational, and psychosexual skills) couples can overcome PE, enhance satisfaction, and deepen their relationship intimacy.

1004.6 Drug Treatment of Premature Ejaculation.

*Marcel D. Waldinger. Haga Hospital Leyenburg, The Netherlands.

Until the 1990s, a major problem of drug treatment studies of premature ejaculation was the lack of standardized measures, assessment tools, baseline measurements and an operational definition of premature ejaculation. However, in recent years the methodology has been improved by introduction of the intravaginal ejaculation latency time (IELT) as a standardized measure of the ejaculation time, the use of a stopwatch, a baseline period, and a quantified definition of premature ejaculation. The introduction of the selective serotonin reuptake inhibitors (SSRIs) mean a revolutionary change in the neurobiological understanding of and drug treatment of lifelong premature ejaculation. Of all SSRIs, daily treatment with paroxetine exerts the strongest ejaculation delay. Both animal and human studies have provided evidence that premature

ejaculation is highly associated with central serotonergic neurotransmission. In addition, neuroanatomical studies have shown that specific centers in the brain mediate the ejaculation process. Based on the application of the 0.5 and 2.5 percentiles as medically accepted standards of disease definition on epidemiological stopwatch assessed IELT values, Waldinger et al. have recently proposed that premature ejaculation is a neurobiological dysfunction with an unacceptable increase of risk to develop sexual and psychological problems anywhere in lifetime.

1005.1 Using Partner Is Not Enough: Teaching about Sexual Orientation Accurately and Effectively.

*Elizabeth Schroeder. Sexuality Educator, Trainer and Consultant, USA.

There is no area of sexuality education in more need of □unity in diversity□ than the teaching of sexual orientation. Even educators who are able to discuss sexual orientation cannot help but do so insufficiently. Usually, these lessons are one class session or day. The lessons that follow return to being heterocentric, the session about sexual orientation forgotten. Some educators talk about the challenges of being lesbian, gay, or bisexual and homophobia, without acknowledging the positive aspects of being gay. Others exclude bisexuality from the discussion, unaware that it is a valid orientation, not a mid-point between heterosexuality and homosexuality. Still others exclude heterosexuality from the discussion of orientation, reinforcing the mistaken belief that □sexual orientation□ refers only to people who are not heterosexual. As a result of this and more, educational programs about sexual orientation cannot help but fall short. In this interactive workshop, designed for sexuality educators in school or agency settings working with middle to late adolescents, international sexuality educator, trainer, and consultant Elizabeth Schroeder, MSW provides comparisons between currently-used methodology for teaching about sexual orientation and more effective techniques educators can incorporate immediately into their lesson plans. It gives accurate, up-to-date information and definitions, differentiating clearly between sexual orientation and gender identity. It presents the rationale for long-term, ongoing infusion of diverse examples within any program, but also acknowledges the reality of the single-session workshop or class topic by offering specific guidelines for educators who only have one meeting in which to discuss orientation. Once the guidelines are offered, the group experiences the activity so they can observe effective processing techniques. Participants also receive handouts listing other resources.

Learning Objectives: After this workshop, participants will be able to: 1. Define □sexual orientation□ and □gender identity□. 2. Identify at least three □yellow flag□ (cautionary) terms pertaining to sexual orientation. 3. Name at least five ineffective and five effective ways of teaching about sexual orientation to youth. 4. Describe an effective lesson plan if restricted to a single session.

Outline/Methodology: I. Trainer introduction/workshop overview (5 minutes) II Defining terms (didactic presentation; large group discussion ; 15 minutes) III Teaching about sexual orientation: What we do vs. what we should be doing (didactic presentation; question/ answer ; 45 minutes) IV. Teaching the single

session (Small group activity; large group process ; 35 minutes) V. Goal setting: What do I plan to do differently as a result of this workshop? (individual reflection; large group process ; 10 minutes) VI. Summary / miscellaneous questions/evaluations (large group discussion ; 10 minutes)

1005.2 Management of Male Erectile Dysfunction in Multiple Sclerosis.

*Reiner J. Opsomer. Cliniques Saint - Luc, Belgium.

MANAGEMENT OF MALE ERECTILE DYSFUNCTION IN MULTIPLE SCLEROSIS Erectile dysfunction in Multiple Sclerosis (MS) patients is a common complaint, and it may appear as the first clinical symptom of the disease. However, it is often unrecognized at its early stages but some men retrospectively admit that erectile dysfunction (and urinary disorders) were among the first symptoms that led to the diagnosis of MS. Male MS patients often complain of inability to obtain and/or maintain an erection during sexual intercourse, although they frequently have morning erections or spontaneous, short-lasting rigid erections during the day. Nowadays, sexual disorders are evaluated in a multidisciplinary perspective taking care of the organic, psychological and relational aspects of the sexual difficulties of the subject (and his partner). Patients with an obvious psychogenic or relational problem on history will be referred directly to a sexologist. However, in most cases, the problem is mixed or multifactorial, and the input of the urologist will be frequently requested together with the sexologist. From an organic point of view, patients will be treated with a symptomatic therapy. The symptomatic treatment options are : 1.oral drugs: PDE-5 inhibitors 2.intracavernosal therapy 3.intraurethral therapy 4.vacuum constriction devices 5.implantation of penile prostheses. Erectile dysfunction is no longer a hidden disorder but rather a medical disorder. Since the development of new therapeutic options especially oral drugs, general practitioners and specialists are encouraged to talk openly with their patients about sexual function and dysfunction.

1005.3 Physical aspects of sexuality in Multiple Sclerosis.

*Charlotte Kiekens¹ and Dirk J. De Ridder^{2,3}. ¹Rehabilitation Centre Pellenberg - University Hospital Leuven, Belgium; ²National MS-Centre, Belgium; ³Dept. of Urology, University Hospital Leuven, Belgium.

Multiple Sclerosis (MS) being a disease of the central nervous system can cause different kinds of sexual disturbances. They can be of a biological nature, but also due to psychological or social factors. As the onset is often in adulthood, the consequences of sexual dysfunction are of great importance and should be addressed in these patients. Demyelination can cause cognitive, motor and sensory dysfunction which can result in an altered sexual function. Up to 82% of men and 52% of women report sexual problems. For description of sexual problems in disabled persons we refer to the WHO framework of the International Classification of Functioning, Disability and Health (ICF). Primary

symptoms (linked to body functions and structures) can be problems with libido or orgasm, as well as erectile or ejaculatory disturbances in men and problems with vaginal lubrication in women. Secondary symptoms can be due to several factors such as fatigue, which is a very common problem in MS, spasticity, pain, urinary or fecal incontinence, reduced joint mobility, ataxia, impaired sensibility and anxiety or depression. Limitations in activities such as need for help with transfers and (un)dressing can interfere with sexual life, as well as medication through side-effects (e.g. spasmolytics, antidepressants, anticholinergics). Tertiary problems concern social and cultural aspects of disability which can cause restrictions in participation. As all human beings have the right (WHO) to obtain the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health care services and the right to decide whether to be sexually active or not, we are convinced that sexuality topics should be part of each medical and rehabilitation programme for persons with MS. Information and education of these patients is crucial. Possible treatments and solutions should be proposed in order to increase their quality of life.

1005.4 Psychosocial aspects of the reaction to physical deficiency, in the field of sexuality and the emotional relation to others.

* Michel Mercier. Facultés Universitaires Notre-Dame de la Paix, Faculté de Médecine, Département de Psychologie, Belgium.

The mutilated body, that the mutilation is sudden or evolutionary, obstacle the body image of the person. This body is wounded since the mutilation must be psychologically accepted. This body is socially looked at since it induces particular characteristics of the look of the other. The regard of oneself is blocked by the psychological wound and the relation with the other is blocked by the social glance. The promotion of the quality of emotional and sexual life implies that the intervention is played on three levels: mutilated body, wounded body, socially looked at body. Our communication will aim to differentiate these processes when the traumatism is accidental and when it is evolutionary.

1006.1 Sexual Resilience: What Can We Learn from a Spinal Cord Injured Population.

* Catherine Mathieu ¹, * Stéphane Gagnier and * Dany Belanger ². ¹Institut de réadaptation de Montréal, Canada; ²Institut de réadaptation en déficience physique du Québec, Canada.

Current North American values convey a model of sexual experience through the media that emphasizes the beauty of young bodies and sexual performance, while little is left for developing different experiences, erection and orgasm being synonymous to satisfaction and normality. Through this model we strive to remain young, we use beauty products, physical training, plastic surgery and the like and we deny aging by using products such as Viagra. Yet, following a trauma to the spinal cord, all of the dimensions of the individual, whether

physical, intellectual, socio-affective or spiritual, are affected. The individuals identity, including sexual identity, therefore needs to be re-defined. Having lost the sensory and motor landmarks of the sexual experience and being confronted with a sexual identity to be re-defined, the sexual experience of spinally injured individuals needs to be modified. In men (who represent 85% of the traumatic spinal cord injured population), clinical consultation focuses on the many concerns and losses related to sexual function (i.e., erectile capacity and orgasmic potential). Once the anxiety is relieved by the use of palliatives such as Viagra or Cialis and the like, a new reflection emerges on the view of sexuality in parallel to the motor or sensory deficits. While technical aids are a mean to assist sexual performance they delay the occurrence of new learning. Must a patient undergo severe sensory or motor deprivation to explore new sexual avenues? The long term follow up of our clinical population demonstrates that such extreme experiences lead some spinally injured individuals to value a different and positive view of sexuality. Women, in contrast ask for fewer consultations and do so at a later stage post-injury. How can spinally injured individuals feel attractive? What are the winning conditions to develop attitudes and behaviours that will promote a satisfying sexuality despite the differences? How can one find the proper balance between reconstructing ones sexuality (total rehabilitation) and striving to recover a pre-traumatic level of function (total inadaptation)? These are the many questions that rehabilitation clinicians face when they accompany spinally injured patients in their adjustment for a quality of life. Clinicians must offer a model of adjustment that helps injured people as well as other non injured ones to get through body transformations. Objectives of the session: -identify the impacts of a spinal lesion on sexual health -highlight the intervention strategies in sexology to modify sexual habits when an individual is faced with a physical disability -re-conceptualize the perception of sexual experience (and sexual performance) following a sensory and/or motor deficit -share and discuss the application of this model to other clinical populations living with a sexual dysfunction or passing through changes in life (aging, disease, etc). Session outline: The session will begin with a 30 minutes presentation on the biological impact of various spinal cord lesions and on the individual's context and sociocultural environment in relation to the spinally injured individual, as well as on the importance of "timing" for effective clinical intervention. The presentation will be followed by a videotape on the sexual experience of physically disabled people emphasizing the dichotomy between their experiences and that of non-injured individuals. The videotape, of approximately 15 minutes duration, will be followed by an hour discussion on clinical vignettes which will highlight various intervention strategies that are proposed for a variety of physically disabled populations. Relevance of the session to sexology: This presentation addresses the issue of sexuality for a wide range of clinicians and a large range of intervention strategies. The experience of spinally injured individuals is a fascinating example illustrating one's adaptation to human sexuality. Description of the targeted audience for this session: This presentation is aimed for any clinician working in the area of health. We would like to invite spinally injured individuals to participate in the seminar and to share their experience with us.

1007.1 Evolution of Erectile Dysfunction in Dyslipemic Patients Dealt With Atorvastatina During A Year.

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Objective: To value the influence on the erectile function of the intervention with atorvastatina during a year in dyslipemic patients attended by 30 family doctors in the Valencian community (Spain). **Material and methods:** Multicentric observacional study, made in conditions of habitual clinical practice in patients men of 40 to 65 years diagnosed of dyslipemia (serum cholesterol >200 mg/dl and/or cholesterol LDL>130 mg/dl and/or cholesterol HCL <40 mg/dl) and not dealt with hypolipemiant drugs, that were selected by consecutive sampling. The patients with treatments or pathologies of recognized influence on the sexual function excluded themselves, also those with arterial hypertension (HTA) badly controlled (blood pressure ≥ 140 and/or 90 mm Hg). Erectile dysfunction (ED) it was diagnosed at the beginning of the study by means of questionnaire IIEF. In order to value the evolution of ED at the end of the study was made a question of multiple answer on the own perception of the patient on his capacity to maintain the erection until completing the sexual activity. All the patients were dealt with atorvastatina during 12 months, initially with 20 mg/day and later in weeks 12 and 24, the dose was adapted for each one according to the lipidic parameters evolution. Descriptive statistic was made, bivariant and multivariant analysis (Stepwise Backward) using statistical package SPSS v. 11. **Results:** 161 men included themselves, of average age $54,4 \pm 7,6$ years, BMI of $27,8 \pm 2,8$ Kg/m² and antiquity of dyslipemia of $3,1 \pm 2,8$ years. A 34.8% of the patients were dealt with antihypertensive drugs (9.3% combined therapy). 35.7% were smokers, obese 18.9% (BMI ≥ 30 kg/m²) and 71.4% habitual drinkers (82.5% low consumption to moderate). The prevalence of ED was of 42.7% (severe 4.3%, moderate 12.4% and little 26,2%). The average age in the patients with ED was $56,8 \pm 7,1$ years and in the patients without ED $51,1 \pm 6,3$ ($p < 0,001$). Average doses of atorvastatina in the two intermediate visits (to the 12 and 24 weeks): Group of patients with ED: 27,3 and 21.8 mg/day; Group without ED 23.2 and 18.1 mg/day. When finalizing the study the difficulty to maintain the erection until completing the compared sexual activity with the initial situation was: Less difficult now: for 13.6% of the patients without ED and 44% of the patients with ED. Equal or similar difficulty: for 11.4% of the patients without ED and 48.0% of which they had ED. Greater difficulty now: for 0.0% and 0.0% respectively. They have never had difficulty: 75.0% of the patients without ED and 8.0% of which they had ED. **Conclusions:** After the intervention with atorvastatina during 12 months, almost half of dyslipemic patient that had suffered erectile dysfunction shows that it is less difficult to maintain the erection to them until completing the sexual relation.

1007.2 The sexual Therapist Role.

Celia Sarduy Sanchez¹ and Ada C. Alfonso Rodriguez². ¹Centro Nacional de

We are Therapists in a society where the health continues being considered as a Human Right. Therefore, our services are given to everyone requiring them. We have been questioning ourselves since 1993 if the models used for our work in the Cuban context are adequate. It is our opinion that it has its own peculiarities differentiating from the sexual therapeutic practice in the rest of the world originated in economical, religious, people rights and ideological reasons. However, we are not exempt of ideological and gender differences in our professional praxis. While one of the authors of this paper was playing the roll of principal relater during the II Workshop of Sexual Therapists of Cuba (June 2004), a series of questions arose regarding the theoretical and methodological aspects, as well as concerning the good practices in health. These allowed us to perform a critical analysis of our performance during more than 10 and 20 years of experience in the consultation rooms. The answers to the questions regarding where we are and where do we go; explain what we are trying to visualize.

1007.3 Sexuality Among Teenager Girls With Restrictive Anorexia Nervosa.

*Maria Calado, *Maria Lameiras Fernandez and *Yolanda Rodriguez Castro. University of Vigo, Spain.

Introduction: The objective of this study is to identify the different patterns of sexual behavior among teenage girls and young women with restrictive anorexia nervosa (A.N.). **Methodology:** Personal interviews were carried out with subjects who had been diagnosed with restrictive AN (experimental group) and others who did not present any eating disorder (control group). During the interviews, the diagnosis of restrictive AN was confirmed for the subjects in the experimental group, and the incidence of eating disorders among subjects in the control group was ruled out. Both groups were asked questions about their sexual an behavior The sample consists of 70 women (Experimental=33 and Control=37) with an average age of 18.68 years. Information was gathered regarding the following aspects: past sexual experience, current sexual activity, level of satisfaction with sexual encounters, age of first sexual intercourse, and number of sexual partners with whom they had engaged in sexual intercourse. **Results:** We found that the young women with restrictive AN engaged in sexual activity less often and that they were less likely to be involved in a stable relationship than their counterparts in the control group. We did not find any differences between the subjects in the experimental and control groups with regards to the age at which they had first engaged in sexual intercourse, their level of satisfaction with sexual encounters, or in terms of the number of sexual partners they had had to date. **Conclusion:** It appears that women with Restrictive Anorexia Nervosa have different sexual and relational behavior patterns than women who do not suffer from this type of disorder, which ought to be kept in mind when designing both intervention and prevention programs.

1007.4 New model of global intervention in sexology (migs).

*Marie-Paul Ross and Gérard Bachand. Association des Sexologues du Québec, Canada.

After devoting some time to the variety of models dealing with sexologic intervention, we were particularly concerned with the propositions which identify the erotic and spiritual aspects as antagonists as well as with the restrictive and even hedonist meaning given to the affective dimension. It seemed urgent to present a proposal where a global intervention in sexology would incite the integration of the elements marking the whole sexual experience and favouring a harmonious sexual development. Through a doctoral investigation, we therefore elaborated a model of global intervention in clinical sexology, MIGS. We then elaborated and applied the program corresponding to this model and we conducted a descriptive analysis of the effect of the model. The gathering and analysis of the results allowed us to see that the MIGS favours a very significant awareness of sexual problems. Moreover, this model of intervention helps personal growth, the achievement of affective maturity and a more harmonious sexual development. We used the method of clinical observation all along the investigation. We observed that human sexual experience involves elements allowing us to analyse and understand the characteristics particular to the process of sexualization and to human sexual problems. We put forward a tool that we hope will help better define the totality of sexologic problems.

1007.5 Approach To The Dysfunctional Couple.

*Yodalia Leyva. Cenesex, Cuba.

Introduction and Objectives Working with dysfunctional couples for over 25 years have provided us with the possibility of addressing the different events that may lead to dysfunctional couples as well as various dynamic ways to face and solve this problem. The couple therapy, the counseling and the guiding will be aimed at reaching the existential, emotional and sexual harmony described by Dr Mirtha Granero so that the couple can enjoy the quality of life that assures happiness. Main body: This paper analyzes that the couple needs to be aware of the fact that dysfunctionability is a common problem of both members of the couple and so, it must be tackled. Taking as a basis the concepts of Dr Mirtha Granero on the need for existential, emotional and sexual harmony to solve the conflicts of couples, the common project that the dysfunctional couple had or still have is assessed so as to diagnose whether there is dysfunctionability and to determine who requested the appointment, what they really expect from the therapist, their expectations and the areas of the couple relationship that have not deteriorated to use them in the therapeutic strategy. Also, the various events that may occur in the therapist-couple relationship (taking into account that the same therapist will treat the members of the couple individually and together) as well as the initial basic tasks of the therapist and the restructuring of a common project that will guarantee love and durability of the couple are assessed. Conclusions 1. The treatment of a dysfunctional couple requires the cooperation from both members of the couple. 2. Good communication and respect to

gender equality are necessary to succeed. 3. Knowing the reasons why the couple went to consultation, who decided to make the appointment with the therapist and the expectations of the couple is required to diagnose whether the couple is dysfunctional or not. 4. The interview will disclose the areas of the couple relationship that have not deteriorated so as to keep them as support for therapeutic strategy. 5. It must be known if the members of the couple really wish to recover the common project that made them join and live together before they reached the crisis point. 6. The approach to the dysfunctional couple should create an environment that facilitates the exposure of all their emotional experience so that each member may appreciate its own self-esteem and that of the other member. This will be evidenced in the individual and group interviews. 7. The therapist should give the couple confidence by accepting his/her own sexuality and that of the others and respecting the individual and social-cultural differences. We believe that the couple may become dysfunctional due to a large number of reasons that are not necessarily related to their sexuality, but undoubtedly many of them affect it. Therefore, the therapeutic approach is not the same for all the cases

1007.6 Communication and Sexual Attitudes with Health Professionals (GASS-AP) 2003-2005.

*Carlos San Martin and *Vicente Bataller. CARLOS SAN MARTIN, SPAIN.

The GASS-AP (Supporting Group for Sexual Health in Primary Health Care) was created on the initiative of primary health care doctors, concerned with care improvement for patients with "sexual malfunction" in the Spanish public health care system, and with encouraging professionals to work on their patients' sexuality. The structure of the GASS-AP includes various specialists in sexual health sexologists, andrologists, urologists for a multidisciplinary approach. The project starts with two meetings of the strategic core, the operative core, and local references, and with some conferences on sexual health in 2004. Some 900 primary health care doctors from all over Spain are involved, which is the entryway for patients with sexual problems into the national health care system. Continuity and financial support for the training of these professionals are in cooperation with the biomedical company of Pfizer through a technical office www.gass-ap.com training courses, discussion meetings, articles on sexual health, and so on. We are now presenting the course: "Communication and Attitudes at the Interview with the Sexologist" with the purpose of giving a training tool designed to improve doctor/patient communication in sexual health matter

1008.1 Understanding the Development of Male Sexual Arousal Patterns - Invited Paper.

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The paper presents a grounded theory, qualitative study of 127 men (64 interviewed, 63 in focus groups) aged between 18 and 25, investigating patterning and repatterning of male sexual arousal (MSA). Limited information exists on non-deviant sexual arousal of men. The majority of contemporary literature on MSA examines clinical populations of men with erectile function difficulties and other performance issues, or harmful arousal patterns (sex offenders). The men in this study were not from a clinical population just usual blokes who volunteered to participate. These men have a very different view than what is continually documented about MSA. The results reveal that men understand that they need to control their emotions, cognitions and physical changes (ECP; including physiology and behaviour) in a manner that provides the best fit for a particular situation in order to achieve sexual arousal and gratification. This ability to recognise changes in the homeostasis of these ECP elements allows the man, through experience and practice, to develop ratio sets of these ECP. For example, this provides detachment from emotions and thoughts when purely the behaviour is desired, or stronger connection to the cognitive when fantasy is desired or required. These men recognised that arousal is influenced greatly by anticipation and can start in the morning when they are hopeful of having sex that night. Components necessary for arousal were conceptualised and categorised from the data and a core category established that is the base of other components of arousal: *Self constructed situational alignment of physical, emotional and cognitive states to validate self*. A model of how men pattern and attempt to repattern arousal to best suit their view of self in any situation was developed and will be presented. This model has implications for the education of boys, the treatment of men with sexual arousal problems and the treatment of various forms of paraphilic behaviour including the treatment of sex offenders.

1008.2 In patients using treatment for erectile dysfunction (ED) does the International Index of Erectile Function (IIEF) accurately measure sexual drive, ejaculation and orgasmic sensation?

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INTRODUCTION The IIEF was developed to assess male sexual function from a holistic perspective. However its primary function, to assess the erectile response, may influence neglect of other sexual problems. In most studies of treatment for erectile dysfunction(ED) mean IIEF baseline to endpoint scores are reported, neglecting qualitative analysis of individual patient feedback. The following study assesses IIEF feedback on sexual drive, ejaculation and orgasmic sensation in patients using ED treatments (sildenafil and apomorphine) by comparing baseline to endpoint scores with an alternative measurement of male sexual function (The Ayr Index of Male Sexual Function (AIMSF)). **PATIENTS AND METHODS** Development of the AIMS F began with literature review and discussions with an expert panel. The expert panel was used to assist with content validation. Linguistic validation included a pilot phase, which was designed to test patient perception of terminology. Items that failed to meet minimal criteria for inclusion were either omitted or rewritten and re-evaluated.

Patients were randomised to commence either sildenafil or apomorphine. Forty four patients (mean age 51 years) were recruited and 33 patients completed both questionnaires at baseline and after each treatment. Patients that had experienced ED for <6 months and patients that were contraindicated to using sildenafil or apomorphine were excluded. Feedback was analysed using Levene's test for equality of variances and qualitative analysis was carried out by collating and comparing individual baseline to endpoint scores. RESULTS Efficacy of treatment influenced outcomes in all sexual domains. The difference from baseline to endpoint scores between sildenafil and apomorphine reached statistical significance for the IIEF, Erectile Function (EF) domain ($p < 0.001$) and Orgasmic Function (OF) domain ($p < 0.001$). Mean baseline to endpoint scores from IIEF and AIMSf feedback, did not reveal a significant difference in sexual drive/desire ($p = 0.32$). However sub-group analysis and comparison of individual scores revealed that lack of sexual drive/desire was common in patients with severe ED at baseline ($n=8$) ($< 5/30$ IIEF, EF domain). Six of these patients responded to ED treatment though only 4 patients reported significant improvement in sexual drive/desire at endpoint ($p < 0.001$). Endpoint comparison of IIEF and AIMSf scores revealed that of responders to ED treatment ($n=28$) 11 patients (38%) reported persistent problems with ejaculation and orgasmic sensation via feedback from the AIMSf. IIEF feedback failed to identify these problems. CONCLUSION The IIEF may fail to accurately measure ejaculatory function and orgasmic sensation. Restoration of the erectile response with ED treatment may have a positive effect on other aspects of the sexual response. However deficit in sexual drive, ejaculation and orgasmic sensation may persist in some patients. Lack of sexual drive/desire may be evident in patients with severe ED therefore sexual drive/desire should be monitored when assessing the effect of erectogenic treatment. Although the IIEF has been used as the primary endpoint in most recent studies of ED treatment, feedback may not to provide accurate information on the effect of treatment on sexual drive, ejaculation and orgasmic sensation.

1008.3 Comparing the three PDE-5 inhibitors in the same population.

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Objective: this independent prospective, cross-over, observational and open-label study was undertaken to assess both efficacy, patients' preference and side-effect profile of Sildenafil, Tadalafil and Vardenafil in the same population.

Methods: during June 2003 and June 2004, six-hundred forty-one patients were recruited to be treated in three equal groups in four-months' cycles with Sildenafil, 25, 50 or 100 mg; Tadalafil, 10 or 20 mg and Vardenafil, 10 or 20 mg, i.e. the optimal dosages. We assessed the onset of efficacy in minutes after intake, IIEF, side-effect profile and partner satisfaction. Etiology of ED was psychogenic (23%) or of different organic geneses (77%) incl. diabetics (144 of 585 pat. = 20 %). Average age = 59 years (21 – 72). True responders were investigated by means of a partner assessment questionnaire (asking 4 questions: erectile

quality / rigidity, duration of erection, successful intercourse completion and frequency), scaled from 1 = insufficient, 2 = medium, to 3 = sufficient to good. Results: Deducting 19 dropouts and 37 non-evaluated patients who did not complete the study, just 585 subjects could be properly evaluated. The onset of Vardenafil was the fastest, i.e. 5-17 minutes. Fastest flooding of the plasma level was reached by Vardenafil 20 mg, followed by Sildenafil and Tadalafil. Overall satisfaction was approximately the same in all three of the substances, however, with more approval for Sildenafil, possibly due to economic reasons as it's easier to divide. The decision of younger patients (< 55 years) was in favour of Tadalafil. Diabetics (114 pat.) plainly preferred Vardenafil. The partner assessment of true responders showed an overall satisfaction with Sildenafil, Tadalafil and Vardenafil. Conclusion: In terms of efficacy and contentment all 3 substances did equally good. The preferences varied between economically (Sildenafil which is easy to divide in 2 or 4 pieces), speed of onset and penile rigidity (Vardenafil). An age dependent preference in rather young patients was remarkable. Those between 40 and 55 preferred Tadalafil, most probably due to its longer elimination time till 36 hours.

1008.4 Sex, Alcohol, and Ambivalence: Women's and Men's Guilt About Sexual Behavior as a Function of Ambivalence About Sex and Alcohol Consumption.

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Compared with sex-positive individuals and sex-negative individuals, sex-ambivalent individuals seem more affected by situational factors and more torn by conflicting feelings. For example, sex-ambivalent individuals are more likely to have unprotected sex than sex-negative or sex-positive individuals: Sex-negative individuals are unlikely to be sexually active. Sex-positive individuals are likely to be sexually active and to be comfortable enough with sex to learn about, obtain, and use protection. In comparison, sex-ambivalent individuals are more likely to engage in unprotected sex, being (barely) comfortable enough to engage in sex but not comfortable enough to learn about, obtain, and use protection (Fisher, 1983; Gerrard, 1982, 1987; Gerrard, Gibbons, & McCoy, 1993; also see Fisher, 1984; Gerrard, 1977; and Mosher & Vonderheide, 1985). We expected to find similar results guilt about one's sexual behavior, especially for ambivalent individuals who have consumed alcohol. We studied the links among women's and men's alcohol consumption, sexual attitudes, sexual behavior, and feelings of guilt. On a Wednesday or Thursday (Time 1), university students completed a questionnaire asking about their plans for the upcoming weekend regarding alcohol consumption and sexual activity and their sexual attitudes, including erotophobia-erotophilia, sex guilt, and reasons for wanting and not wanting sex. The following Monday or Tuesday (Time 2), they completed a questionnaire about their actual experiences the previous weekend and their feelings about those experiences. We have already analyzed the women's data. The data supported our hypotheses. Sex-negative women were least likely to have engaged in sexual activity, sex-positive women were most likely, and sex-ambivalent women were intermediate. Sexual activity was more likely when

women had been drinking. When we looked at the likelihood that women who engaged in sexual activity felt guilty about their behavior, we found that alcohol had the most dramatic effect on sex-ambivalent women. The percentage of women who reported guilt about their sexual behavior was as follows: No alcohol 33.3%, Alcohol 23.1%, Sex negative 12.5%, Sex positive 23.5%, Sex ambivalent 0.0%, 41.3%. Interestingly, in all three groups, the women's predictions about the likelihood of engaging in sexual behavior closely matched their actual behavior, even when they consumed alcohol. Women who felt sex-negative or sex-ambivalent often planned to get drunk and have sex. We are still collecting the men's data. Data collection and analyses will be done by the time of the conference.

1008.5 Real-Time Three-Dimensional Ultrasound for Imaging Dynamic Morphology of Various Sexual Activities.

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Oral kissing, penile erection, clitoral arousal, and sexual intercourse are fundamental love-making actions. They normally involve irregular rhythmic movements of corresponding body parts. 3D visualisation of relevant morphological dynamics in real time will improve not only structural and functional restoration of congenital / acquired malformations, but also scientific understanding of human sexual behaviour. A *Philips Live 3D* ultrasound system was used for investigating the feasibility of such imaging. A total of 30 volunteers took part in this study. They were four couples for osculation imaging, 13 men (including 8 patients with erectile dysfunction) for erection and coitus imaging, and nine women for clitoral imaging (including two for arousal and orgasmic imaging). Various "gadgets" including an artificial vagina were devised to enable minimally-compressive scanning. In other words, these body parts were scanned with the mediation of water or ultrasound gel, preventing the ultrasound probe from contacting the parts directly. The minimally-compressive scanning allowed the acquisition of 3D data without deforming the structure and functionality of the body parts. 3D images of these body parts in action were obtained in over three quarters of a total of 260 datasets collected, revealing oral and external genital muscular movements and / or erectile tissue changes probably never seen before. This pictorial collection includes some pathological dynamic 3D views of anatomy and haemodynamics that would otherwise be missed using conventional 2D or static 3D imaging. Also to be presented are live 3D arousal / orgasmic images acquired by the volunteers themselves in a homelike bathroom setting. Real-time 3D ultrasound has great potential for visualising functional anatomy of the body parts performing sexual activities in spatial totality and temporal reality. The fact that it can be scanned by an examinee or partner will also help minimise psychological distress caused by clinical settings / operators. With further improvements in spatial and temporal resolution and volumetric scanning coverage already in the horizon, real-time 3D and minimally-compressive scanning will be an important imaging modality

for scientific and clinical studying of sexual activity.

1009.1 An investigation of attitudes and experiences of people involved with Japan's peer-to-peer sexual health programs.

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Introduction and Objectives: As evidenced in the extensive literature on the subject, programs using the peer-to-peer approach are extremely popular in health promotion, especially in the fields of sexual health and HIV/AIDS prevention. However, little research has been done on such programs in Japan. This quantitative study gathers information on the backgrounds (sources of knowledge, training) of people involved with peer-to-peer programs in Japan and investigates their experiences and perceptions of the benefits of using the peer-to-peer approach. **Methods and Results:** Through a review of publications and resource books, individuals/programs involved in sexual health promotion in Japan were identified and sent surveys. Background information was collected, and perceptions were measured using twenty items based on a five-point Likert scale. Further information on their experiences with the peer-to-peer approach was gathered using open-ended questions. Among the 111 respondents, 41 percent cited casual discussions at their workplace as their primary information source on the peer-to-peer approach, and 42 percent have received no formal training on the topic. Overall attitudes towards this approach were positive; however, the benefits of program design were viewed more negatively as compared to other program designs, and those having peer-to-peer experience rated program design significantly more negative than those without experience. **Conclusion:** The general enthusiasm for the peer-to-peer approach found in the international community also exists in Japan; however, this study demonstrates that those involved with these programs in Japan may have more difficulties with design issues. The diverse range of sources of information with a reliance on informal means of transmission reveals the potential that many involved with peer-to-peer programs are receiving inaccurate, incomplete, or competing information about how to establish and run such programs. Increased networking among programs with the development of a peer-to-peer community is needed in order to share the successes and also the difficulties with using the peer-to-peer approach and to improve the quality of these programs. "

1009.2 Bareback sex: From a sexual culture to the reality of risk-taking.

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Objective The objective of this presentation is to report on the reality and specificities of bareback sex on the French Internet network, results derived from an online survey conducted among homosexual men residing in France.

Methodology In all, 2303 respondents completed the online questionnaire which focused on Internet use and its impacts on the gay community. The targeted sites were grouped into three broad categories: BDSM (n= 957; from 1 site), bareback (n= 452; from 1 site) and general (n= 894; from 6 sites). Statistical analyses were performed with SPSS. The software Map-Info was used for the geocoding to cartographically illustrate some of the results.

Results The average age of the respondents ranged from 31 to 36, depending on the site. In terms of strategies towards HIV/ AIDS and STI prevention, the survey results show significant differences between the respondents according to their site of recruitment. High rates of risk taking and of sexual encounters were observed in the bareback site (Mean = close to 20 partners in the previous six months). While 90% of respondents from this site claimed to have "barebacked", less than 25% of respondents from the BDSM site and less than 10% of those recruited in the general sites reported this practice. In fact, when questioned about "the use or not of condoms during anal sex," only 30% of Internet users from the bareback site claimed to have "never" used protection. Ten percent "always" used condoms and 60% used them "rarely, sometimes or often." The term "bareback" thus seems to be understood as "consciously and occasionally engaging in unprotected sex" and can be clearly distinguished from the notion of relapse. Regarding participants recruited from the other sites, over 90% reported "often or always" using protection. Together, these proportions put into perspective a practice that is exercised by a minority and that concerns a group of Internet users who identify as HIV-positive and as enjoying group sex, anal sex, fist-fucking and the exchange of bodily fluids.

Conclusion These results reveal that barebackers frequently negotiate safer sex. Furthermore, the practice of bareback sex does not follow a linear path and belongs to a sexual culture comparable to a "communaute de destin." These results highlight the importance of pursuing research on this phenomenon to better orient prevention or risk reduction messages.

1009.3 Sexuality and Health. Competence Development through Education in Professional Midwives and Gynecologists at Växjö University of Sweden.

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Sexuality and Health. Competence Development through Education in Professional Midwives and Gynecologists at Växjö University of Sweden.

Introduction: Health care professionals in Sweden have, despite an open-minded sexology education in schools and an active interest from media, a lack of professional medical sexology education and most often no clinical sexological training.

Methods/Materials: 30 clinically active midwives and gynecologists took part in a 42 h sexology course with the topic Sexual Health in Women, during 7 days per 5 months, with literature studies and other home-work-activities between the meetings. The educational program focused on changes in female

identity, bodily functions as well as relational aspects throughout life. Literature included social anthropological studies on women, sexual medicine, sexological treatment and care. A variety of didactic methods were used; lectures, group-activities, psycho-drama and role-play as well as individual reports. Results: Will be presented. Conclusions: Will be drawn.

1009.4 Socio-economic Factors and Adolescent Sexual Activity and Behaviour in Nova Scotia.

*Donald B. Langille ¹, Gail G. Tomblin Murphy ², Hughes M. Jean ² and Janet A. Rigby

¹. ¹Department of Community Health and Epidemiology, Canada; ²School of Nursing, Canada.

Introduction and Objectives: Little data is available concerning associations of the socio-economic status (SES) of Canadian adolescents and their sexual activity and sexual risk behaviours. This purpose of this study was to examine these associations separately by gender in adolescents aged 15-19 attending school in three counties in northern Nova Scotia, Canada. **Methods:** Students at four high schools in northern Nova Scotia completed surveys examining relationships of family SES factors (family structure and parental employment and education) and: i) sexual activity (having had vaginal or anal intercourse, intercourse before age fifteen 'early intercourse'); and, ii) risk behaviours (use of contraception/condoms, number of partners and unplanned intercourse after substance use). Univariate approaches and logistic regression were used to determine associations of these variables. **Results:** Of students present the day of the survey, 2135 (91%) responded. Almost half (49%) had had vaginal intercourse, and 7% anal intercourse. In univariate analysis for young women, non-intact family structure and lower parental education were associated with having vaginal, anal and early intercourse. Female risk behaviours showed no significant univariate associations with SES. Young men had univariate associations of family structure, lower maternal education and paternal unemployment with early intercourse and lower paternal education with anal intercourse. With respect to risk behaviours, condom use was higher for young men with employed fathers; those living with both parents less often had >1 sexual partner. In multivariate analysis controlling for grade and school, most SES associations with female sexual activity held, while most for males did not. Few associations of SES and risk behaviours were seen for females, while males continued to demonstrate such associations. **Conclusions:** Our findings indicate that for young women, associations of decreased SES and sexual risk behaviours, and for young men, sexual activity, are not strong. Perception of increased sexual activity and risk with lower SES potentially could lead to decreased recognition of sexual health education and services needs in middle and upper class youth. It is important that providers of adolescent sexual health services understand these issues so that all adolescents are maximally helped with promotion of their sexual health.

1009.5 The many meanings of the body to women living with HIV on antiretroviral medication.

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Introduction and objectives: Since the advent of multi-therapies, a considerable number of beneficial effects have been observed on the health of people living with HIV but also serious repercussions on the personal, relational, social and family lives of their users. Among women undergoing treatment, the consequences of antiretroviral therapy, particularly on their body image and personal identity, have been little explored. The objective of this presentation is to report the different meanings these women attribute to their transforming bodies. **Method:** As a part of a qualitative study, 42 French-speaking women (Quebecer, African, Haitian), aged between 25 and 51 years old, participated in a semi-structured interview. A content analysis of the interviews was performed. **Results:** Significant bodily changes were reported by a majority of women as a result of their treatment. Undesirable effects such as lipodystrophy and lipoatrophy led some women to feel repelled by their body (the guilty body, the dirty body, the dangerous body). These feelings appear to decrease self-esteem, threaten their female identity, increase psychological distress and impact their intimate and sexual lives. Some women even contemplated changing or ending their treatment. While the majority of women experienced these manifestations as a deterioration of their physicality (the deformed body), as revealing the secret of their infection (the betraying body), or as signalling a sombre prognostic (the deadly body), they were welcomed by others whose changed appearance was seen to better conform to personal standards of feminine beauty and health (the sexy body) or to those privileged by western society or their ethnic group (the normative body). Finally, these bodily changes were interpreted as normal by some women, which they explained as an effect of age or pregnancy (the normal body, the exorcised body). **Conclusions:** With the arrival of antiretroviral therapies have seemingly emerged body image and identity issues that can undermine adherence to treatment. These findings can help professionals in the sexual health field to guide these women towards a reconciliation of the multiple, dissonant and fragmented meanings they attribute to their body.

1009.6 Sexual Health in the New Millennium: Why Reproductive Health is not Enough - Invited Paper.

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Sexual health has been re-conceptualized by a Technical Consultation held by the

World Health Organization in 2002: Sexual health is a state of physical, emotional, mental and social well-being related to sexuality. For this definition to be fully understood a clear conceptualization of sexuality is needed. Sexuality the group of experts offered a definition of sexuality. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors. The other critical component of the definition of sexual health is well-being. Agreeing in what sexual well-being means has represented the major obstacle to reach consensus over the last 30 years. The definition offered by the 2002 Technical Consultation of WHO has an element that attempts to create consensus in the minimal level of well-being proposing sexual rights as the basis for sexual health. Discussions to improve the level of development of countries should include this comprehensive conceptualization of sexual health where it is clear that focusing only on reproductive aspects will necessarily represent a limited approach.

1010.10 Psycho-bodily approach: treatment of a case of female sterility and sexual traumatism.

*Léonard S. Ametepe. Ametepe, France.

Psychotherapies which allow to reunify the body and mind are currently very fashionable in particular hypnosis and the EMDR (Eye Movement Desensitization and Reprocessing). This case presentation gives evidence that these approaches can bring a psychological and physiological change. A thirty years old woman had been sent first able for a panic disorder hiding an old history of sexual violence and an infertility of partially gynaecological origin. The healing process started when the patient felt ready to release the control that she had on her body, to surrender and to agree to rely on a man therapist. Hypnosis first released her from her infantile fears and anxiety leaving the place for creativity such a long time put to sleep. Metaphors around anchoring, safety and of fluidity contributed to release again menstruations and to authorize to draw from these resources and to find more self-confidence. Whereas the patient had several (PMA) assisted reproduction unsuccessfully before therapy, an IVF (in vitro fertilization) programmed made a success from the first attempt. Finally pregnant the patient chooses this moment to treat her rape by EMDR, she always described as an accident with a lot of culpability and shame. Ten years before during the sexual aggression, she was living a dissociative experience (separation of mind and body to survive). During 10 EMDR sessions she relived in her body adjusted pains, emotions and cognition while associating new resources. This interesting case makes it possible to discuss on explanatory models neurobiological, hormonal and psychological for hypnosis and the EMDR by giving a lighting on the way in which these methods can release the

spirit and the body in a powerful and unconscious way in synergy.

1010.12 Reunion Pop Island: youth-oriented communication on sexual health.

* Catherine Achminov. Regional Office for Health and Social Affairs, France.

INTRODUCTION : This communication will present three short **Pop idol-movies** used on Reunion Island to promote sexual health programs. The presentation will include the projection of the movies accompanied by an oral presentation. These short movies (5 min. each) are part of the regional sexual health program. They are directed essentially towards Reunionese youth aged between thirteen and eighteen. This teaching tool is geared towards health and education professionals working with young people in secondary education on sexual health and sex-related risks. The documents can be used in short sequences and should allow the audience to intervene spontaneously. While the three movies are independent one from another, they form a serie. Interactive methods are used in planning intervention among young people in order to increase their expression and foster dialogue with them. This project was approved by all institutional partners. **It is an entirely local production.** The cost of the project is 220.000 euros (357,960 CAD), of which 60% was used for salary costs. These short movies were broadcasted on local television at peak hour 15 times each in June 2204 and January 2005. **GENERAL objective:** To help the audience to make pertinent choices relevant to their situation. **SPECIFIC objectives of each film:** 1.Lendemain de fete (Morning after) Presenting an information on emergency contraception 2.En studio (In studio) Familiarizing boys with contraception and co-responsibility. 3.En scene (On stage) Encouraging understanding and discussion of sexuality in the family. **EXPECTED RESULTS:** Self-appropriation of the prevention messages: Through dialogues which use intentionally the youth language in order to avoid a didactic and moralizing discourse. Through use of creole words and expressions, identification with young reunionese people Through the use of local casting **identification with young reunionese people**

1010.13 Body-related Factors Associated with Male Sexual Dysfunction and Skills Promoting Sexual Health.

* Martin Blais ¹, * Isabelle Chaffai ² and Jean-Yves Desjardins ². ¹Département de sexologie, Université du Québec à Montréal, Canada; ²Institut Sexocorporel International Jean-Yves Desjardins.

Objective: To describe modes of excitement related to two male sexual dysfunctions (coital orgasmic disorder and erectile disorder) and to identify skills that promote sexual health. **Method:** From December 2004 to March 2005, 350 participants (168 women and 182 men) were recruited to complete self-reported measures on body-related aspects of their sexuality and sexual dysfunctions (70 via a workshop for couples and 280 via a web site). T-tests were used to determine whether men with sexual dysfunctions differ from others on those aspects (only significant results are reported here). **Results:** Males who

experience coital orgasmic disorder 50% of the time or more (17/127; 13.4%) report a mode of excitement characterized by higher muscular tension and effort to reach orgasm; a less frequent use of up-and-down strokes on the penis for self-stimulation; and a less frequent use of a standing position when self-stimulating. Males who experience inability to attain an adequate erection 50% of the time or more (11/133; 8%) report lower sexual self-esteem; feel their genitals to be less sensitive; and lose sexual interest during sexual intercourse. Males who experience inability to maintain an adequate erection 50% of the time or more (21/133; 15.8%) report lesser awareness of genital sensitivity and a greater need to concentrate on their genitals to reach orgasm. Conclusion: Analysis of body-related mode of excitement in two male sexual disorders suggests that some skills promote sexual health and prevent sexual dysfunction among males. A mode of self-excitement characterized by up-and-down strokes, imitating coital movement, in a standing position (a phallic position) helps reaching coital orgasm. Capacity to vary muscular tension (abdominal, thigh, buttock muscles), instead of a constant high muscular tension, facilitates also coital orgasm. For erection attainment and maintenance, a higher awareness of genital sensitivity and sensorial markers may play a significant role, liberating men of the necessity to concentrate on their genitals to feel "something". It also appears to help maintaining sexual interest during sexual activities.

1010.14 Impact of Ramadan on sexuality.

*Soumia Berrada, Soraya Dorhmi, Loubna Bouhaoui, Loubna Maaloum, Driss Moussaoui and Nadia Kadri. University Psychiatric Center Ibn Rushd, Morocco.

Introduction: During Ramadan, the ninth month of the Islamic calendar, Muslims abstain from food, drink and sexuality from sunrise to sunset. Eighty-seven persons were interviewed during the fasting month of Ramadan 2003 to determine the effect of fasting on their sexual behaviour (frequency, quality) and the prevalence of sexual dysfunction during this month compared to an usual period. Methods: Sexual dysfunctions meet criteria of DSM IV. All the subjects completed their fast during this month. Data were collected one week before, the first and the fourth week during Ramadan. The instrument was a hetero-questionnaire. Results: Women represent 58% of the sample. The mean age was 34.88 years + 7.95, 82,8% were married, 44.3 % an university level and 19.3 % had no professional activity. The frequency of sexual intercourse was 2 to 3 times per week for 67% of the sample before Ramadan whereas it was 37.5% to the fourth week of this month. Fourteen per cent are unsatisfied about their sexual life during Ramadan. Almost twenty per cent didn't have any sexual activity during all the fasting month. Prevalence of sexual dysfunction collected during usual period versus (vs.) fourth week of Ramadan was following: ejaculation dysfunction 8 % vs. 12.5 % for men, dyspareunia 2.5 % vs. 4.3% for women and, sexual aversion 3.4 % vs. 8 % for both. Conclusions: First results of this investigation suggest a decrease of quality and frequency of sexual intercourse at Ramadan. On the other hand, prevalence of sexual dysfunction increased.

1010.15 New perspectives for the promotion and treatment of global health.

*Marie-Paul Ross and *Gérard Bachand. Association des Sexologues du Québec, Canada.

In the light of studies of needs and pilot interventions, the International Institute of Integral Development (IIDI) targeted as its mission a better management of individual global health (physical, affective and spiritual). Priority is thus given to prevention, investigation and treatment of problematic sexual behaviour as well as various states of anxiety and anguish. To fulfill its mission, the Institute adopted the model MIGS (Model of Global Intervention in Sexology) to foster health at the global level and the process of affective and spiritual maturation. This model offers tools which help to clarify the aspects of human sexuality experienced with satisfaction. It presents programmes fostering the renewal of sexual education and therapy in sexology. Moreover it presents general concepts which allow the evaluation and treatment related to problematic emotional states. To attain its objectives, the Institute proposes intervention by an interdisciplinary team which integrates sexologists, psychologists, nurses, psychotherapists, naturotherapists and spiritual guides. The model MIGS is applied in education (conferences, courses, sessions, formation of therapists) and in clinic (evaluation, therapy and prevention). Human experience is treated in its physical, affective and spiritual dimensions, and the tools suggested are adapted to individual total needs. These tools are used to carry out a more precise evaluation and help attain a global understanding of human aspirations and problems. The MIGS thus allows us to reach elements which are part of the make-up of the conscious and unconscious organization of human beings of all ages and all conditions. The global intervention model wishes to be offered as a tool fostering autoanalysis, anamnesis, accompaniment, assisted therapy as well as autotherapy.

1010.16 The sexual ethics tripod: key to education/formation in sexology.

*Francisco JJ. Viola. Private Practice, Brazil.

Despite the growing interest that sexology has raised among health professionals for decades, there still is resistance and reluctance for sexology to completely become part of professional formation/education in universities. Regardless the few existing exceptions in universities and professionals conducting research in this field, most education/formation in sexology is done out of the university, in private institutions or semi-formal study groups. Moreover, according to my analysis there are two problems that interfere in formalizing these studies: a- a formal metonymy of the object of study considering sex-sexuality-gender indiscriminately b- the essential dichotomy between potential inter-disciplinarity and real multi-disciplinarity In this context, to theorize about the ethics of sexology can be a key in solving sexology's current status. Within this theorization there are three basic issues to consider that this paper intends to develop: 1. The relation between the disciplines: the issue of professional identity 2. The crisis theory: the limits of a sexologist's professional action 3. Respect for alterity: the limits and pertinence of the usable resources and their reach. This paper presents the theoretical bases to defend

these fundamental issues and especially to promote reflection on the urgent need to implement university level education/formation in sexology based on these three ethical issues.

1010.17 Premature ejaculation (rapid with strong libido).

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Mr X 32 years of age, come for a consultation with the desire to remedy his premature ejaculation problem. he lives with a partner for 7 years. his request is simple: "help me to manage my premature ejaculation". the first and two consultation allowed for the evaluation of the components of his sexuality". he understand his system when i explain the mechnal form when he is in love and also when he is alone (autoerotic stimulation). The therapeutic's objectives are, first of all, the sexual excitation toward a spastics field, then the developpement of the bodily knowledge, in order to channel and diffuse his excitation, associated with intrusive fantasies postponing and modulating sexual excitation.

Therapeutic's set up : -In order to render the muscles less plastics bodily excercices have allowed him to work out his musculature tension by moving a pelvis rythm and bodily spare. he develops a knowledge of relaxation for his vasocongestion by relaxing the buttocks, adductors and the pubococcygian. And above all the speed of his mounting excitement, the slower in bodily movement helped him become aware of born tensions and sensations throught muscular relaxation. Bodily space allowed him to channel his excitation through movement (the release of the upper part the rocking of the lower pelvis)

Conclusion After ten visits the therapeutic work of each of these above mentioned components allowed Mr X to experience new bodily sensations, to develop erotic knowledge(at first alone and then with his partener) to develop fantasies in term of the intrusiveness of his slowness and to no long fear failure nor the less of his companion. □

1010.18 The role of distance as a fundamental aspect of love and sex desire in the couple's life.

*Lisette Laplante. Lisette Laplante, ASQ member.

Sex and love desire is commonly considered as a spontaneous and totally subjective phenomenon. However, the observation of human eroticism in its normal fonctionning enlightens the fact that sex and love desire (in French d:acute:sir amoureux) is made of different components which we can apprehend. Those components are part of a process experimented in a couple's relationship all life long. They offer us a very good basis for the evaluation and treatment of love and sex desire in sexetherapy. One of the fundamental component is the notion of distance. How we do experiment love and sex desire is narrowly related to the development of our basic identity as a human being, i.e.the capacity to be mature and autonomous individually speaking. The challenge resides in the ability to articulate this need of distance with the fusional

state fulfilled in the bodycontact with the beloved when making love. More specifically, the distance is related to the development of the gender identity. The sexual attraction relies mostly on the differences between men and women. It is related to the integration of the deep feeling of masculinity (virility) or the integration of different aspect of femininity and their symbolisation. Based on clinical experience mostly with women experimenting lack of sexual desire, it will be demonstrated how to play with distance can be a precious tool to solve those kind of problems.

1010.19 Questionner *Élysa* (Internet) comme source d'information sexuelles : évolution et stabilité des questions.

*Placide Munger, *Frédéric Legault and *Gagnon Martin. Université du Québec à Montréal, Canada.

In nine years there are more than 20 000 000 visitors on Elysa web site and over 25 000 questions posted. What has changed in the questions asked, and in the characteristics of the visitors? Here is a description of the trends concerning the problems raised by the visitors. Data are grouped by age, gender and nationality. Plus de neuf ans et 25 000 questions adressées sur Internet au site *Élysa* par un peu plus de 20 000 000 de visiteurs, quels sont les changements dans le type de questions posées, l'âge, le sexe et la nationalité des internautes interrogateurs. Une description des tendances de problématiques par sexe, par âge, par nationalité. Ce qui n'a pas changé et ce qui témoigne d'une nouveauté.

1010.2 The pupils and students of central african experiences of mobilization of responsible sexuality.

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The Central African Republic landlocked country of Africa Centrale with a population of 3.500.000 inhabitants is with the tenth rank among the 24 countries most touched by the VIH in sub-Saharan Africa and first position in under area of Africa Centrale. The rate of infection passed from 13,84% to 15% in 2002. The new cases belong to the age brackets of 15-24 years. The pupils and students being in this section are very exposed and that worries the future of the country. It is in this context that the pupils and students mobilized themselves in a national body for: To direct the others of 15-24 years towards a responsible sexuality; To raise their level of conscience on the danger of STI. To reduce the propagation of STI in educational and university circle. STRATEGIES: Formation of the pairs teachers by establishment on sexuality responsible (10 pupils and 1 teacher biologist) with the financial support and technical for UNFPA; official launching of the campaign of education, orientation, each year; academic in the presence of the Minister for the public health, national education, the administrative persons in charge, the pupils and students; development of calendars of the activities; execution of the action plan established by the

executive committee with the cells of each establishment and the health service of the teenagers; distribution at the end of each activity of the goods of tracking prepaid near the Anonymous Unit of Tracking (UDA) to the pupils and student voluntary; pré-test before tracking; handing-over of the results by the health service of the teenagers; orientation in specialized centers of pscho-social assumption of responsibility of the séronagatifs and of médico-nutritional assumption of responsibility of the hiv-positive individuals. RESULTS: In 2003, 250 pupils, 25 teachers and 40 students were trained in health are operational; 600 meetings of talk debates take place in 25 school establishments at a rate of 24 meetings per establishment and 96 in faculties is 24 per faculty; however 8954 pupils and 6295 students attend the focal point of the health of the teenagers for educations and sexual orientations. 4768 goods of tracking were distributed to the pupils and 2365 with the students. 3456 pupils and 1856 students were made detect. The final result reveals 236 student hiv-positive individuals pupils and 355 hiv-positive individuals for 3220 séronégatifs student pupils et 1501 séronégatifs. CONCLUSION: the activities undertaken by the pupils and students in the school and university establishments of Bangui allowed a real awakening and a positive change of behavior. Unfortunately these activities were only made on the level of the capital without touched the provinces fault of financial means.

1010.21 Sexual Education Program for Argentinean Teenagers: Evaluation of the Implementation Phase.

* Caroline Tetreault. UQAM, Canada.

The main goal of our survey was to adapt, implement and evaluate a sexual education program in a developed country such as Argentina. To reach this step, various objectives have been defined. We first chose to use the Canadian program "*Juste entre nous*" "Just between us" (Haiek et al., 2002), which had already been evaluated, to increase the use of condoms among teenagers. Upon review of the literature regarding sexual behavior of Argentineans teenagers (between 14 and 18 years old), we then adapted and translated this program in Spanish. The implementation was completed in a secondary school of Rosario city, by an Argentinean intervenient, with 120 participants. To evaluate the implementation conditions, we used various methods to collect information, such as: observatory diary, interviews, questionnaires, etc. In order to evaluate, we used the model elaborated by Stake (2004) which involves a description of the implementation before judging it. The criteria on which we will base our judgement are the attitudes of the people involved, (participants, intervenient and school managers) as well as development and the contents of the activities. Furthermore we have used the triangulation of methods and sources, to obtain a more complete view of the phenomenon. Throughout the process, an observation diary has been fulfilled by the researcher. During all encounters (six in total) observation grids have also been completed by the researcher. Some evaluation activities have been scheduled at the end of each meeting to define the level of satisfaction of the participants. At the end of the program, semi-driven interviews have been conducted, for 7 participants randomly selected, 2 directors and the intervenient. Some questionnaires have been fulfilled by 106

participants of the program. The results were first calculated for each methods, following the criteria previously described. We are using the qualitative analysis to read the observation diaries and the interviews. We are proceeding by coding nucleus of meaning, to categorize concepts with take in count the emerging speech. To analyse the questionnaires, we have looked at the frequencies with SPSS program, considering mainly the age and gender of the candidates. Finally, all the results from the different methods are to be compared during the triangulation, to check convergences and divergences, in order to obtain a better picture and a more accurate judgement. All our results will be revealed during the presentation. Until now, all results obtained show that the implementation of the sexual education program does not meet any major obstacle in the environment where it has been set. For example, almost all parents allowed their children to participate to the program. Following this experience and the analyses we made, we are to make some recommendations concerning the future establishment of such a program in other developed countries.

1010.22 Clinique d'évaluation et de traitement des troubles du comportement sexuel du Centre Hospitalier Robert-Giffard en milieu externe.

Francis F. Laroche and Normande N. Couture. Centre Hospitalier Robert Giffard, Québec.

Created in 1985, the Clinic for the assessment and treatment of sexual behavior disorders has offered so far services to 1410 sexual offenders and to 123 of their spouses. A profile of each of these subgroups will be provided. We will illustrate as well other services being offered, the assessment model used, the therapeutic approaches and the thematics that are most often discussed. Finally, the criteria used to determine admissibility will be reviewed. With this poster, we intend to share the domains of professional expertise of our multidisciplinary team working at our 20 years old clinic for the assessment and treatment of sexual behavior disorders.

1010.23 The experience of a public health service with a support group for Men Who Have Sex With Men.

Helena D. Marques, Nancy Cintra and *Jaime Eduardo Razo. Centro de Testagem e Aconselhamento - CTA - Unidade Santo Amaro, Brazil.

This work reports the three-years long experience of a support group for Men Who Have Sex With Men (MSM) in Sao Paulo, Brazil. Its main objective is providing an open and safe place for discussing issues related to sexuality, STD/Aids prevention, sexual orientation, relationships, self-esteem and GLBT rights and citizenship. The project is developed in Santo Amaro, a Southern ghetto area of the city, with a large MSM population that has little access to health services, as well as little information on citizenship and GLBT rights. It was created by a partnership between a public health service, Centro de Testagem e Aconselhamento (Test and Counseling Center), and a GLBT organization,

CORSA, each entity with its own project for MSM. The group weekly meetings take place in CTA and are organized by its members, who choose the themes and prepare the reunions. Although subjects are mostly focused on gay lifestyle, the group also discusses other gender and sexual issues, and it is open to lesbians, transgender and bisexual people whether as guests or participants. It has a coordinating team formed by two psychologists from CTA, four members from CORSA and six Prevention Agents. The Prevention Agents are members of the group, chosen by their own mates, who work for CTA on STD/Aids prevention activities in places of MSM frequency. The results of the support group are (a) empowerment on knowledge and self-esteem of its members; (b) creation of a monthly support group for parents, relatives and friends of the group members; (c) an increase on the number of MSM and GLBT people attending on the local public health services; (d) partnerships with therapists and psychologists to build a mental health network; (e) visibility on local media (tv, radio, GLBT magazines, health newspapers); (f) creation of a working group on GLBT activism; among others.

1010.24 The Sexual Intervention and The Cultural Differences.

*Bahar Ghaderi and *Carolina Lara. UNIVERSITÉ DU QUÉBEC À MONTRÉAL, CANADA.

As we know, the sexuality is an important aspect of human being's life and sexual behavior of each person depend on his thoughts. Many factors affect on human being's thought and one of the important things that affect, is his communication. Each person from the birth to the death during the period of life has many and different communications with the other people, with the environment and with the world. These communications have effects on his thoughts. And every human being's thought will be changing after time because of development. One of important factors in every person's life is culture. Culture is beliefs, values, behaviors and artifacts that each person has. Many elements have affects on human being's culture. (The History, The Religion, The Geography, The Race, the Education, The Society, The Family Behavior, The Politic, The Economy, etc) The communication with all of these elements and the effects of them on every person's thoughts make his culture. Now as a sexual interventionist, how we can direct a person toward the sexual health. Because of the differences between the cultures and the thoughts of each person, the sexual health has an individual meaning for each person. But what we can do, Because of this reason, the sexual behavior is an individual choice, then we should have a universal definition for sexual health and each interventionist should modify this universal curriculum for each person depending to his thoughts. In this way we can find an equilibrium point for sexual health and mental health of each person. The important thing is giving true knowledge to the person and finding the best situation for each person. That in that situation the person will be satisfied of his sexual life and learn how to have a healthy sexual life and respect sexual rights in that society. For this purpose, the interventionist should study profoundly the culture of the society and he should pay attention to all aspects of that. In this study we want to

mention what is the basic elements in each culture that the sexual interventionist should pay attention to them.

1010.26 Sexuality in Prison. Analysis of the Sexual-Relational Experiences of Some Prisoners of an Italian Jail.

*Quattrini Fabrizio ¹, Morgia Carmen ², Pingitore Marco ², Zurzolo Marika ², Cileno Giulia ², Lupelli Chiaralisa ² and Frasca Irene ². ¹ Psychologist, Psychotherapist, Sexologist (Italian Association Clinical Sexology Rome), Italia; ²Psychologist, sexologist, Italia.

Prison regulations by implementing deterrence and neutralization functions, determine, as a condition of the punishment, an overall deprivation, by which it is meant the suspension of human relations and personal relationships. The person who walks through the prison gate loses his dimensions as a man and his dignity. His will gets locked as well as his body. Through the help of an ad hoc-studied questionnaire, the authors wanted to identify the preeminent features regarding the sex-based and relational-based experience of the prisoners. The survey, which took place in the prison of Rebibbia in Rome, involved 210 male prisoners who were selected randomly among all the ones of the Penitentiary Institute itself. The subjects, aged from 18 to 80, are mainly Italian and have usually a steady relationship. Not only did the study shed light on a fundamental aspect of the life of the prisoner (sexual-affective-relational characteristics), but it also aimed at underscoring possible anomalous or contradictory behaviours in relation to the sexual choices of the orientation of the prisoner. The few studies carried out on the issues of prison and sexuality across the country, seem to highlight a strong tendency to frenzied self-erotism and consequently to a forced attitude towards homosexual practice. In this survey we have tried to relate, through the analysis of five different areas (affective, sexual, preventive, sexual dysfunctions, perversion), the prisoner experiences and behaviours in order to have a rather clear picture of the conditions of prisons in Italy today.

1010.27 Sexual Health and Sexual Education.

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Sexual health is important aspect of the health in general as of health life which touches the humanity of all the ages, to all the stages of life. Whole humanity hoped on the capacity human being to reproduce it in order to ensure its survival. Sexual being in intention to get sexual pleasure, medical education remains of rigour to avoid human perdition. Nowadays, there are sexual bursting and invasion of sexual in all the fields of the thought and the expression. National measurements durable and urgent then international must be to carry out in order to maintain a better health sexual. Only, here is, starting from the courses, of the reviews; conferences, programs of television, posters, a change of mentality, civilisation of behavior sexual timidly intervened by certain individuals responsables. Little with little, with the system of medical education, the positive behavior are adopted (regards of one self event, self

respect even and of autrui, a respectful sexual satisfaction of the other, joy of the desired pregnancy) while invoiding the negative elements which could have harmful effects on sexual and reproductive health (non desired pregnancy, HIV / SIDA, MST, abuts then sexual). The authorities administrative, the non gouvernemental organisations, the religious institutions and the professionnall of health of the world must make efforts plan, direct and support the programs of education on sexual and health in general in order to make progress the inititives centered on the promotion of a program of education. Education for health sexual as regards sex education remains a challengen for the fight, the prevention and the treatment of the sexual dysfontions, of the diseases sexually transmissibles including HIV / SIDA too for the figh against the irresponsible behaviors sexual.

1010.28 The Education in the Family life at the school and Schools.

* Jean Vincent Mbenda. Ministère de la Santé Publique et de la Population, RCA.

Title: the Education in the Family life at the school and Schools Context: this program covers seven (7) cities of the RCA. He(it) aims at integrating into the curricula of schools, schools of Fondamental 1 and 2", Seen the high number of the feminine school decrease further to the not wished pregnancies. He(it) is executed by the Ministry of l education Description: forming(training) of the teachers, the sensitization on the health of reproduction, the IST / HIV / AIDS, discussions and role-playing games are the various methods of work. The follow-up and the supervision is assured(insured) by regional committees established(constituted) by the young people and the educative even teachers in l Learnt lessons: in 2003, 7578 pupils were made sensitive, 65 teachers, 103 pupils were formed. Modules of the EVF / EmP and the supports IEC, 30 cardboards(boxes) of 144 condoms were distributed in spite of the socio situation politics(policy) of the country. Recommendations: intensify the actions(shares) on 9 other prefectures of the RCA, continue the intensification of capacities of the actors, make pleas with the politico-religious authorities and the leaders of the young people of the associative bodies for their membership(support) for the program.

1010.29 Sexuality and Limp at nights by the Center of Piece of information of the Young people.

* Jean Vincent Mbenda. Ministère de la Santé Publique et de la Population, RCA.

Context: the AIDS is at present one of the most important causes of mortality in RCA. The number of the persons living with the HIV / AIDS is estimated(esteemed) at 240 000, the number of orphan of the AIDS in 99 000 according to the report(relationship) of the ONUSIDA in 2000. The séroprévalence with the pregnant women is 15 % according to the cartography of the HIV in RCA in 2002, what places the country in the 1st row(rank) in Central Africa. In front of this situation a device of piece of information and

frame of the professional girls of sexes were set up. This project is managed by the NGO CENTRE of Piece of information of young people on health of the reproduction. Description: census(inventory) of professionals of sex by district in Bangui by means of the Association of the girls mothers, forming(training) to the techniques of negotiation for the custom(usage) of condoms, organization of the girls in county of district, realization of the voluntary screening test, Of medical voluntary, followed search, subsidy(endowment) in condoms for the customers. Learnt lessons: 247 professional girls of sexes were listed(counted), 8 committees of districts were set up, 3 training courses realized in 2004, 148 girls realized their voluntary test etc. Recommendations: legalize the prostitution, frame(supervise) the professional girls of sexes, credit note more means to spread(widen) the experience(experiment) in all the country.

1010.3 The vagina : chart of 72 women.

*Gau Marielle. GAU Marielle, FRANCE.

The first consultation in a doctor sexologist is a difficult step, lengthily matured and reflected by the patients. The choice of a doctor is carried out for confidence and the professional secrecy, incidentally the purely medical aspect. That the woman is voluble or laconic, it is necessary to collect all this information on its symptomatology (pains, absence of lubrication..), its personal and family medical antecedents, its professional and social life but also its private life (its old and current partners, its sexual practices, its sexual traumatism..). When the patient does not speak spontaneously, the questionnaire can quickly be felt like an interrogation. When on the contrary it is expressed directly, generally it remains in the purely emotional field dominated by the myth of the "charming prince". Sexuality is in a relational, emotional context and life between two bodies. The waning of this first maintenance to require of a patient to schematize her vagina, makes it possible to be expressed on difficult points for it, to start a dialogue, an awakening and especially to center maintenance on the lived body one to leave the irrational one. At the time of the first consultations of women consulting for reasons as various as disorder of the desire, anorgasmia, vaginismus, I make draw their vagina with the patients. I found the results interesting and wished to make you divide them. With the experiment, I noted a repetitiveness and correlations. The charts are stereotyped in eight diagrams.. Patients not being able to carry out any diagram : 10 % of the women cannot draw their vagina ; 83 % have between 28 and 37 years. Patient drawing the uterus : 18 % of the women represent prolonged ovaries of two features forming for them a cavity ; 43 % have between 28 and 37 years. Patient drawing the vulva : 30 % of the women represent the vulva, all have less than 48 years Patient drawing the external opening of the vagina : 7 % of the women draw a small round in the angle of the page ; 80 % have between 28 and 37 years. Patient drawing a diagram of the memorized vagina : 6 % of the women make a school diagram ; 57 % have between 48 and 57 years. Patient drawing a "corridor" : 13 % of the women represent two parallel features ; 38 % have between 18 and 27 years ; 50 % have between 28 and 37 years. Patient drawing the vagina : 10 % of the women represent their vagina ; 43 % have between 28 and 37 years. Patient drawing the

pubic triangle in the globality of the body : 6 % of the women make this diagram 40 % have between 18 and 27 years. These statistics confirm my clinical impression, a correlation between sexual difficulty and appropriation of the body diagram incomplete. The female sex would be for certain men, the origin of the world, for the women, a paradox, an unknown to be discovered: 36 % of the women consulting for vaginism or dyspareunie represent the uterus instead of vagina 64 % of the women representing the uterus instead of vagina consult for vaginism or dyspareunie.

1010.30 Body-related Factors Associated with Female Sexual Dysfunction and Skills Promoting Sexual Health.

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Objective: To describe modes of excitement related to two female sexual dysfunctions (desire disorder and coital orgasmic disorder) and to identify skills that promote sexual health. Method: From December 2004 to March 2005, 350 participants (168 women and 182 men) were recruited to complete a questionnaire about sexual dysfunction body-related aspects of sexuality (70 via a workshop for couples and 280 via a web site). T-tests were used to determine whether women with sexual dysfunction differ from others on those aspects (only significant results are reported here). Results: Women who experience sexual desire less than once a week (28/158; 17.7%) report lesser awareness of their genital sensitivity and sensorial markers (lesser perceived sensitivity of the genitals, lesser heat perceived in the chest; less absorbed by body sensations); lower capacity for self-centeredness during sexual intercourse (distraction); less short of breath after sexual activity (suggesting muscular slackening); less pleasure during the rise of arousal and lower intensity orgasms; lower sexual self-esteem and discomfort when being regarded as a sexual person; fewer spontaneous erotic fantasies, that are less often directed towards explicit genital representation. Women who experience coital orgasmic disorder 50% of the time or more (31/158; 19.6%) report less frequent use of vaginal penetration through the use of fingers or non vibrating objects when self-stimulating; greater need for concentration on their genitals to reach orgasm; lower capacity for self-centeredness; lesser awareness of their genital sensitivity and sensorial markers (lesser perceived sensitivity of the genitals, lesser heat perceived in genitals and chest); and lower sexual self-esteem as well as fewer erotic fantasies. Conclusion: Analysis of body-related dimensions of two female sexual disorders suggests that some skills promote sexual health and prevent sexual dysfunctions among females. Higher awareness of genital sensitivity and sensorial markers, as well as the capacity to be absorbed into body sensations that accompany the sexual response support sexual desire and vaginal pleasure. Self-stimulation privileging insertion of fingers or non vibrating objects in the vagina helps to acquire awareness of the vaginal sensations and the associated pleasure, making it easier for those women to reach coital orgasm. Frequent erotic fantasies also contribute

to coital orgasm. Explicit genital representations appear as well to support sexual desire. Finally, good sexual self-esteem and ease when regarded as a sexual person support sexual health and are likely to prevent sexual dysfunctions.

1010.31 Association des sexologues du Quebec.

*Alessia Longo, *Normande Couture, Claudette Berthiaume and Mansour ElFeki.
Association des sexologues du Quebec, Canada.

Founded in 1978, the Association des sexologues du Quebec (ASQ) is a non-profit organization that represents 200 sex therapists working in the field of clinical sexology. The minimal requirement for admission into the association is a 2-year Masters Degree in Clinical Sexology. All members therefore must have undertaken university studies for at least 5 years prior to admittance. Furthermore, clinicians must partake in 260 hours of supervised internships in two of the following approaches: Sexoanalysis, Cognitive Behaviour Sex Therapy, Sexocorporelle (Body and Mind Sex Therapy), Existentialism-Humanism, Systemic Interactional Sex Therapy. Notably, two of these approaches originated in Quebec: Sexoanalysis and Sexocorporelle. The 200 members are held to an ethical code of practice in order to guarantee the utmost quality of professional services all the while respecting international codes of ethics. Our members are pioneers in the fields of sexual dysfunction, identity and gender, sexual orientation (disorders) and paraphilia, in individual or couple therapy. Furthermore, the ASQ supports a collaborative approach with other health professionals such as doctors, psychologists, criminologists as well as judicial professionals. The ASQ offers a referral service to the public in order to better serve those who seek out its professional assistance. Therapists offer treatment in five languages: English, French, Spanish, Italian and Arabic.

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1010.4 The role of spirituality in sexual experience.

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Is spirituality a component of the sexual experience? For years, the spiritual aspect was considered as being opposed to pleasure and to sexual well-being. Its role was more to suppress sexual desire and to condemn its pleasant effects. In this day and age, the spiritual aspect is more and more excluded, forgotten and treated as if it were out of style. We can ask ourselves in what way spirituality influences the sexual experience and how to take that into account in clinical interventions. Following a doctoral investigation whose goal was to better understand sexual experience in its totality, we will put forward a new proposition illustrating the role of spirituality and affectivity in attaining sexual satisfaction. The term spiritual, far from being taken in the religious sense, refers to a life force present in each human being. At the end of the presentation, participants will have reflected on the influence of spiritual experience both in reaching sexual satisfaction and in the process of affective maturation.

1010.5 Sexual violence among women deplacees.

*Isabelle Malizokama. Afecad department: Ministère de la Santé Publique et de la Population, Centrafrique.

CONTEXT: As in many countries of Central Africa and other areas of the world in conflict, the sexual violence of the women and the girls bring a massive recrudescence of STI among the women moved in times of war. The investigation presented here aims to describe and analyze the sexual violence which the men carry out on the women. Not only, the women have problems such as: the rape, capacity of the men in the sexual relations, sexual abuse, parental standards, the excision, the inequalities of kind compared to the VIH/SIDA and STI.. thus involving their physiological vulnerability the exhibitor with the infection with VIH and STI, but also the access to the treatments of the diseases remain serious problems. Objective: - To promote the right and the laws protecting the women and girls in general and those in difficult situation especially in the zone from combat in particular; - To identify the cases of violations of the human rights; - suivre les déplacées femmes victimes des Rapes, STI and VIH/SIDA in the sites of the combat in RCA. - To promote the legal elimination of illiteracy; To fight discrimination; and to popularize testimonys - to sensitize and mobilize the men, as well as the soldiers on the women's right to time of conflict. Method: Implication of the technicians of qualitative and quantitative investigation (Psychological, Researchers, Journalistes, ONG etc) - In Province precisely with KANGABANDORO, a zone of war which opposed the regular army and the rebellions. For one year, a ONG called AFECAD has identified a house of reception in this locality. - a team was recruited, to organize within the house the integral Assumption of responsibility of the 311 women and girls violated and reached STI. Results: 311 violated women and girls, i.e. 40% are reached STI and the VIH and are followed by the house of identified reception; - a team of the psychologists follow the women and girls permanently; - Improvement of 22,1% of the treatments of the opportunist infections of the women reached of STI; -102 violated girls and women are provided education for; - partnership with Associations of Fight against the VIH/IST engaged in the Community assumption of responsibility. Conclusion: Sexual violences and physics against the women are currency current. The wars and the wars which are generally accompanied by many rapes, are likely from now on to propagate the VIH and STI. The physical traumatismes that cause sexual violences, often multiple rapes, support the transmission of the diseases particularly.

1010.7 Sexuality and taboos : HIV/AIDS in Lebanon.

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In Lebanon, sickness is a particular event that threatens the integrity of the entire social structure. Lived and comprehended as an act of sorcery, a punishment

from God, even as a kind of divinely test, sickness is interpreted according to personal beliefs that comprehend it as an exception in life. Nowadays, aids proves that sexuality is not a private matter but a social issue related to ethical and social dimensions and that behind its medical and psychological aspects hides many social, cultural and religious dimensions. How is the sexuality considered in Lebanon? How and why a simple health issue becomes a taboo and a social dilemma? And who is vulnerable and what are the obstacles to the extension of the national response? Sexuality holds lots of taboo loads and religion is hold, somehow, responsible. As the Christian church rejects pleasure and calls for a legitimate sexuality (under commitment), the idea of guilt within the sexual activity and the link between sexuality and the original sin are detectable in the Lebanese psychology. Therefore, pleasure is within Islam an important vital issue that should be experienced according to the shariaa law and under the marriage label. Under these pressures, sexuality is supposed to be well preserved through taboos because it gives life and assure continuity. Nowadays, that same sexuality, is transformed, thanks to the hiv, into a source of danger, threat and death. Another taboo is also emerging, that of blood. Blood that symbolises in the Arab culture violence, honor, devotion to allah, life symbol. and now due to aids, it symbolises death. aids exist in the Lebanese medical and social records since 1984. Since then more than 700 cases were reported without having a reliable estimation. Nevertheless, the incomplete reporting did not prevent professionals from acting. Some strategies were implemented in Lebanon to fight hiv/ aids development. What are the characteristics of the sexual behavior in Lebanon? For many Lebanese, speaking of Aids, preservation, condoms.. is considered as an immoral issue. Sexuality has never been a theme of discussion. Sexuality has never been an act of reciprocity and no equity is between partners. Men are indeed the actors and women remains ordinary spectators. Who is vulnerable to hiv/ aids?. There is an agreement that the major determinant of the epidemic is behavioral which is mainly characterized by unprotected sexual intercourse and multiple sexual partners. In general there was a consensus that the most vulnerable groups were according to the 2003 studies (in order of vulnerability): Youth Women. Singles. Prisoners. Drug users People with lack of education and awareness of the disease. Homosexuals. The vulnerability of these categories is due to their careless behavior, curiosity to experience things, lack of sexual education in schools, illiteracy in addition to sociometric factors such as poverty, because it is well known that socially high placed families treats well their ill members while these persons are rejected if member of poor families. The reactions are then either permissive or repressive. Many measures should be taken instantly. SUCH AS: Transforming families into a place where boys can learn how to respect women and speak out their sexual phantasms by receiving positive ideas of masculinity. Assuring a suitable sexual education in schools and families. Fighting hiv/ aids should be part of a system involving everyone and that starts by considering it as any other disease.

1010.8 Reacting to todays sexual mainstreaming and escalation.

*Francine Duquet. Département de sexologie - Université du Québec à Montréal, Canada.

Often subject to stereotyped, idealized and fragmented perceptions of sexuality, children and adolescents remain at once fascinated and intrigued by the world of

sex. The rampant promotion of sex, especially in the media, seems to be contributing to the emergence of models based on hypersexual seduction and hyperperformance in sexual behaviours at the expense of feelings and of the development of close relationships. This results in the widespread dissemination of a very partial and often deceptive image of sexuality. Young people need help to decode and make sense of the sexual messages they are constantly bombarded with. For beyond artifice and sensationalism, sexuality remains central to our identity, to the way we relate to others and to our personal fulfillment and well-being. In certain respects, this generalization of sexuality and escalation in the use of sexual representations should be of concern since it relates to the image young people form of how sexuality is expressed (the hypersexualization of girls clothing, even at a very early age, widely and easily accessible cyberpornography, precocious sexual behaviours, sexual chatting, fuck friends, etc.). The issues of meaning, references and limits are essential in sexual education. And it is up to us, the adults, to accompany young people through this necessary reflection on self-knowledge and how we relate to others.

1010.9 Hypnotherapy in the treatment of common sexual dysfunctions.

*Wilfried Van Craen, Belgium.

Hypnotherapy is a useful technique for the treatment of common sexual dysfunction. The utilisation of hypnosis in sex therapy will be illustrated by simple techniques which can be used in the daily practice of psychotherapists, sexologists and medical generalists.

1011.10 A woman in every port: challenging sexual boundaries via modern technology.

*Jeffrey M. Gerrard. Private Psychiatric practice, Australia.

The aim of this paper-30 minute power point presentation is to discuss the relationship between an anxiety depressive disorder, boundary violations in a marriage and infidelity largely but not only limited to email affairs. The objective is to highlight how modern technology facilitates affairs via email, telephone, video conferencing, site visits and workshops. A case of a male who had a series of such affairs with woman graduates in several Asian cities will be presented. These relationships began in Australia and became sexualised after the women had graduated and returned to their home city. The role of various stresses is explored in the production and maintenance of the depressive disorder. Sexual arousal was a desired response utilised by the patient to modify his depression, but discovery by his wife led to her suspicion that time in the home office was used for activities beyond work. This created marital conflict with the threat of separation and potential loss of the relationship with his children. Brian Pittman in his book "Private lies, Infidelity and the betrayal of intimacy" describes how our society has different attitudes to lying. Issues from this book will be used to highlight the destructive dynamics on the individual, the

marriage and the children. Ideas on prevention of infidelity will also be suggested. Two conclusions from this work and the author's experience are that in the throes of romance the infidel risks marital separation their careers and a healthy relationship with their children. Secondly psychotherapy may restore some of these marriages but the work is difficult if not impossible whilst the affairs are ongoing. Psychotherapy over a year with a two year follow up will illustrate how ethics and other questions were raised to break through denial and ambivalence in this man's marriage and allowed him to move towards intimacy.

1011.1 Sexuality of Women Across the Life Span: A Sample of Portuguese Women.

Pedro S. Pechorro ¹ and *Rui X. Vieira ². ¹Hospital St. Maria - Department of Sexology, Portugal; ²Faculty of Medicine and Coordinator of Sexology Department, University Hospital of St. Maria, Portugal.

We are working on a transversal study with a group of portuguese women(n=146), ranging from 23 to 75 years, with the purpose of evaluate the sexual function and satisfaction of these normal subjects. The group was divided into three smaller groups according to the level of ages: 23-35 years, 36-49 years, and 50-75 years. The psychometric instruments used were: Female Sexual Function Index (FSFI; Rosen et al, 2000), with its six domains of desire, arousal, lubrication, orgasm, satisfaction and pain; Index of Sexual Satisfaction (ISS; Hudson et al, 1981) that measures the sexual satisfaction in the dyadic (couple) relationship; and a Sexual Behaviors and Health Questionnaire was also included. Although the study is not finished, the preliminary findings suggest that as age increase the diversity and frequency of sexual behaviors decrease, problems of desire, lubrication and arousal increase, and there is also a decrease in the overall sexual well-being of the dyadic relationship. The authors are now extending this series to better estimate the prevalence of sexual problems in the portuguese womens population. Finally we will discuss the implication of our results focus on a sexual health perspective.

1011.11 Acclimatising international university students to Australian sexual mores.

*Leeanne J. Purdom. Curtin University of Technology, Australia.

Hotting up Down Under - Cool stuff to know when things are sizzling: This education program was designed to meet the needs of International students studying at Curtin University of Technology in Western Australia. There are over 1,000 students living in campus residences. Many of these young people are living away from home for the first time in a new country. They are often unprepared for negotiating relationships outside their home cultures. With the absence of skills and knowledge, some young people become socially intimidated and vulnerable, resulting in increased susceptibility to unplanned pregnancies and sexually transmitted infections. Anecdotal feedback from community health agencies suggests there are significant sexual health issues for

this population of young people. Every culture has unique aspects of relationship cues that can seem curious and often misunderstood by newcomers. This presentation outlines a workshop that was run in Australian Student Residences to assist young people understand not only what the local laws and customs are with regard to sexuality, but how to decipher the subtle and not so subtle cues around sexual interest and what to do with them. One of the challenging aspects of this program is the conservative nature of some of the cultures from which a large number of the students originate. Many of the parents of these students may well be offended that their children may require this information to maintain their sexual health in Australia. The program will be discussed including reference to some interesting Australian sexual mores that were considered important to explain.

1011.12 Determinants of sexuality in 70-year-olds.

*Nils M. Beckman, Margda Waern and Ingmar Skoog. Institute of Clinical Neuroscience, Psychiatry Section, The Sahlgrenska Academy at Göteborg University, Sweden.

Determinants of sexuality in 70-year-olds Beckman N, Waern M, Skoog I
Institute of Clinical Neuroscience, Section of Psychiatry, Sahlgrenska University Hospital, SE-413 45 Gothenburg, Sweden
Objective: To study determinants of sexuality in 70-year old non-demented men and women. Methods: Representative samples of 70-year olds were examined in 2000-01 (N=563). The questions on sexual behaviour were included as part of an extensive semi-structured neuropsychiatry examination. Results: 95% of all 70-year-olds find it natural with sexual interests and needs in old age. The prevalence of sexual activity among married men was 68.5 % and among married women 56.8 %. Most significant determinants were seen in gender, - marital status, sexual dysfunction among men, - relation to partner, - enjoyment of sex in younger years and frequency of other physical contact e.g. hand-holding, hug and kissing. Conclusion: There is a positive attitude towards sexuality in both sexes. Men are more sexually active than women. To have a partner is of more importance for women. When having a partner the relationship is of importance for keeping up sexual activity.

1011.13 The use of personal photographs as a catalyst in sex therapy.

*Catherine D. Ravella. West Penn Hospital, USA.

PhotoTherapy, a technique developed in the 1970's and 1980's uses personal or family photographs as a visual stimulus to access a person's history and reveal information about sexual values, personal culture and ideals. The use of *PhotoTherapy* as a projective technique has been shown to trigger affect, aid in development of self-esteem and evoke cathartic emotions. This presentation will illustrate how *PhotoTherapy* can be a powerful enhancer and effective tool when introduced as a therapeutic intervention in sex therapy. Visual learning (the use of sex education video tapes, genital models, anatomical illustrations) in a

therapeutic setting is supported by research. Personal interviews and the results of a 2004 survey of the 482 certified sex therapists in USA and Canada demonstrates minimal usage of *PhotoTherapy* as a visual learning technique in sex therapy. The age and discipline of the therapist positively correlate with the usage of *PhotoTherapy*. This Power Point presentation, including case histories and patient personal photos, will afford an easily accessible, step-by-step approach to incorporate *PhotoTherapy* into one's practice as a sex therapist or counselor. Unlike the projective tests, the Rorschach and the TAT, *PhotoTherapy* offers a wide range of possibilities for use with various therapeutic styles in sex therapy; it is a flexible and adaptable technique. The acronym P.H.O.T.O will be introduced as a mnemonic for ease in incorporating *PhotoTherapy* into sex therapy.

1011.14 Evaluation and Treatment of Unconsummated Marriages among Orthodox Jewish Couples.

*David S. Ribner and *Talli R. Rosenbaum. Bar-Ilan University department: School of Social Work, Israel.

Orthodox Judaism expects new brides and grooms to engage in sexual intercourse on the first night of marriage or soon thereafter, despite stringent norms forbidding premarital physical contact. Any delay for more than several weeks in consummating a marriage is seen as problematic and worthy of rabbinic and/or professional attention. This presentation examines traditional Jewish sources for this emphasis on marital sexuality, defines the problem of unconsummated marriages, discusses issues pertinent to evaluation and suggests appropriate treatment strategies. Our focus includes both Orthodox and Ultra-orthodox (Haredi) elements of the Jewish community. To date, the Orthodox Jewish community, as with most conservative sub-cultures, has been most reluctant to cooperate with researchers using quantitative designs to explore sexual issues. Our impressions as to the scope and growth of the problem of unconsummated marriages comes from our own sex therapy practices, as well as contacts with other professionals serving this population. All sexual health professionals with whom we have contact agree that there is a steady increase in the number of such cases coming for treatment. The target population tends to be couples married up to four years who have not yet consummated their marriage (although we have seen a few couples married much longer who are still virgins). Other than their religious affiliation as Orthodox, they share no other common denominator. For some, because of profound sexual ignorance, there is no awareness that a problem exists until they turn to physicians because pregnancy has yet to occur. Our clear impression is that a lack of preparation for marital sexuality is at the root of this problem. The more religious the couple, the more likely it is that they will enter the marriage with little or no basic information on human physiology or sexuality. This situation may have both direct and secondary impact on sexual attitudes, expectations and behaviors.

1011.15 The role of intimate identities and communication styles in couple functioning.

* Alia W Offman and Kimberly Matheson. Carleton University department: Psychology, Canada.

Alia Offman and Kimberly Matheson, Carleton University, Ottawa, Canada
Introduction: The research examined sexual and general dilemmas within intimate relationships in order to assess how the relative importance of these domains to the individual interacted with styles of communication to determine satisfaction in the relationship. How individuals communicate in conflicts within an intimate relationship were expected to be unique when the conflict involved sexual issues. However, the extent to which different communication styles were linked to relationship functioning were expected to vary depending on the relative importance of individuals' sexual-self relative to how much they valued their self-in-relationship. We suggested that the relative commitment an individual has to their intimate and sexual selves would ultimately affect the level of satisfaction in the relationship by influencing the responses chosen in response to sexual versus general dilemmas. Method: Couples volunteered for the study in response to newspaper advertisements, list-serve postings and posters placed in community agencies. Those who were interested were mailed questionnaire packages with return envelopes enclosed. Participants (N=96) responded to measures of identity, communication styles (i.e., accommodation styles), and satisfaction both in terms of their sexual selves and their relationship as a whole. Results: A 2 (sexual vs. non-sexual dilemmas) X 4 (communication styles) repeated measures analysis of variance (ANOVA) indicated that lower levels of destructive responses were used in sexual dilemmas than in general relationship dilemmas. Additionally, two sets of hierarchical regression analyses revealed that the relative placement of the sexual and intimate selves qualified the relation between communication styles and satisfaction in the relationship. Conclusions: Our findings demonstrated that individuals used different patterns of communication when dealing with sexual versus non-sexual areas of the relationship. Additionally, we found that the levels of commitment to the self-in-relationship relative to the sexual-self played a role in how communication styles affected sexual and relationship satisfaction. The research suggests that satisfaction in the sexual and general domains of the intimate relationship are associated with an interrelated system of communication styles and identities that determine the success with which couples negotiate dilemmas in the intimate relationship.

1011.17 Songs in the key of life: popular music as a tool for health promotion and sexuality education.

* Lorel Mayberry. Curtin University of Technology, Australia.

This vibrant presentation will demonstrate the use of popular music to provide insights into men's perspectives on their sexuality; and increase awareness of music as a tool in education and counselling. Some men are reluctant to share feelings and experiences, and music can be a powerful resource to awaken memories and to help articulate important events or experiences in their lives. In a safe environment, music can provide a tool for a deeper level of disclosure. Relax, listen, enjoy, empathise and become more aware of your own perceptions of men's sexuality. Songs chosen by six men aged between 18 and 60 years, and the reasons they gave for selecting these pieces, are also explored. This workshop will also explore a variety of strategies using popular music that can be used by educators, counselors and youth workers, with special emphasis on drug and sexuality education.

1011.18 Relational Components, Developed by Seduction Process Between Men, Contribute to HIV Protection used during Sexual Experiences.

*Gilbert Emond. Dep. of Applied Human Sciences, Concordia University, Canada.

Importance of seduction process (or cruising, chasing, to be *on the make*) is valued by gay men in their sexual experience stories. When invited to tell a sex story of their choice, gay men prefer to speak about seduction (a phase starting with encounter beginnings in public space and preparing eventual sexual acts) than to speak about sexual behaviours or emotional aspects of their sexual encounter. Method: Twelve in-depth interviews with Montreal gay men analysed using a qualitative approach. They choose one of their sexual experiences as their story and indicated what references to discourses surrounding sexual relationships and gay life they consider important. A grounded theory of values and discourse markers of sexual experiences was built. Sexual experiences were selected as stories basis because, for at least gay men, they represent benchmarks in gay sexual life paths. Objectives : To understand processes and immediate context involved in stories about new gay sex encounters and, particularly, in the preparation of HIV Protection application. Four relational components are developed during the seduction process between men. Their influence is pursued till the end of the sex acts and the leaving phase. Components are: Confidence, Information, Intensity, Listening. Some other theories (Condom Negotiation, Health Belief Model) consider mostly Confidence and Information but these sole components appear to uncompletely describe the seduction process. Stories show that the same four components are involved, in a different way, in HIV protection used by participants. It is then understood that encounter beginnings and seduction phases have an impact on both the eroticism of the moment and the applied HIV protection. In consequences, HIV prevention actors could use situations remembering of these components in HIV prevention campaigns. HIV Education and Prevention could be developed for gay men including a better knowledge of Confidence, Information considered, Intensity developed between men and the Listening capacity before and after sexual acts requiring AIDS protection.

1011.19 Making Time for Intimacy, Love and Sexuality in Post Modern Era.

*Jaqueline Brendler. SBRASH (Brazilian Society of Sexual Studies), Brazil.

INTRODUCTION In many long- lasting relationship, very little time is dedicated to intimacy, love and sexuality. **OBJECTIVE** To propose a rethink about the effort to make time for intimacy, love and sexuality. **PROPOSAL** - How many minutes each day do couples reserve for themselves, aside from family matters? - Does a fear of intimacy exist? A fear of deepening our love? - Are the identity and limits of each partner respected? Is there admiration for one another? - Is happiness possible for the social couple alone, without the presence of intimacy between them? - Do couples leave behind both their individual and collective dreams after starting a family? Do they talk about this? - Is the loving partner appreciated? What are his/her fears, needs and interests? Does he/she receive emotional support to evolve and in times of difficulty? - Is the partner's behavior approved of? - Is it possible to continue building a loving relationship without investing time and dedication (care) to each other? Is there real connection and commitment between them? - Are you capable of, or force yourself to live with the less than ideal version of your partner? - What quality does sexuality hold when it the last and quickest act that the couple perform? - Setting aside free time to relax, for sexual pleasure, is one of the ways to discover and enjoy full erotic potential. Is the exploration of new sexual practices permitted?

OBSERVED CONCLUSIONS Many couples in the post modern era underestimate the real importance of intimacy, love and sexuality. Couple Therapists should be on the alert for such aspects, as they continue as paramount for the quality of a long-lasting relationship.

1011.2 The Influences of Family and School in Sexuality of Adolescents.

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To help adolescents growing up, demands comprehension of parents and teachers to understand not only about what adolescents think, but also and mostly the way they think and learn the facts of life. The aim of the present study was to analyse the influences of family and school in the process of sex education of adolescents. The sample of our work (n=109) was composed by three groups: 71 adolescents of both sexes, 39 boys and 32 girls (mean age: 13,50±1,4 from Francisco Arruda School in Lisbon, 22 parents (mean age: 39,1±5,0) and 16 teachers (mean age: 47,5±7,3). The instruments used were: a Sexual Behaviors and Health Questionnaire, Parental Bonding Instrument (Parker, 1983), the Sexual Attitudes Scale (Hendrick & Hendrick, 1987) and a Structured Interview. Our results showed that 9,9% of adolescents initiate sexual intercourse by age 14, teachers (55,6%) considered that families are not a reliable source of care and sex education, 72,7% of parents think that they have a low capacity to protect their childrens and 41,7% of adolescents considered that parents are not an enough source of sexual information. These data highlight the need that school and families work together so that

adolescents can achieve information and skills for a responsible sexual health.

1011.3 The Sex Pyramid: A new tool for adolescent sexuality education.

*Nava Lerner. Israel family planning association, Israel.

Positive sexuality education enables adolescents to view sexuality in terms other than dysfunctions, illnesses, diseases, social stigmas, and negative social myths. With positive sexuality education the perception of sexuality takes on a terminology of pleasure, desire, fantasy and orgasms. It incorporates the ultimate claim that sex should be fun, personally fulfilling and relationship enhancing. This secret knowledge, that sex should be fun, has mainly been kept from adolescents, and has now, reached the moment of exposure. We, as sex educators, understand the benefits of advocating the values of positive sexuality. By the simple act of reducing adolescents fear of sex, we teach our adolescents a valuable lesson. The Sex Pyramid attached to this proposal provides a model and a tool for the positive sexuality education of adolescents. Inspired by the popular use of the USDA Nutritional Pyramid, the Sex Pyramid progresses from the base of pyramid - which encompasses the most basic and most highly recommended requirements of the sexual diet - culminating at its apex which identifies the least recommended elements of the sexual diet. Similar to the nutritional pyramid, the Sex Pyramid offers a concise view into the multi-faceted world of sexual pleasures. The Sex Pyramid is a guideline, rather than a rigid prescription, and it attempts to do away with shots in the dark sexual behavior. Like the nutrition pyramid, the Sex Pyramid provides a model that suggests the relative emphasis various sexual activities deserve. It presents the prerequisites to positive sexuality; it offers a multitude of suggestions for sexual variations. It removes the orgasm-as-goal orientation as the most prized objective in sexual pleasure. In a pilot study, the Sex Pyramid proved valuable and enlightening to a group of young adults. Based on the study and review by sex educators, the Sex Pyramid can be adapted to a number of sex education settings with adolescents. ©□©

1011.4 Sexual socialization in transition from totalitarianism to democracy.

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13; Transition period in social-economical development in Ukraine challenged a new strategy of sexual education. While in a passed soviet period the depiction of sexuality has been a taboo either in education sphere or mass-media. The post totalitarian ones convey a lot of contradictional tendencies. There is still no obligatory sexual education in the system of primary, secondary and high education, a lack if acceptable scientific information for children and adolescents about human sexuality. On the other hand there is no boundaries in mass-media for erotics and porno. The objectives of the research are to discover the attitudes of Ukrainian adolescents to sexuality in estimating the self and the

others of the same and the opposite sex, to make sociological analysis of statistical data on teenager's sexual behaviour. We used such methods as Kun's questionnaire on an identification "Who am I?", the analysis of adolescent's self-representation in projective drawings, unfinished sentences. There is considerable gap between young people's sexual activity and their level of sociopsychological and moral responsibility. The main problem in Ukraine is a lack of information for adolescents about sexuality, family planning, safer sex, and so on. Although, several National Programs for Family Planning have been developed during the period of independence, there is still no compulsory sex education. Sexuality and related issues continue to be regarded by teachers and parents as prohibited. The society is interested in exploring the social influences, especially television, which create the sexual environments in which children are growing up. Ukrainian mass media, however, are preoccupied with non-family-oriented commerce and movies. Still, many scientists have begun to collaborate with the mass media, especially television, to prepare sexually oriented programs for adolescents, teenagers, and their parents. High levels of spreading sexual transmitted diseases among teenagers, abortions and Human Immunodeficient Virus by intercourse is the evidence of defying attitude to human body including sexuality and reproductive health. Human sexuality is considered to be "a bad part" of the concept of the self, which determine disharmony of cognitive and behavioural personality spheres. At the age of 15-19 years abortions have been done by 1,5 % of girls. Teenager's criteria of attractiveness and popularity of the self and a friend of the other sex have been determined by false culture of transition period, which create cruel attitude towards body parts and sexual attractiveness of personality. Children's awareness of their own body was extremely narrow. About half of the children considered the sexual parts of the body as places of the most bad feelings and experienced shame in being naked or seeing an adult naked.

1011.5 Love in the slow lane: Sex education for the elderly.

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This paper discusses the current status of sex and aging in Canada and the United States and then describes a 90 minute sex education presentation for the elderly. Its objectives are to provide selected psychological, sociocultural and medical knowledge about sex and aging, and strategies for applying this knowledge to enhance sexual self image and develop more satisfying ways of expressing one's sexuality. Despite attempts to normalize the continuation of sexual interests and activities of the elderly through sex research and broader scientific definitions of sexuality, there are still many obstacles that frustrate the efforts of seniors to find satisfying sexual expression. These include an oppressive Christian sexual tradition whose reproductive bias denigrates sexual interests of those beyond child bearing age, popular definitions of sexuality that focus on intercourse and orgasm, a culture that links youth, physical attractiveness and sexuality and desexualizes the elderly, gradual loss of strength, stamina, agility, and physical sexual response and performance that are a part of the normal aging process,

increasing incidence of chronic illnesses and their treatment, widowhood, the opposition of adult children to aging parents forming new intimate relationships, and restrictions on privacy and sexuality in residential care. These make it difficult for elders to maintain a positive sexual self image and satisfying sexual expression and relationships. There are some compensating advantages for the elderly in maintaining their sexuality, such as freedom from the burdens of child care and work. Also, the improvement in scientific understanding of sexuality and aging is reflected in a growing self-help literature written for the elderly reader. However, this literature is not readily accessible and there is limited sex education or counselling for the elderly. The paper describes our presentation's content, specific learning objectives and the pedagogy employed. It builds on our 30 years of teaching undergraduate foundation courses in human sexuality. Evaluations by those attending have been positive. We conclude by discussing the contribution that such presentations can make to the development of more adequate sex education for the elderly.

1011.6 New prospectives in coping and supporting women with psychosexual and marital problems linked to menopause.

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As it is known, anatomic, biological, psychological and social changes influence sexuality of menopausal women. Many women report decrease in both libido, orgasm and frequency of coitus, most commonly because of biological event linked to menopause, less commonly due to depression or marital problems. These last can either be the cause or the consequence of decrease in sexual activity. Decreased oestrogen levels in postmenopausal women may also cause vaginal atrophy, dryness, dyspareunia, which can lead to discomfort in intercourse with decreased arousal and orgasmic response. Hypoestrogenemia decreases blood flow to the reproductive organs, resulting in diminished vasocongestion. Being Central Nervous System an important target for sex steroid hormones, estrogens, progestagens and androgens are able to modulate many brain sexual functions. Postmenopausal women often result affected by dysthymia, depression or an anxiety disorder. Also cultural issues can affect a woman's view of herself and thus can affect her libido. In this paper sexual problems connected with post-menopausal period are examined from a neuropsychendoocrinologic point of view.

1011.7 Implementing Comprehensive Sexuality Education Among Children in Lagos.

*Uwem Esiet ¹, 'Nike O. Esiet ¹ and Susan Philliber ². ¹Action Health Inc., Nigeria; ²Philliber Research Associates, USA.

This paper reports survey results from 709 junior secondary school students in Lagos, Nigeria, who were surveyed in November, 2003, July 2004, and again in November 2004. This group of young people is the first to receive the new comprehensive sexuality education programme adopted by the Ministry of Education for the nation. These data show that these young people are gaining the vocabulary of sexuality faster than some of the other knowledge they are being offered and they are adopting more gender egalitarian attitudes over time. These young people are also gaining more accepting attitudes toward the use of birth control. Still, there are many basic facts about sexuality that most do not yet understand and the data underline the need for this curriculum to be implemented as quickly and completely as possible in the nation.

1011.8 A Multi-national Population Survey of Intravaginal Ejaculation Latency Time.

*Marcel D. Waldinger^{1,2}, Paul Quinn³, Maria Dilleen³, Rajiv Mundayat³, Dave H. Schweitzer⁴ and Mitradev Boolell³. ¹Leyenburg Haga Hospital, The Netherlands; ²Utrecht Institute for Pharmaceutical Sciences and Rudolf Magnus Institute for Neurosciences, The Netherlands; ³Pfizer Global Research and Development, UK; ⁴Department of Internal Medicine and Endocrinology, The Netherlands.

Introduction Measured intravaginal ejaculation latency time (IELT), with an arbitrary cut-off has been used to define premature ejaculation. However, the IELT distribution in the general male population has not been previously assessed making it difficult to use this measure as the main criterion to appropriately define men with PE. This study aims to determine the stopwatch assessed IELT distribution in large random male cohorts of different countries.

Methods A total of 500 couples were recruited from 5 countries: The Netherlands, UK, Spain, Turkey and the USA. Enrolled men were aged of 18 years or older, had a stable heterosexual relationship for at least 6 months, with regular sexual intercourse. The surveyed population were not included or excluded by their ejaculatory status and co-morbidities. This survey was performed on a *normal* general population. Sexual events and stopwatch-timed IELTs during a 4 week period were recorded. **Results** A total of 4000 completed sexual events were recorded over the 4-week study period, with a mean frequency of 8 ± 4 events per couple. Frequency of sexual intercourse ranged from a mean of 7 events per couple in Spain and Netherlands to a mean of 10 in the US. Frequency of sexual intercourse was similar across all age groups. The distribution of the IELT in all the 5 countries was positively skewed with a median IELT of 5.4 minutes (range, 33 seconds to 44.1 minutes). The median IELT decreased significantly with age from 6.5 minutes in the 18-30 age group to 4.3 minutes in the group older than 51 years ($p < 0.0001$). The median IELT varied between countries with the median value for Turkey being the lowest, i.e. 3.7 minutes (0.9-30.4) which was significantly different to each of the other countries. **Conclusion** Sexual frequency ranged from 7-10 events in the 4-week study period. The IELT distribution is positively skewed with an overall median value was 5.4 minutes but with differences between countries.

1011.9 The Trouble with Polyamory: Problems with Race and Class.

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This paper critically examines the cultural and political implications of polyamory in the United States with a focus on women's involvement and development of this relationship structure since 1992. First, I present polyamory as a recently developed relationship structure where a person chooses to be intimate, loving and sexual with more than one person at a time. Second, I problematize polyamory as it is practiced in the United States by demonstrating how it cannot transform oppressive relationships and family structures without addressing racial and economic inequalities. Third, I use sociological and feminist theories of intersectionality and social justice to provide a critique of polyamory based on qualitative content analysis of the five polyamorous texts written in English between 1992 and 2002. In particular, I focus on how these texts, written by white, middle class, educated, American female authors, fail to address how race and class intersect with gender and sexuality in the theory and practice of polyamory. Fourth, I suggest that in order for polyamory to successfully transform relationships and family structures, polyamorists must form coalitions with others who share common concerns and goals around issues such as sexuality, sexual orientation, marriage rights and capitalist consumerism. Finally, I connect my analysis of this relationship structure as especially relevant to the goals of the World Conference of Sexology. This critique of polyamory echoes themes presented by the World Association for Sexology by using a transdisciplinary approach to consider the potential that polyamorous relationships have to revolutionize relationships and family structures, while addressing issues of health and justice, in the United States and worldwide. Although this research primarily addresses the United States, there are polyamorous organizations in at least nine other countries around the world, including Canada, home of the XVII World Congress of Sexology. Indeed, the goal of polyamorists building bridges with others is apt for a world conference focusing on promoting sexual rights and health for all. The audience for this paper is open to those who are interested in exploring how sexuality and relationship structures can help form connections to broader issues of social equality.

1012.1 Sociosexual use of Internet and Sexual Health among French-Speaking Young Gays from Montreal.

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INTRODUCTION AND OBJECTIVES: While sexual uses of Internet have generated a number of studies showing its negative repercussions on psychological and sexual health (e.g. dependency, sexual risks), the positive impacts have been less studied (socialization, social support, reduction of isolation, networking, etc.). In order to better understand these dimensions, we will present some reflexions based on the results of two studies done in Quebec, showing the positive repercussions on interpersonal relations and sexuality among gay population and the advantages of interventions realized on line for gays. **METHODOLOGY:** The first study was based on a questionnaire administered on line among French-speaking gays was answered by around 300 participants aged 18-25 years. The questionnaire included questions dealing with sociosexual uses of Internet, advantages and liabilities, repercussions of its use on interpersonal and sexual capacities. Statistical analysis included Chi square and Student t-test. The second was based on the answers to a questionnaire by 138 participants focusing on the evaluation of an interactive prevention program online (REZO). **RESULTS:** The results show that Internet could be considered as an important tool in the development of sexual and interpersonal capacities and strategies of prevention against STDs and HIV / AIDS, since, according to our data, exact, credible, personal and serious information can be available for specific populations on line.

1012.2 Online HIV Prevention and the Mens INternet Study-II (MINTS-II): A Glimpse into the World of Designing Highly Interactive Sexual Health Internet-based Interventions.

* Simon Rosser. Center for HIV/STI Intervention and Prevention Studies, USA.

The Men's INternet Study (MINTS-I), an National Institutes of Health-funded trial of 1,026 Latino Men who use the Internet to seek Sex with other Men (MISM) in the USA, found almost two-thirds of MISM reporting unprotected anal sex in the last 12 months, and 14% reporting online negotiating sex online (meaning no experience of conventional-based dating). In Men's INternet Study-II (MINTS-II), an interdisciplinary team of researchers at the University of Minnesota have partnered with Allen Interactions, Inc., a leading software development firm, to develop and test a theoretically sound, highly-interactive, state-of-the-art, Internet-based HIV prevention intervention for MISM, based on principles of e-learning and sexual health promotion. This presentation will highlight lessons we are learning in developing online sexual health interventions, provide glimpses into the future of online interventions using examples from prototypes in development, and overview one of the first studies to attempt to change sexual behavior through an online experiential curriculum.

1012.3 Professional Sex education by Internet through strategic use of.

* Man-Lun Ng, Tina Mo-Yin Ng and Bruce CHEUNG. University of Hong Kong, China.

Through the local and international cooperation and collaboration, two comprehensive and professional education courses (Certificate in Sex Education

and Postgraduate Diploma in Principles of Sex Counseling and Therapy) have been successfully developed. These courses based on adult learning principles, aim to provide students comprehensive knowledge about sexuality, the necessary attitude and skills in carrying out sex education, health promotion and sex counseling. Both courses are one-year part-time web-based course delivered through e-learning mode, complimented by monthly face-to-face forums and meetings. Learning is facilitated through email consultations, chat room discussions, online tutorials and links to e-journals. Student performance is measured by on-line participation, written examinations and case study. The success of quality e-course in sex education depends greatly on two main factors. First, the strategic alliance with partners including content providers, professional bodies, e-learning solution provider and international institutions; Secondly, teaching strategies that facilitate the teaching-learning process.

1101.2 Sexuality and Adolescence: Data on Sexual Education in the Schools, Collected by the Italian Institute of Sexology.

*Chiara Simonelli ^{1,2}, *Cinzia Silvaggi ², *Francesca M. Tripodi ^{1,2} and *Veronica Vizzari ². ¹University of Rome, Italy; ²Istituto di Sessuologia Clinica, Italy.

Introduction and objective: We have chosen the "peer education" methodology to increase the impact of our intervention on HIV prevention, risk perception, attitudes towards sexuality, gender identity and sex education. Our results will be compared with those from international literature. **Methods** The research is based on peer education and concerns the prevention of HIV, involving students attending eight schools in Rome. This project involved 2.920 teenagers (1985 males and 935 females) aged between 15 and 20. The group was split up in an experimental group (EG=1462ss) and in a control one (CG=1458ss), assigning the subjects randomly. In a first phase we selected and trained 56 students as peer educators while in a second one they organised and realised information and sensitisation groups for EG students, with the supervision of our experts. Changes in the participants' attitudes/behaviours as well as the increased level of information were checked out before and at the end of our project by administering them: 1) A questionnaire prepared by us, consisting of four sections; 2) Zuckerman's Sensation Seeking Scale (Mould V), which points out the risk disposition as a personality trait. **Results** In relation to the level of knowledge about the infection, we noticed significant variations after the test between EG and CG ($t=10,911$; $p<0,001$). Our datum was confirmed by the regressive analysis ($\chi^2=3,825$ for EG; $p<0,001$). The 'social risk perception' did not change before and after the intervention in any of the two groups, whilst there was a significant variation on the personal, acquaintances' and teenagers' "entourage risk perception", both in the EG itself ($\chi^2=1,053$; $p<0,001$) and in comparison with the one achieved by the control group ($t=3,835$; $p<0,001$). We pointed out a significant variation in relation to the "risk control level" as well, both in the EG itself ($\chi^2=-0,180$; $p<0,05$) and in comparison with the one achieved by the control group ($t=3,732$; $p<0,001$). Among the attitude levels, it emerged a significant variation, which is due to the intervention of peer education between before and after the test (EG/CG), with the exception of the "sexual

liberalism/conservatism" level. In relation to the Sensation Seeking Scale, our results didn't show differences that are statistically significant between before and after the test in both groups. From the analysis about sexual behaviours it emerges that 50,2% of the whole specimen have intercours that are potentially at the risk of HIV contagion. Among the subjects, 50,3% use condoms only "sometimes" and 19,9% "never" use them. After the test, the percentage of EG subjects who tell us they use it every time increases in a statistically significant way ($p < 0,01$), whilst we don't notice any variation in the control group.

Conclusion Our work corroborates the importance of using an integrated model for interventions involving both the content aspects (information) and the human relations (feelings and emotions) The students' active participation in the formative course hurries and supports the change of their peers' attitudes/behaviours while the teamwork of various specialists (psychologist, andrologist, gynaecologist, etc.) is in charge for some specific lectures. Experts in sex counselling are available as supervisors for peer educators during all the phases.

1101.3 English Speaking Podium Session of EFS (European Federation of Sexology).

* Chiara Simonelli, * Maryanne Doherty, * Marie Chevret-Measson, * Alain Giami and

* Nicole Arnaud-Beauchamp. European Federation of Sexology, France.

président A Giami, Modérateur S Caruso Session organised by EFS : major questions concerning different periods of sexual life are approached. Adolescence C Simonelli and all (Italy) : A peer education methodology was chosen to increase the impact of intervention on HIV prevention, risk perception, attitudes towards sexuality, gender identity and sex education. This project involved 2.920 teenagers. The percentage of Experimental Group subjects who reported condom use every time increased in a statistically significant way ($p < 0,01$).

Maryanne Doherty (Canada) ; A Study investigating the socio-cultural, socio-environmental, and interpersonal determinants of adolescent sexual behaviour was undertaken to evaluate the influence of three primary components of psycho-social-environmental factors, on the sexual health of canadian youth. The study identified the variables that influence sexually and non-sexually active adolescent males. These results are presented and discussed Recommendations for educational programs for male adolescents are described. From youth to adulthood M Chevret-Measson (France) : Impact of sexual abuse (an universal phenomenon) and the possibilities of resiliency on future sexuality are identified through an analysis of the literature : major depression, lack of autonomy, absence of self-confidence and confidence in others, will disturb seriously the possibilities of intimacy. The more abuse occurs early, the more it causes damage : sexual risk behaviour , sexual dysfonctions, and psychopathology Parentality A Giami and all (France) : Qualitative interviews were collected among women and men consulting for infertility in order to evaluate the impact of infertility and infertility treatment on marital sexuality, sexual satisfaction and the couple relationship The research give evidence of a strong negative impact of infertility and infertility treatment on the frequency of sexual activity. Further on, during

the process of the ART, an important decrease of marital sexuality occurs, related to the knowledge of infertility and the impact of the treatment. And Brain. N Arnaud-Beauchamp (France) ; Neurosciences have reassessed the important relations between the brain and the body or soma, through the emotionnal process. But studies about the role of emotions on sexual functioning, although are still lacking. Research on depressed affect has shown some consistent results suggesting a negative impact on sexual arousal. Some major studies in this field will be discusses and the application of this theoretical model for psychosomatic sexology will be discussed

1101.4 What the Boys Said.. Selected Findings from the Canadian Youth, Sexual Health and HIV/AIDS Study.

*Marianne Doherty ¹, William Boyce ² and David MacKinnon ³. ¹Undergraduate Student Services, Faculty of Education, CANADA; ²; ³.

Introduction In 2003, the Canadian Youth, Sexual Health and HIV / AIDS Study (CYSHHAS) coordinated by Health Canada under the Strategy on HIV / AIDS, provides a contemporary picture to increase the understanding of the factors that contribute to the sexual health of Canadian youth by investigating the socio-cultural, socio-environmental, and interpersonal determinants of adolescent sexual behaviour. **Conceptual Framework** The framework that was used to design this research has three primary components: psycho-social-environmental determinants, sexuality variables, and sexual health. The idea of a determinant of sexual health focuses on those socio-demographic variables, which have been linked to the sexual behaviour and sexual health of adolescents. These include parental income, occupation, educational achievement, religiosity, gender and disability. The school serves as an environmental variable. Also included are personal characteristics, such as coping skills and individual health practices, as well as family dynamics associated with communication, modeling, and trust. Peer relationships have also been linked with adolescent sexual health, as has the presence and awareness of health and education services. **Objective** The overall objective of this research was to study how the three primary components of psycho-social-environmental determinants, sexuality variables, and sexual health influence sexual health of youth in grades 7, 9 and 11. This paper will describe the variables that influence sexually active and non-sexually active self-reported adolescent males. **Main Body** Two study booklets were developed; one for grade 7 students that included forty-four items and one for grade 9 and 11 students that included 64 items. Most questions were multiple-choice or questions with likert scale responses. The responses of participants were recorded in the booklets. The data were analyzed using Factor Analysis and Pearson r correlations. A total of 3,587 grade 7, 3,841 grade 9 and 3,697 grade 11 students responded. The participants included students from the ten Canadian provinces, Northwest and Yukon Territories. A caution of the study is that there is no exact provincial representation. **Conclusions** The variables that influence sexually and non-sexually active self reported adolescent males will be presented and discussed in two categories including encouraging and worrisome aspects. Recommendations for educational programming for male adolescents will be

described and evaluated.

1101.5 The Basis of Neuroscience for Sexual Medicine.

*Nicole Arnaud-Beauchamps. SFSC, France.

How are neurosciences base for sexual medicine? Neurosciences, recently, has overlooked the important relations between the brain and the body or soma, including emotionnal process. The emotions are defined as patterns of chemical and neural responses, the function of which is to assist the organism in maintaining life by prompting adaptive behaviors. The emotions are biologically determined, automatic, although it is acknowledged that culture and development may influence the set of inducers and can inhibit or modify overt expressions. Some well -defined brain regions are responsible for emotions. The effect of the emotion is both some bodily behavior and the creation of neuronal map. That neuronal map leads to the feeling, and the relationship between map and feelings is that feelings reflect how well body is according to the map. Emotions and feelings are playing a central role in the experience of consciousness. Damasio showed that emotionnal feelings do involve body maps in the brain, and that brains components show altered functional states during experimental changes of consciousness, for example during pharmacological manipulations. The relations between brain systems and complex cognition and behavior can only be explained by a comprehensive blend theories and facts related to all levels of organization of the nervous system, from molecules , cells and circuits to a large scale-systems and physical and social environments. Studies about the role of emotions on sexual functioning, although inclining some recent attention are still lacking. Research on depressed affect has shown some consistent results suggesting a negative impact on sexual arousal. Projection of how does it works for psychosomatic sexology will be discussed

1101.8 Effects of Infertility on infertile men.

*Alain Giami, L. Calderon, C. Coeffin-Driol and Doris Vasconcellos. Inserm, France.

OBJECTIVES To identify the impact of infertility and infertility treatment (ART) on infertile **METHODS** In collaboration with two major Paris Hospital, we observed about a hundred consultations for infertility and ART. After the consultation, we proposed a qualitative interview to one of the couple by random sampling (male or female). A qualitative in depth interview took place a few days after the consultation. Only individuals who never had any attempt of ART were included in the study. The preliminary results based on the observation of consultation and 10 interviews with men will be presented. **RESULTS** The results show the important vulnerability of men when they are exposed to the results of biological tests, and when they learn their infertility status and its consequences. This is due to the fact that infertility seems to be always attributed to the woman at first. The discovery of infertility by the man is an important moment that should be carefully evaluated by the clinician in order

to diminish its negative impact. The paper will focus on a few case studies.

1102.1 Sexual Risk Behavior: The Role of Alcohol Intoxication and Sexual Arousal.

*Kelly C. Davis ¹, William H. George ¹, Julia R. Heiman ² and Jeanette Norris ³.

¹University of Washington, USA; ²The Kinsey Institute, USA; ³Alcohol and Drug Abuse Institute, USA.

Although research has documented an association between alcohol and sexual risk-taking, the roles of proximal factors in this relationship, such as acute alcohol intoxication and sexual arousal, remain unknown. In this experimental investigation of the alcohol-risky sex link, male and female heterosexual participants (N=288) randomly received a high alcohol dose or no alcohol and were then instructed to maximize or suppress their sexual arousal to erotic film clips while their physiological sexual arousal was recorded. Participants then read an eroticized scenario involving a sexual encounter and rated their likelihood of engaging in sexually risky behaviors. Results revealed a direct relationship between alcohol intoxication and increased sexual risk-taking likelihood for men. For women, however, alcohol intoxication was only indirectly related to increased sexual risk-taking likelihood through greater self-reported sexual arousal. These findings reveal that the pathways through which alcohol influences risky sexual behavior may differ for men and women.

1102.2 Understanding the Connection between Drug Use and Risky Sex among Gay and Bisexual Men.

*Jeffrey Parsons. Hunter College, USA.

The use of recreational drugs, and particularly "club drugs" such as MDMA, crystal methamphetamine, ketamine, GHB, and cocaine, has been identified as an emerging problem among subgroups of the gay and bisexual male community. More alarming is the mounting empirical evidence documenting the association between the use of these drugs, and the increasing prevalence of unsafe sexual behaviors among members of this community, leading to increasing HIV incidence. For the past five years, researchers at the Center for HIV Educational Studies and Training (CHEST) at Hunter College of the City University of New York have been conducting research studies to examine drug use and unsafe sexual behaviors among various samples of racially and ethnically diverse gay and bisexual men in New York City and Los Angeles. Studies have been conducted with both HIV-positive and HIV-negative gay and bisexual men. Through the use of a variety of qualitative and quantitative methodological approaches and sampling strategies, we have identified changes in the prevalence of the use of various drugs (e.g. identifying significant increases in the use of crystal methamphetamine), and the continued connection between drug use and risky sex. Other psychosocial and contextual factors that help to better understand this connection (e.g. sexual compulsivity, barebacking, the use of the Internet) have also been identified. Results from these studies will be presented.

In addition, preliminary work on the development of creative educational interventions and clinical strategies using Motivational Interviewing and Cognitive Behavioral Therapy that may be useful for clinicians and other health care practitioners to helping gay and bisexual men develop skills to reduce drug use and risky sex will be discussed.

1102.3 Motivations for Mixing Alcohol and Sex: Development of a Research Instrument.

*Patricia Barthalow Koch. The Pennsylvania State University, USA.

Previous research has found that alcohol consumption influences whether people engage in sexual behavior. Further, some research has indicated that alcohol intoxication may decrease the likelihood of practicing safer-sex; including safer-sex communication and condom use. Both alcohol consumption and sexual interaction tend to be normative experiences on many university campuses in the United States. Motivations for engaging in each of these behaviors have been studied separately. Four primary categories of motives have emerged: enhancement/pleasure (positively internally-generated), social/intimacy (positively externally-generated), coping (negatively-internally generated), and conformity (negatively externally-generated) motives (Cooper, 1994; Cooper et al., 1998). However, the motivations for mixing these two behaviors by drinking alcohol before engaging in sex had not been determined. Thus, this study was conducted to gain a better understanding of undergraduate university students' motivations for engaging in sexual behaviors after consuming alcohol in order to develop a reliable and valid research instrument to measure these motivations. An initial research instrument was developed from an extensive review of the literature, the use of q-methodology, and a content analysis of open-ended questions posed to undergraduate students. This 65-item instrument was completed by 359 undergraduate students attending a major northeastern university. A principle component exploratory factor analysis using varimax rotation extracted 8 factors representing differing motivations for having sex after drinking alcohol. Reliability of the factors composing the "Motivations for Mixing Alcohol and Sex Scale (MMASS) ranged from .84-.95 using the Cronbach alpha statistic. In addition, some statistically significant differences in motivations were found between men and women and those in casual and committed relationships. This newly-developed scale may prove useful for both research and clinical purposes.

1103.1 LoveTalks - a new approach in Sexuality Education and how it can help to curb sexual dysfunction.

*Brigitte Cizek, *Olaf Kapella and *Julie Wilgen. Austrian Institute for Family Studies, Austria.

LoveTalks – a new approach in Sexuality Education and how it can help to curb sexual dysfunction. The workshop will present, on the one hand, a successful comprehensive sexuality education project called LoveTalks. On the other hand, the workshop will try to answer the question, what is the relationship between sexuality education and sex therapy? The methodology of the workshop differs from oral presentation to include group activities and reflection of participants own experiences in Sexuality Education and Sex-Therapy, as well as group discussions. The first step of the workshop will be the presentation of LoveTalks: LoveTalks tries to help children and adolescents understand and handle sexuality in line with their age and life situation by facilitating communication, learning and understanding in sex education. In this sensitive area, finding the right way of talking to each other is often difficult. LoveTalks is a model tailored to the individual needs and consists of a three-stage communication process among parents, teachers and students. Participants will be invited to take part in the model by actually experiencing some of the methods used by the moderators. As a second step of the workshop we will address some questions such as: What is the relationship between sexuality education and sex therapy? How can insights gleaned from sex therapists shed light on the topics, methods, and materials needed by sex educators? And, how can the work of sex educators help alleviate sexual problems experienced by both youth and adults? The focus of the workshop is on discussing the risks of repressive (conservative) sex-education programs such as abstinence only models in contrast to more open, comprehensive sex-education models which may help prevent sexual problems. Gender differences and diversity will be addressed as well. The workshop participants will have the opportunity to reflect on their own practices in sexuality education and sex therapy and to learn how the facilitators have applied their insights from education to their therapy practices and vice versa. Specific case studies from sex therapy will be considered and discussion will revolve around insights that can be drawn from therapy to inform and influence sex education programs and how, in turn, sex education can help prevent sexual problems in relationships. Audience for the workshop: Sexuality Educators, Teachers, Therapists, Psychologist, Social Worker, Politicians

1104.1 Women's Sexual Well-Being: Sources of Stress and Resilience.

*E. Sandra Byers, *Elke Reissing, *Shannon Archibald, *Jacqueline N Cohen, *Kimberly Payne and *Angela D Weaver. University of New Brunswick department: Psychology, Canada.

Prevailing models of women's sexuality have been criticized for reducing women's sexual satisfactions and problems to their capacity for physiological response, effectively discounting the sociocultural, relational, and psychological factors that affect women's sexual lives (e.g., Tiefer, 1991). This symposium will consist of presentations by four researchers who will discuss factors that affect the sexual well-being of different groups of women. Together these studies identify a number of factors (both positive and negative) that impact on women's sexuality. Elke Reissing will discuss these factors, emphasizing women's resilience in negotiating their sexual pleasure and well-being despite

substantial stressors. She will also discuss how the diversity in these women's experiences highlights the multidimensional nature of women's sexuality. Objectives: (1) To communicate the results of current research on women's sexuality; (2) To encourage discussion regarding conceptualizations of women's sexual well-being. Outline & Methodology: The session will include four 20-minute presentations, a 15-minute commentary by a discussant, and a discussion period. Kimberly Payne will present research that examined the influence of sexual arousal on genital and non-genital sensation in women suffering from vulvar vestibulitis syndrome and healthy matched-controls. The results hold implications for the treatment of this condition and inform us as to the nature of healthy sensory function in women across the sexual response cycle. Shannon Archibald will present research indicating that sexual coercion can negatively impact women's sexual well-being. Her study found that self-blame following sexual coercion was associated with university women's decreased sexual satisfaction in their opposite-sex dating relationships. Angela Weaver will present research that examined the relationship between women's body image and their sexual functioning. She will discuss the relations between body image, body mass index, exercise, and sexual functioning among heterosexual university women. Jacqueline Cohen will present findings from interviews with lesbian women regarding their sexual relationships. The women's responses suggest that the traditional model of sexual response does not adequately capture their sexual experiences, and that relationship and cultural factors are important aspects of their sexual relationships. Relevance: The symposium will comprise current research regarding female sexuality, which has implications in terms of how women's sexual health is conceptualized, as well as how women's sexual problems are defined, assessed, and treated. Audience: The symposium will be of interest to sex researchers, particularly those interested in women's sexual well-being. It will also be of interest to clinicians who treat sexual difficulties.

1105.1 Aphrodisiacs and Botanical Supplements: Myth and Reality.

*Robert J. Krueger¹ and *Robert E. Friar². ¹College of Pharmacy, USA; ²College of Arts and Sciences, USA.

This session will provide an overview of the history and current status of products available on the market that are considered to be aphrodisiacs or botanical remedies for various sexual problems. The session emphasizes a common sense approach to selection of a product and trains the participant in product identity, safety concerns and possible effectiveness so that they may knowledgeably counsel a client on making an informed choice. Discussed in the session will be information sources, the basics of the human reproductive system, how this system interacts with various supplements, and detailed descriptions of over 18 supplements available world wide and some of the products in which they appear. Objectives **The participant will be able to:** 1. Counsel his/her clients on how to choose a botanical supplement. 2. List legitimate, scientifically sound sources of information on botanical supplements 3. Describe the basic anatomy and physiology of the human reproductive systems 4. Discuss how supplements may affect the reproductive systems 5.

State, for each aphrodisiac discussed, its name, part used, active ingredient(s), efficacy and pertinent safety considerations. **Session Outline** I. Dietary Supplements A. General Introduction 1. History 2. DSHEA Act of 1994 3. The Supplement Label B. General Safety Concerns 1. Filing a Complaint 2. Warning Letters, Advertising Concerns C. Advice 1. To the Professional 2. To the Consumer 3. Legitimate Information Sources, web-based, text and WHO II. Sexual Reproductive Anatomy and Physiology: The Basics III. Profiles of 18 common marketed aphrodisiacs 1. Includes: names, parts used, safety, efficacy, and other health concerns with their uses 2. Includes those Hot Plants listed by Kilham **Relevance to Sexology** The consumer of today, bombarded by advertisements for sexual enhancement supplements, is presented few facts with which to make an intelligent choice. This session will present those facts, emphasizing safety and known physiological effects, enabling the sexual health care professional to better counsel his/her clients. **Targeted Audience** Sex therapists and educators, psychologists, psychiatrists, other MDs and professionals in the sexual health care field.

1106.1 From Warts to Pap Smears. Why should you feel concerned about Human Papilloma Virus

Marc Steben^{*,1}. ¹ Institut national de santé publique, Canada.

Abstract- Solid evidence from molecular biology and epidemiological studies has us revisit how we deal with HPV infections including external genital warts. We will see how to best use this new science to efficiently screen cervical cancer, diagnose condyloma and other HPV related anogenital lesions, treat, follow-up, counsel and prevent HPV related conditions. Specifically, we will review essentials of HPV biology to the counselors, its lifecycle and the various genotypes. We will revisit the natural history of HPV infection and the process of cervical carcinogenesis including lesion progression. We will review the various clinical manifestations (anal, urological and genital) of the low and high risk genotypes, including external genital warts and cervical abnormalities. Then we will look at the challenge of the high transmission rate of both high-risk and low-risk HPV through a discussion on the modes of transmission and risk factors. We will see how the disease and the cancers are distributed in the population. We will examine how to prevent HPV related disease and complications both from the primary and secondary standpoints, demonstrating that while we are waiting for the availability of vaccines against HPV, the conventional ways of primary prevention of bacterial sexually transmitted infections and HIV apply poorly to HPV prevention. We will discuss conventional Pap smear testing versus liquid-based cytology and DNA testing. A rapid discussion on anal cancer will follow. We will discuss HPV-related diseases diagnoses and management, specifically external genital warts and other precancerous and cancerous sequelae. In complicated infections, we will see how frequently the disease persist, the clearance rate after therapy, when to refer and preparing a patient for colposcopy. As importantly, we will look at counseling issues such as the psychosocial impact of HPV, interference of personal beliefs and values in counselling, the 5 Rs for HPV Counseling, the barriers to counselling, how to do better counselling, talking about information that patients need/want, helping patients to participate in care. In close, we will highlight the upcoming vaccines, their prospective benefits, limits and use, and how these new vaccine programs should not diminish cervical cancer screening efforts.

1107.1 Personal development and sexual education.

*María Aurelia MA. Ramirez Castillo. Universidad de Granada.

Given our experience within the field of Psychology and Education, in the current development of Sexology, we are strongly interested in everything which is related to the development of the human person in the process of his or her social construction. This is a process where it is necessary an urgent sexual education of quality throughout the different stages of life and in all fields where it is developed. In this paper we present an educative experience at university level related to the new technologies of information and communication. It deals with a virtual course being developed during the academic year 2004-2005 at the University of Granada under the general heading of 'Integral sexual education'. This is not an isolated action, but it is included within an 'Educational Innovation Project' of the University of Granada which, under the same heading, and from an interdisciplinary approach, tries to foster a great array of possibilities in order to improve the sexual formation of teacher trainees as an instrument to promote the concept of sexual education as an integral development of human beings. This virtual course is composed of four basic modules carried out by a group of six teachers who belong to three different departments of the University of Granada. Here, we focus on the second module, which is devoted to the sexual development of people. In the first part of the module we focus on the conception and foundation of the development of sexuality. We state the confluence of different dimensions: biological aspects, developmental issues, and behavioural-developmental facts. The second part discusses such an important aspect as it is the acquisition of female and male roles and gender stereotypes. We study the following issues: identity and categorization related to sex; theories about the acquisition of male and female roles; development of differences between sexes and gender roles: stereotypes and influences in the adoption of gender roles; real differences between girls and boys: androgyny; and, finally, gender violence.

1107.2 Strategies and policy implementation for gender identity disorders in Cuba: state of the art.

*Mariela Castro Espin, Mayra Lauzurique Rodriguez, Alberto Roque and José Rivas Recano. National Center for Sexual Education, Cuba.

The National Commission for the Diagnosis and Treatment of Gender Identity Disorders was founded in 1979 as a result of a proposal of the Federation of Cuban Women to the Ministry of Health. Almost ten years later the first Cuban citizen underwent a sex reassignment surgery. Since that moment the number of cases has increased. The National Center for Sexual Education (CENESEX) has focused a strategy outline for the treatment of gender identity disorders. The current Committee is composed by psychologists, psychiatrists, endocrinologists, Internal Medicine specialists, urologists, general surgeons, journalist, historians, social workers, lawyers and the members of the Identity Office of the Interior Ministry. The development of this strategy has been

possible with the cooperation of the Ministry of Justice and Ministry of Interior. A process of discussions with the Ministry of Social Security, Ministry of Education and non profits organizations is taking place nowadays. Up to this moment 73 patients have been evaluated at the CENESEX. Among them, 25 have been diagnosed as gender identity disorder, 23 are male to female and only 2 female to male. We were able to change the first names (to unisex names) to 13 individuals in their identity documents. Conclusion: The good support received from the Communist Party of Cuba has facilitated the willingness shown by State agencies, although not free of contradictions. The development of The National Program on Sexual Education in Cuba has made able the implementation of strategies and policies for gender identity disorders.

1107.3 Teaching innovation at University. Integral sexual education.

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We show a virtual course about integral sexual education, offered through the Centre of Virtual Teachings, University of Granada, in which six educators participate from three different departments in Education Faculties. According to the suggestions made by the World Health Organization in a document about Promotion of Sexual Health in the year 2000, it is an interdisciplinary approach that aims to fulfil the individual's integral growth and the subsequent social health which it generates. This subject was created in the framework of an Innovative Teaching Project, approved by Quality Vice-Dean of the University of Granada in spring 2004, with the title: *Integral Sexual Education. An Interdisciplinary Approach* Some of the goals of this project are: 1. To show the pedagogical centrality of sexual education and the urgency of this social need. 2. To value the relevance of personal achievement in sexual education. 3. To find out sex and gender expressions within linguistic discourses. 4. To promote sexual education as a tool to improve school and social relationships. 5. To raise awareness and train future education professionals by means of sexual education. New technologies are providing us with some potential for conquering time and space, thus opening up the gap of a social renewal. If the power of the capital uses the Internet for its reproduction, we can also move towards a new position of the individual reality in his/her communicative radicalism. The goal of this subject is driving a journey powered by these initial objectives: 1. To understand sexuality as a fundamental anthropological dynamism. 2. To shape different moments in people's sexual improvement. 3. To analyse the relevance of several languages in cultural constructions about sexuality. 4. To offer guidance for a sexual education in accordance with the individual's integral education in his/her social reality. All this effort converges in the urgency of a quality sexual education, as a tool for personal and social growing. University may establish an irradiation focus.

1107.4 Education in sexual values. An experimental study in Granada.

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We show the results of a doctoral dissertation performed at the Faculty of Education Sciences, University of Granada, which ends in an European dissertation with the attendance of Romano Forleo. The main goal consists in showing the sensibility towards sexual values which experience whoever is becoming an education professional at this Faculty. We used a questionnaire including 176 items divided into four parts: in the first one, the anonymous identification of the individuals is wanted; in the second one, their rational point of view when facing several dimensions of sexuality; in the third one, they answer depending on likes or dislikes when facing sexual values, grouped in nine categories with fifteen expressions for each one; in the last one, a positive or negative feeling is shown when facing several situations. We gave the questionnaire to 1200 people out of a population of 5423 (a random sample stratified by conglomerates). The results confirm the initial hypothesis: people which are becoming education professionals at this Faculty feel sensitive towards the sexual values shown, as well as they point out the need for a quality sexual education for everyone. Moreover, they know that their education in sexuality can be used as an excellent vehicle for the socialization of sexual knowledge. A relevant fact is that the most valued item is *sex with love*. Interesting enough, it has also been the preferred option in a contrasting test which we made at the Faculty of Education and Humanities in Melilla. It is followed by the values which have to do with respect for any human being, highlighted in the wide semantic field of dignity and freedom, equality and justice. Sexual education is shown as an essential instrument in the making of a healthy social fabric. The conclusion answers to the social need for a quality sexual education for everyone. Sexology finds its own way through Pedagogy, according to the person's integral growing within his/her social reality. Sensibility towards future educators' sexual values, as well as their awareness for a good education in values, reinforces the emergency for an integral sexual education

1107.5 Am I right, but what about my sexual rights as a youngster? Concepts and principles.

*Selma Gonzalez-Serratos and *Ena Erendira Nino-Calixto. Program of Human Sexuality PROSEXHUM, Mexico.

Introduction Frequently, young people begin their sexual activity, with very little and poor information, without formal sexual education and not knowing their sexual rights to be able to exercise sexuality with pleasure, responsibility, no guilty feelings, no risks and in a health way. Young people have the faculty to legitimize what will lead to get sexual health, so we created a workshop on sexual rights addressed to young people and to those who worked with them.

Method. We created a workshop with group interaction dynamics, using group reflection based on four conceptual sources: 1.-FEMESS declaration of principles. 2.-WAS declaration of sexual rights. 3.-Sexual rights for young people booklet. 4.-

Reencounter therapy. **Main body and results** Results are qualitative, because we achieve reflections and knowledge about sexuality and gender, sexual rights and health, body and pleasure. **Conclusions.** This work presents the concepts and principles that give support to the workshop "Sexual rights for the young people" We believe that young people need to know their sexual rights. Sexual rights will promote sexual education towards liberty of choice, harmony, equity, fairness, information, respect, plurality, responsibility, etc., to get a sexual health as a basic human right.

1108.1 Peeping Through the Classroom Keyhole: Looking at the Teaching of Sexuality Education.

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The aim of this presentation is to showcase the Western Australian teacher support materials, Growing and developing healthy relationships (pre-primary through to year 10 secondary students) and to briefly discuss issues around teacher training in sexuality education. Sexuality education is an integral part of the health education curriculum yet many teachers are generally unprepared and feel uncomfortable about teaching sexuality education. Sexuality and drug education are regarded by teachers as the most difficult areas to teach, and correspondingly some teachers avoid teaching in these areas. What is crucial to the teaching of the controversial areas contained within the WA Growing and Developing Healthy Relationships (GDHR) curriculum? Dispelling myths and providing accurate knowledge is vital. Students want to discuss their feelings and clarify values and attitudes in an atmosphere that is safe and trusting. Students also need the opportunity to practise skills such as assertiveness and decision making, and to build on self-esteem and connectedness with their peers.

Teachers and school environments directly affect a child's self-esteem and their chances to achieve at their own level, therefore, an effective sexuality educator needs to be an approachable, communicative, positive person who builds and maintains self-esteem. Teachers' comfort levels, personal knowledge and positive attitudes toward their own and others' sexuality are vital if they are to be effective sexuality educators. Teachers who do not feel comfortable are likely to disregard essential parts of the curriculum because of their own feelings of inadequacy. More than 280 teachers attended three day train-the-trainer workshops either in the metropolitan Perth area or selected country regions over a 3 year period and all completed pre and post evaluations. After the training, 99% of teachers felt motivated to make use of the GDHR materials with their primary or secondary school students. There were also significant increases in skill levels regarding the use of the GDHR materials (pre 3.5/5 and post 4.6/5) and 76% of the participants went on to deliver training to their peers back in their own schools and/or districts. Teachers, like their students are individuals. Undoubtedly, life experiences and the resultant personal growth play a significant part as preparation for teaching sexuality education. In addition, comprehensive inservicing and pre-service training will certainly assist teachers in coming to grips with, and realising the importance of the controversial issues contained within health education. REFERENCE: Department of Health Western

Australia. (2002). Growing and developing healthy relationships. Curriculum support materials - phases 1, 2 and 3. Perth, WA: Department of Health. □

1108.2 Polytechnic Postgraduate Degree in Sexual Health Promotion in Finland.

Katri Ryttyläinen, Leena Liimatainen, *Sirpa Valkama and Johanna Heikkilä. Jyväskylä Polytechnic, Finland.

Katri Ryttyläinen, Lic.Sc, Researcher, Jyväskylä Polytechnic, School of Social Care and Health, Jyväskylä, Finland Leena Liimatainen, Ph.D., Head of Postgraduate Degree Programme, Jyväskylä Polytechnic, School of Social Care and Health, Jyväskylä, Finland Sirpa Valkama, M.Sc., Principal Lecturer, Jyväskylä Polytechnic, School of Social Care and Health, Jyväskylä, Finland Johanna Heikkilä, Ph. D. Head of R&D in Health and Social Care Polytechnic postgraduate degree is new, working-life-oriented higher education degree which deepens existing expertise. At Jyväskylä Polytechnic is possible to study in Health Promotion and Preventive Work -programme. The specialization options in the programme are health promotion of families with children and sexual health promotion. Post graduate degree education is intended for those who have at least three years of work experience after a degree of higher education. The extend of postgraduate degree is 60 credits and duration 2 years. As a part of the official higher education system, this multi-professional sexological education guarantees the high quality of professional competencies in the promotion of sexual health. The post graduate degree curricula of Jyväskylä Polytechnic in Health Promotion and Preventive Care, Sexual Health Promotion, Specialisation line: Clinical Sexology corresponds the NACS (= Nordic Association for Clinical Sexology) criteria for Sexology III, Specialist in clinical sexology. The postgraduate degree in sexual health promotion aims to provide extended knowledge of the theoretical and practical methods in sexological investigation and treatment. The education covers the skills needed in work on all levels of the PLISSIT model, as well as the abilities to give supervision and consultation to other professionals. It supports the launching of research and development activities to produce new information and to develop practices in the field of sexual health promotion. All students make a personal career and development plans with their career tutors. A thesis (20 credits) based on the practical development of working life forms a central part of the postgraduate degree. Multifunctional postgraduate degree education allows studying while working. The studies contain periods of network studies, intensive contact periods, independent study, and work on the thesis. After completing the studies, the graduate can work as a sexologist, specialist in sexual health promotion, or as a sexologist, specialist in clinical sexology, depending on educational background.

1108.3 LoveTalks - A New Approach in Sexuality Education and How It Can Help to Curb Sexual Dysfunction.

Brigitte Cizek, Olaf Kapella and Julie Wilgen. Austrian Institute for Family Studies,

Austria.

Sexuality education integrated into math, economics, and computer science classes? Parents participating with teachers and students in working groups to plan sex ed programs in public schools? Eight- to ten-year-olds publishing their own book: Don't Talk to Us about the Stork? Does this sound utopian? Actually, it is a reality in Austria and several other European nations, where the comprehensive sexuality education project called LoveTalks is being implemented with amazing results. The first steps have been taken, in cooperation with the University of Delaware, to bring LoveTalks to North America. This oral presentation will present the LoveTalks model consisting of a three-stage communication process among parents, teachers and students: LoveTalks tries to help children and adolescents understand and handle sexuality in line with their age and life situation by facilitating communication, learning and understanding in sex education. In this sensitive area, finding the right way of talking to each other is often difficult. LoveTalks is a model tailored to the individual's needs. LoveTalks comes to your school. A moderator presents the model at the teachers' conference, in an open-house meeting with parents and in the classroom. Acceptance of the LoveTalks model is the first step in the collaboration between parents, school students and teachers. In the second step, a moderator trained in LoveTalks works with them in five working-group meetings. The first three meetings focus on talking about pertinent topics selected by the participants. The remaining two meetings are dedicated to planning the sex education project in more detail. The moderator provides advice and helps the group abolish barriers in order to develop a positive climate for the joint work on sex education issues. The model takes into account the wishes of the people involved as well as the specific situation of the respective school. Now the LoveTalks project is ready to start. Projects may vary greatly among schools. Here are some examples: workshops on love and partnership, pregnancy and birth, birth control, setting limits; excursions to a gynaecologist, a counselling centre, a maternity ward, a hospital; roundtables on homosexuality, etc. □

1108.4 Sex Therapy and Systemic Approach.

*Desa Markovic. Covent Garden Counselling, UK.

The subject of sex, sexual experience and sexual relationships is curiously missing from various schools of Psychotherapy; many psychotherapeutic approaches dealing with couple relationships either do not address sex or brush over the subject. The author, an experienced Systemic psychotherapist and Sexual therapist in the qualifying year, takes the view that Systemic Psychotherapy and Sex Therapy could usefully enrich each other through appreciative exchanges. The purpose of the presentation is to draw attention to the separateness of Systemic Psychotherapy and Sex Therapy and to contribute to the promotion of connectedness between these two fields. What is missing from Systemic Psychotherapy with individuals, couples and families and could be brought into its awareness through the Sex Therapy field achievements: - the language to use

in therapeutic conversations to address specific experiences related to sex, sexuality and sexual relationships - knowledge about sexual functioning and dysfunctions. On the other hand, the Systemic approach offers a valuable perspective to the theory and practice of sexology through: -the philosophical framework of Post-modernism / Social Construction of reality - refined questioning techniques. The author's critique of the Weeks' Intersystems Model would further elaborate on the subject. The main components suggested to be incorporated in the Model: -the Self of the professional and linked to this subject, the theme of the Therapeutic relationship and the Therapist's power -the relationship between the levels of the Intersystems Model; the author will emphasise the need for the levels to be viewed as integrated and for their mutual influence to be explored. The proposed way of creating an Integrative Model that would enhance both Systemic Psychotherapy and Sexology would acknowledge that each approach has its unique framework and features and that in line with the Conference theme "Unity in Diversity" the two approaches are seen both as separate parts of the diverse psychotherapeutic world and as approaches that can sometimes act in unity and enrich each other. The clinical benefits of such an integrated model would be presented in the conclusion.

1108.5 The challenge to generate and express meaning: Can sexual education and e-learning be compatible?

*Olga Mareda. Universidad nacional del Centro de la provincia de Buenos Aires, Argentina.

Nowadays many people meet other people in cyberspace and they soon fall in love. How is this possible if they have never seen each other. Probably they reach their hearts first, getting to know their innermost feelings. It is a fact that to teach about sexuality it is not only necessary to pass on knowledge with a sound grounding in science, but also to get rid of all sexual prejudices and adopt a positive attitude towards sexuality. Learning must go beyond the intellectual boundaries and reach emotions and personal experiences. There are four ways to give sex education: presence, open, distance, and e-learning. Presence education is matchless, but not everybody can have access to this alternative. E-learning can offer more advantages than traditional distance education. The general vision of e-learning courses is conservative; this educational system is considered a tool for information transmission, not a tool for generating and expressing meaning. My goal in this paper is: - To mention advantages of e-learning sex education compared with distance sex education. - To complete the e-learning concept for teaching sexuality. When online courses are properly designed and facilitated by knowledgeable educators, it is possible to use multiple instructional strategies to obtain the sought-after emotional learning. Effective online instruction to learn sexuality depends on: o The quality of the contents (Didactic, esthetic, and functional). o The right choice of learning styles. o A lot of practical, attractive, enjoyable and interactive tools (Workshops, games, role playing, chat, forum). o The use of multimedia technology (Flash, clip arts, audio, video, emerging windows). Conclusion: The online learning environment allows educators and learners to keep permanent communication

and to exchange information, ideas, and even feelings from anywhere in the world. There are many ways to successfully "reach the emotions". It is only necessary to use intellectual creativity to choose the right pedagogical strategies. We should trust that as human beings, we can use technological advances to increase knowledge and improve our way of life, and not just to kill people at war.

1108.6 The language of sexuality education in the U.S.: Moving towards a more sex-positive approach.

*Christopher White and *Fred Peterson. The University of Texas at Austin.

Researchers, educators, and parents who champion a more comprehensive approach to sexuality education have adopted abstinence into the discussion about sexuality education. Words and phrases such as abstinence-plus and abstinence-based are used in an effort to seem willing to compromise and to appease those who might be turned off by talk of condoms and responsible sexual behavior. The use of abstinence-based language has created a discourse that has shifted the focus of sexuality education from health behaviors and concerns to values and morals, from a problem of unintended pregnancy and sexually transmitted infections to a problem of teen sexual behavior. This presentation will provide an argument for shifting the language of sexuality education away from abstinence to a more sex-positive discussion that focuses on real-life situations that young people face. There are two main factions in the war on sexuality education in the United States. On one side, the abstinence-only proponents have only one message to deliver, refrain from sexual activity until after marriage. On the other side, advocates for a more comprehensive approach to sexuality education want to stress abstinence as the best choice but also want sexuality education to include information about contraception. The language of abstinence education in both abstinence-only and abstinence-plus programming inherently puts a focus on expected values and morals. This presentation will provide a brief history of sex education in the United States, focusing on how the current discourse has evolved, including a discussion of the use of the word abstinence and associated phrases. The science of sexuality education as we currently understand it will be reviewed along with an overview of what has shown to be most effective. Finally, a new approach to sexuality education that uses the language of effective programming and moves from a value-based approach to a positive health-based approach will be suggested.

1109.1 Obtaining a Prospective Partner's Sexual History: Social Scripts, Cognitive Dissonance, and STD Avoidance.

*Linda Rouse and Kenneth Trevino. The University of Texas at Arlington, USA.

The majority of college students in the United States are known to be sexually active. One approach for reducing risk of contracting STDs is to obtain information about the sexual past of a prospective partner prior to sexual intimacy with that person. This study investigated whether students believe that requesting such information is appropriate and would affect their decision-making about sexual encounters, and the extent to which they actually solicit information pertaining to sexual history in their own sexual relationships. A survey questionnaire was used to collect data from 485 college students about their perceptions of various STD risk factors and social support for obtaining a sexual history and, for those who are sexually active, whether they have in practice requested such information from their most recent sexual partner and sexual partners overall. A series of belief-behavior comparisons documented the extent of observed discrepancies between stated beliefs and behaviors of respondents. For example, 9 in 10 believed that knowing someone has an STD would alter their willingness to have sex with him or her, yet nearly half (46%) did not ask their most recent partner about STDs prior to having intercourse. Of those with multiple past partners, only a third always asked while one in five never asked. Partner volunteering information was positively, not inversely, related to respondent asking questions about sexual history. Social-psychological theories of social scripting and cognitive dissonance help to explain observed belief-behavior inconsistencies that jeopardize STD prevention. Anchored in societal norms and individual experience, sexual scripts provide common understandings of proper behavior for sexual encounters. Insofar as sexual history-taking falls outside an accepted sexual script, requesting information from a partner is expected to generate dissonance and will more likely be sidestepped. Implications for health and sex education are considered. If college students already believe that sexual history is important and would influence their choices yet do not ask, more attention needs to be given to competing beliefs, expectations, and circumstances that intervene between intentions and actions.

1109.2 Expression of Sexuality: Comparison of gay, lesbian, and heterosexual couples.

*David W. Seal, Kathleen Ragsdale and Janet L. Boller. Medical College of Wisconsin department: Center for AIDS Intervention Research Complete, USA.

BACKGROUND: The term "sexuality" is frequently used by researchers and practitioners. However, little research has investigated the ways in which people understand and express sexuality. In a qualitative study of intimacy in couples, we asked participants to define sexuality, discuss the ways that they express their sexuality, and indicate aspects of or situations in which they were hesitant to express their sexuality. **METHODS:** 137 couples (46 gay, 46 lesbian, 45 heterosexual) in a new relationship (mean=89 days), ages 18-38, completed separate and confidential interviews. Most participants were African-American or White. Thematic content analyses were conducted using principles of grounded theory. **RESULTS:** (1) Definitions and Expressions of Sexuality. Nine

thematic clusters were evident: sexual attraction to a particular gender (51/100), personal sexual identity (43/100), specific sexual practices (38/100), personal meaning/attitude toward sex (37/100), external appearance/presentation (e.g., dress, mannerisms; 30/100), public expressions (e.g., attending gay events; 18/100), a component of one's general self-identity (e.g., who I am; 14/100), relational expressions (e.g., intimacy, love; 10/100), and personal gender identity (9/100). Participants in gay or lesbian relationships were more likely to define sexuality as a part of their general identity; men in gay relationships were most likely to define sexuality by sexual attractions. There were no significant gender differences. (2) Openness of Expression. The majority of participants (65/100) said they were always or typically open with their sexuality, while 20/100 and 15/100, respectively, said they were typically or always guarded in the expression of their sexuality. Men in gay relationships were most likely to say they openly expressed their sexuality; women in lesbian relationships were the least likely. Among people who sometimes hesitant to express their sexuality, people in gay or lesbian relationships were significantly more likely to attribute their hesitancy to situational contexts (e.g., work), or to avoid societal judgment. Participants in lesbian, but not gay, relationships also were more likely to indicate that they were hesitant to express their sexuality around specific people (e.g., family). CONCLUSION: These data demonstrate the ways that people define and express sexuality, and highlight important differences between people involved in gay, lesbian, and heterosexual relationships.

1109.3 Attachment processes and sexual functioning in couples: Toward an integration of Emotionally Focused Therapy for Couples and Sex Therapy.

*Dino J. Zuccarini and Susan M. Johnson. School of Psychology, University of Ottawa, Canada.

Attachment theorists have suggested that adult romantic love involves the integration of attachment, caregiving, and sexuality. Research evidence supports the bi-directional relationship between attachment and sexuality. Despite a burgeoning literature supporting this notion, an attachment-based conceptualization of sexual functioning in the couple dyad has yet to be elucidated. Adult attachment processes may contribute significantly to the quality of sexual experience and interaction in relationships. Secure attachment, marked by emotional responsiveness, intimacy and trust, offers both partners an optimal context to co-construct a satisfying sexual reality. When the relational context provides a safe haven and secure base, each partner is able to access and explore his or her own sexual self and enter into the sexual world of the other, which results in more psychologically and physically arousing contact. Attunement and mutuality inside and outside the bedroom further strengthens the attachment bond when partners are able to experience the psychological and physiological rewards of sexual contact. In insecure relational contexts, partners are less able to integrate psychological intimacy with sexual pleasure. Sexual experience and interaction are organized by negative attachment related emotion experience and defensive affect regulation strategies limit the capacity to access and explore internal experience related to the sexual self and to be

responsive and sensitive to the needs and concerns of the other. Sexual problems are viewed as relationally constructed when partners become disconnected both inside and outside the bedroom and sexual contact becomes performance-based. We will present research and an attachment-based conceptualization of sexual functioning in the couple dyad with a specific focus on how attachment processes are implicated in the construction of optimal sexual contact and sexual problems. Emotionally Focused therapy for Couples, an empirically supported attachment focused couples therapy, may be readily adapted to address attachment-based sexual functioning problems. Clinical implications of the integration of Emotionally Focused Therapy and sex therapy are discussed. In Emotionally Focused Therapy, sex is viewed as a pathway to secure bonding and secure bonding as an arena where emotional safety enhances sexual expression and play.

1109.4 Dominant & submissive Therapy.

*Charley Ferrer. The Ferrer Institute, USA.

(1) Introduction Dominance & submission (D/s) Therapy is a cognitive based therapeutic modality specifically structured to work within the confines and boundaries of a Dominant & submissive relationship. Unlike mainstream therapeutic modalities, D/s Therapy reinforces the relationship between a dominant and their submissive taking into consideration the diverse nature of the BDSM (bondage discipline, sadomasochism) community and their beliefs. **(2) Objectives** The primary objective of (D/s) Therapy is to assist couples and individuals in discovering, embracing, and integrating their sexual sadomasochistic desires as well as their dominant and subservient yearnings to enable them to lead a more productive and emotionally healthy life. The secondary objective is to assist the individual who seeks to improve his or her understanding of their sadomasochistic desires prior to entering a Dominant & submissive relationship working through any issues the individual has identified for themselves or issues the D/s Therapist observes/assess to assist the individual in coping and reducing their stress/anxiety as they move toward full integration of their core self. **(3) Main body/Results** The oral presentation will cover: * How D/s Therapy works and assists the individual/couples? * Understanding what is at the core of a dominant or submissive individual. * Who would benefit from D/s Therapy; who would not be appropriate for D/s Therapy? * What if an individual is not sure whether they want to engaging in a D/s relationship or related activities and is unsure of what role would be best for them? * What are the benefits and differences of D/s Therapy as compared to other therapeutic modalities? * What is the length of treatment? * What consideration should be given to a therapist's reservations or prejudices? * What are the training requirements for a D/s Therapist? * What training will be made available? **(4) Conclusions** The core of D/s Therapy is based on the premise that it is not the therapist's place to judge, govern, nor restrict another's sexual desires or relationship preferences but to assist the individual in discovering the vast array of information and the possibilities available both, traditional and modern, and let them judge for themselves.

1109.5 Sexually Overt Approaches in Singles Bars.

*J Huber¹ and E Herold². ¹Queen's University department: Medical School, Canada;
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SEXUALLY OVERT APPROACHES IN SINGLES BARS Jonathan Huber, Queens University, Kingston, Ontario, Canada Edward Herold, University of Guelph, Guelph, Ontario, Canada This is an investigation of sexually overt approach behaviours (SOAB) in the context of singles bars. Naturalistic observations in five Ontario bars were conducted to obtain examples of the types of SOABs occurring there. Additionally, university women (N = 155) ranging in age from 18 to 28 (M = 19.4) were surveyed to measure their attitudes toward and experiences with SOABs in singles bars. Most of the women had experienced SOABs, yet most held attitudes that were not accepting of them. Groping behaviours were the least accepted. Most behaviours were judged as unacceptable, but not as sexual harassment. Using Pearson correlations, five variables, namely Number of Partners, Personal Normative Beliefs Regarding Casual Sex, Cognitive Attitudes toward casual sex, Affective Attitudes Toward casual sex, and Attitudes Toward SOABs were significantly related to experience with SOABs. However, in the regression analysis, only two of the predictor variables, Number of Partners and Attitudes Toward SOABs, were significantly related to experiencing SOABs. Although considered as unacceptable behaviours by many, sexually overt behaviours are a common occurrence in singles bars.

1110.1 Psychological determinants of sexual dysfunction: new research developments and treatment implications.

*Pedro J. Nobre. Universidade de Trás-os-Montes e Alto Douro, Portugal.

INTRODUCTION Research conducted in the last two decades has consistently shown the important role played by psychological factors on sexual functioning. Several cognitive and emotional variables have been studied including cognitive distraction (G.Beck, Barlow, Sakheim & Abrahamson, 1987; Dove & Wiederman, 2000; Elliot & O'Donohue, 1997), efficacy expectancies (Bach, Brown & Barlow, 1999; Creti & Libman, 1989; Palace, 1995), causal attributions (Fichten, Spector & Libman, 1988; Weisberg, Brown, Wincze & Barlow, 2001), cognitive schemas (Nobre & Pinto-Gouveia, 2003), automatic thoughts (Nobre 2003; & Pinto-Gouveia, 2003), sexual beliefs (Nobre, 2003; Nobre, Pinto-Gouveia, & Gomes, 2004), perfectionism (DiBartolo & Barlow, 1996), depressed mood (Heiman & Rowland, 1983; G. Beck & Barlow, 1986; Meisler & Carey, 1999, Mitchell, DiBartolo, Brown & Barlow, 1998, Nobre et al., 2004), and anxiety (Barlow, Sakheim & G. Beck, 1983; Elliot & O'Donohue, 1997; Laan, Everaerd, Aanhold & Rebel, 1993; Palace & Gorzalka, 1990). Together these studies emphasize the central role of cognitive and emotional variables in determining sexual functioning and suggest the inclusion of new treatment approaches. RESULTS Regarding the role of the activation of cognitive schemas on sexual dysfunction,

studies (Nobre, 2003; Nobre & Pinto-Gouveia, 2004) showed that both men and women with sexual dysfunction activate with significantly higher frequency negative cognitive schemas when exposed to unsuccessful sexual events. More specifically, both men and women with sexual dysfunction tend to interpret unsuccessful events as a sign of failure and personal incompetence. Moreover, studies have shown a tendency for sexually dysfunctional subjects to present more sexually dysfunctional beliefs (Nobre, 2003; Nobre, Pinto-Gouveia, & Gomes, 2003). Specifically, men with sexual dysfunction presented stronger "macho" beliefs and beliefs related to women's sexual satisfaction and their reaction to male's failure. Regarding females, results indicated that clinical groups present significantly more beliefs related to the role of age on sexual functioning, beliefs associated with the importance of body image and physical appearance, and sexual conservative beliefs. Finally, results on studies about automatic thoughts and emotions during sexual activity (Nobre, 2003; Nobre & Pinto-Gouveia, 2003) have shown that both men and women with sexual difficulties present significantly more negative cognitions (females: failure and disengagement thoughts, sexual abuse thoughts, and lack of erotic thoughts; males: erection concern thoughts, failure anticipation thoughts, and lack of erotic thoughts) and depressed mood (sadness, disillusion, lack of pleasure and satisfaction). These data seem to support the role of cognitions and emotions as maintaining factors of sexual dysfunction.

DISCUSSION AND CONCLUSIONS

In general, results support the central role played by cognitive and emotional variables in sexual dysfunctional processes, promoting the development of integrative conceptualizations of male and female sexual dysfunctions and suggesting treatment approaches oriented to work with sexual beliefs, cognitive schemas activated in sexual context and automatic thoughts and emotions presented during sexual activity. Several specific implications for treatment and their applications will be discussed. "

1110.2 Performance Anxiety Sexual Scale.

*Pierre Assalian, *L. Betito and *S Duder. Montreal General Hospital, Canada.

Objective: Is to develop a brief and reliable measure of performance anxiety that is psychometrically valid. The goal was to develop a self administered questionnaire that would be suitable for use by clinicians and researchers, one that would be minimally burdensome to patients. **Design and Methods:** Data were collected for a total of 136 cases, 57 clinical and 79 non-clinical. Data for each case included responses to the performance anxiety and IIEF scales, plus some demographic information. **Results:** The mean IIEF scores for the clinical and non-clinical samples were significantly different-highly significant ($p < .001$) for the erectile function intercourse satisfaction and overall satisfaction subscores. The difference was significant ($p < .05$) for the sexual desire subscore. **Performance anxiety item validation:** After eliminating 9 of the original 22 questions, a good scale could be constructed from the remaining 13 questions. For each of these questions individually: - Mean values for the clinical and non-clinical samples were significantly different. - There was a significant correlation with the total IIEF score. For all of the 13 questions, significance was at least at the $p < .01$ level;

for almost all, $p < .001$. For this group of 13 questions, inter-item reliability was very good- Cronbach's $\alpha = .95$, with all item-total correlations $> .62$. Conclusion: The PASS, a 13 item questionnaire is the first to be developed to measure performance anxiety in males suffering from ED. It is useful in clinical trials and in clinical work.

1110.3 The contribution of the interactional-systemic approach to the clinical practice with patients suffering from vaginismus and vvs combined.

*Genevieve Parent¹ and Sophie Bergeron². ¹Clinique 1001, Canada; ²Royal Victoria Hospital, Canada.

Sexual dysfunction in women are prevalent and include low sexual desire, arousal difficulties, anorgasmia, vaginismus and dyspareunia. Vaginismus is described in DSM-IV (1994) as "the recurrent or persistent involuntary contraction of the perineal muscles surrounding the outer third of the vagina when vaginal penetration with penis, finger, tampon, or speculum is attempted." Dyspareunia is described in DSM-IV (1994) as "recurrent or persistent pain associated with sexual intercourse". The vulvar vestibulitis syndrome (vvs) is one of the most prevalent subset of dyspareunia and is characterized by a severe pain at the vaginal entry, on the vestibular area. Patients report burning sensations, and sometimes bleeding through or after intercourse. It represents among 15% of the gynaecologists practice. In the last decade, it has been more studied. Meanwhile, less interest was given to patients who suffer from vaginismus and vvs combined. There have been several studies on the correlates to vaginismus and correlates to vvs. Some questions remain : what are the couple issues of patients who suffer vaginismus and vvs? Are there problems that might contribute to the pain disorders? What are the dynamics involved? What should be the implication of the partner in the process? This clinical presentation of four cases aims to demonstrate that the interactional-systemic approach can be very useful in an attempt to understand the couple dynamics of those patients. The intimacy-related issues, level of differentiation and power struggle were among the concepts considered in the evaluation and treatment of the four patients. The partner implication was more important than stated in previous studies. In fact, he was often maintaining the dynamic, even when the patient was slowly progressing. We suggest to view the couple as an entity and not only offer treatment to the individual but consider the role of the partner in the problem and in the solution. The interactional-systemic approach would work on the couple dynamics involved and the resistance that might arise from the patient and the partner which influences considerably the therapeutic process. *I would need the powerpoint facilities for my presentation

1110.4 The Characteristics of Primary Vaginismus in an Oriental Society.

*Cherng-Jye Jeng^{1,2,3}, Jenta Shen⁴, Lih-Rong Wang⁵ and Chii-Ruey Tzeng³.

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BACKGROUND: Although it had been medically defined since several centuries ago, the etiology of vaginismus remains unclear up to now. The objective of this study was to access the characteristics of vaginismic women, their partners and families in an oriental society.

MATERIALS AND METHODS: In this prospective study, 120 couples of unconsummated coitus due to vaginismus were enrolled. Clinical diagnosis was made first after detailed history taking and clinical examination. A questionnaire regarding characteristics of vaginismus was finished after face-to-face interview before treatment and 3 months and 12 months later. Sex therapy based on Masters and Johnson's method was done. Characteristics of vaginismic women, their families of origin and their partners were recorded.

RESULTS: Domineering or threatening, alcoholic father, domestic violence, frequent conflicts between parents, father's overprotection, father's cherish were found to be the predisposing factors of vaginismus. Gentle, kind, considerate and passive male partner was also an important cause of vaginismus-induced unconsummated marriage in this study. Contrary to past studies in the literature, we did not find females with sexual violation history, insufficient sex education, and bad experience about enema or suppository during childhood or religious orthodoxy were the causes of vaginismus. We also noticed that male erectile dysfunction was the result instead of cause of vaginismus. Vaginismic women had no negative cognition to sex, but felt uncomfortable, and they all thought sexual intercourse was painful, and 90% thought their vagina was too small for penis.

CONCLUSIONS: The etiology of vaginismus is complicated and male factor is important to lead these couples to unconsummated coitus.

1110.6 Intracavernous self-injection of vasoactive drugs the treatment of impotence: 15 years experience.

A.R. Grimaldi ³, *Ermanno Greco ¹, Paolo Polonio-Balbi ¹, Elisa Vellani ² and Romano Forleo ³. ³La Sapienza University, Italy; ¹Erectil Dysfunction Research Center, Italy; ²Psychoneuroendocrinology of Repr. and sexuality Tor vergata University, Italy.

Introduction and objectives:Self injection of vasoactive drugs in impotence treatment efficacy and tolerance was investigated. **Methodology:** 1280 patients were followed, whit impotence of varying etiology after the institution of intracavernous self-injection therapy with vaso-active drugs (papaverine alone, papaverine and alpha blockers and a multilevel acting mixture) The follow up was from 12 to 96 months long. **Results:**83% (1062 patients) returned for follow-up controls or could be contacted. In 87% of these patiens sexual activity was

restored. The drop-out rate was 13,4%. There were 205 episodes of prolonged erections among 82 patients(4,80%). No complications were recorded in the treated patients. There were no cases of fibrosis and the percentage of patients suffering from nodules was 3,2%. All the patients performed auto-injections by an automatic injector device. The percentage of satisfied patients was 82.8%. An improvement in spontaneous erections was obtained in 58% of the cases.15% no longer needed self-injections and 46% only used them occasionally. Conclusions: The long term results of effectiveness and tolerance, and the high rates of satisfaction among patients have to encourage doctors and patients to use these treatment.

1111.1 Empowering community and increasing awareness on SRHR issues among more than 150000 Afghan refugees.

Rouhollah Ghatrifi ¹, Davood Ghatrifi ² and Shahrzad Eivazkhani ³. ¹International research development Pars Institute, Iran; ²Dvood Ghatrifi, Iran; ³Shahrzad Eivazkhani, Iran.

IRAN has been hosting about 2.5 million Afghan refugees. A long term war has been caused refugees to seek for an asylum in large countries such as Iran. Disaster creates several irregularities in life style which would be added to the previous problems. Women and children are main victims in crisis. In this situation, organizations should pay attention to SRHR needs especially in above mentioned groups. Unfortunately, this will not be considered in most times. The qualitative- participatory surveys on Afghan refugees in IRAN indicated necessity of intervention project for improving undesired SRHR status. This project implemented in marginalized area of Tehran. Intervention methods: We have initiated a one year integrated community development program. Some of activities are as follows: 1-Performing participatory rural appraisal exercises (PRA) in six rural areas which continued to the whole of the project for M&E. 2- Developing and strengthening community networks, facilitating women's participation, encouraging volunteers and selecting communicators. 3-Holding public sessions for grass root people. 4- Holding counseling meetings with community &key persons. 5- Preparing and printing pamphlets and educational materials. 6 -Establishing IEC centers 7-Holding workshops for staff of health centers who are offering SRHR services to the refugees. 8-Coordination with health center (GO) for conducting referral system. 9- Holding TOT workshops. 10-Holding peer training course. Main body: The main beneficiaries were more than 150000 of Afghan refugees who lived in many cities such as Peyshva, Varamine, Gharchak, Share rey, Hasanabad, Eslamshahr, Sabashare, Tehran and more than 60 villages. Despite of the results of surveys which showed resistance to IEC of SRHR in Afghan refugees, we could remove the resistance with effective advocacy and recognition of key persons, religion believes, and social values. Acceptance of such project in spite of lack of access to services and information was well and not only helped to the improvement of SRHR status but also had positive effects on life's satisfaction. Conclusion: In crisis, societies are faced with many problems such as SRHR problems. So, for prevention of destruction of human rights and improving quality of life, on time intervention is necessary .This project is an appropriate pattern for such intervention

1111.10 A study of sexual knowledge, sexual attitude and dealing with patients' sexual problems on nurses in one of Chia-Yi area Hospital in Taiwan^{1/2}".

*Shan-Mei Wei and Huei-Mei Wei. National Kaohsiung Normal University, Taiwan.

This study aimed to the understanding that the nurses' sexual knowledge, sexual attitude, their management in dealing with the patients' sexual problems and the needs of the help in dealing with the patients' sexual problems in one of Chia-yi area hospital. This study collected 317 nurses to filled the questionnaire about Nurses' Sex Knowledge, Nurses' Sex Attitudes, Means of managing the Patients' Sexual Problems, the Needs of Help in Dealing with the Patients' Sexual Problems. The findings are: 1. The sexual knowledge of nurses is generally recognized as ordinary (the average correct answering is 82%). 2. The nurses hold generous and positive views in regard of sex. 3. The 47.6% of the subjects never provide sexual health teaching for patients. 4. The frequent problems were the patients won't tell their sexual problem, the patients were hesitated to express their sexual problem, there was neither a trusting relationship between nurses and patients, nor furthermore discussion about the sexual health issue, the patients feel uncomfortable to discuss their sexual problem, nursing is too busy to provide sexual health teaching for patients, there was insufficient information for sexual teaching. 5. the most desirous resources are nursing co-workers, social workers in hospital, head nurses, doctor.

1111.11 Information-Group with female colorectal cancer patients following surgery, chemotherapy and pelvic radiation.

*Sharon Peleg-Nesher¹, Arza Ashkenazi², Leonid Pischniak², Yaron Yagil² and Arie Figer². ¹Israel Cancer Association, Israel; ²Souraski Tel Aviv Medical Center, Israel.

The colorectal cancer patient's sexual health may be impaired in different ways. The factors causing disorders in sexual functioning for the most part involve both organic and emotional aspects. Because the patient must face additional side effects, treatment for sexual functioning is usually postponed; therefore these problems are not resolved within the first year or two, but only following treatment, hence making it difficult for the patient and for the couple to return to normalcy. Background: Female colorectal cancer patients, may suffer from a wide variety of symptoms including: vaginal dryness, dyspareunia, reduced ability to reach orgasm, premature ovarian failure, vaginal atrophy, thinning of the vulvar tissues and vagina, loss of tissue elasticity, decreased vaginal lubrication, hot flashes, increased frequency of urinary tract infections, loss of control over the anus opening, causing excretion of feces during and following intercourse upon penetration, mood swings, fatigue and irritability. Method: A focus group was gathered together, with 10 oncology patients participating (ages 35-50) A 3-session information-focused psycho-educational group was conducted at a general hospital in Israel. The intervention included lectures about the therapies and their side effects, with specific attention given to their impact on sexuality and sexual functioning. Each lecture was followed by an open discussion among the lecturers (a physician, a sexual therapist and a social

worker) and the participants, in which problems were discussed and possible solutions were suggested. The intervention was evaluated using a set of self-report inventories that were completed by all participants at the 1st session and following the 3rd one. Results: Satisfaction was reported to be high in scales? Ranking (maybe that's what you mean?) with regard to interpersonal empowerment, including couplehood, sexuality, sexual functioning, coping with side-effects, and medical knowledge. Frustration was reported seeing as this support was not provided prior to treatment. Conclusion: An information-group with female colorectal cancer patients is an important intervention modality and should be offered to all women in order to enhance their quality of life.

1111.12 An unusual case of persistent sexual arousal syndrome (PSAS).

*Kevan R. Wylie, Roy Levin, Amanda Goddard and Ruth Hallam-Jones. Porterbrook Clinic, UK.

A clinic patient (66 year old) complained of persistent sexual arousal (PSA) that she had suffered with for 5 years. The symptoms often came on when trying to fall asleep. Induced orgasm gave partial relief. Genitalia, hormones and MRI brain scan were normal. Basal vaginal blood flow (heat electrode) and photoplethysmographic recording of vaginal pulse amplitude (VPA) were in the normal range. The VPA traces showing vasomotion. On falling asleep during a recording of the VPA significant increases occurred and the vasomotion disappeared for both indices of genital arousal. Treatment with clomipramine was unsuccessful and an SSRI paroxetine gave only initial partial relief. The activation of genital arousal during the indication of sleep is an unusual feature of the PSAS and suggests that the condition may have a cerebral cause.

1111.13 The sexual and affective life of with important diagnoses.

Cantafio Lucia Rosa, Bartoletti Alessandro, Suppa Nicoletta and Tiberi Francesca Romana. Sexologist, Italy.

Our up to date research inherent the sexual and affective life of people with invalidant diseases has shown a partially lack of data. However, it has form the hypothesis that there is a correlation between the quality of life and the therapeutic response to treatments. The authors have set up the drawing of a multiple response questionnaire concerning the affective and sexuality life of people affected by such invalidant diseases. In particular the research was focused on multiple sclerosis (MS). This choice was suggested by the peculiarity of MS wich determinates three mainly dysfunctions, of sexual disorders: primary, secondary and tertiary. The primary disorders derived from the neurological changes, are concernig the demielizating lesions in the cerebral centers, directly responsables for the sexual function. Secondary one are caused by both physical symptoms due to MS that change indirectly the sexual response, and relationship problems. The last one are concernig the psychological and social consequences implied in some diagnosis. Our hypothesis is that the mainly changes in patients affected by MS concernig the tertiary sexual disorders. The protocol was draw as a two arms protocol: the first one

comprised 350 patients affected by MS, and the second, comprised 350 oncological patients as a control arm. Our preliminary data seems to indicate in the arm comprising people affected by MS, a drop in both the frequency and in level of sexual satisfaction. Final data are pending and will be published. Other very interesting data in MS arm suggest some correlation between the sexual and/or affective life and social/cultural level in people with the same level of disease. According to medical neurologist cooperating with us, further investigations will be drawn to better understand the correlation between the quality of life related to the response at the therapies.

1111.16 Using active learning to teach a college human sexuality course.

* Autumn R. Benner. Minnesota State University, USA.

Active learning is an effective tool for helping students learn and retain information presented in the college classroom. Active learning breaks away from the standard lecture / note taking format and allows students to make an immediate application of knowledge; helping them retain information. This presentation will demonstrate how active learning has been applied to teach a college human sexuality course, and to teach the human sexuality section of introductory courses. The presentation also will demonstrate how active learning has been used to train future teachers of human sexuality.

1111.17 Sexuality, a right of life.

* Lizette L. Vila. Proyecto Palomas, Cuba.

The National Sex Education Center, and the UN Population Fund, organize a series of workshops to train travestis as health counselors for the prevention of sexually transmitted diseases and AIDS. The video film divulges a wide variety of opinions and personal testimonies of people who express the need to put an end to social exclusion and to embrace cultural peace efforts. Duration: 30 minutes
Script and Direction: Lizette Vila Photography: Jackelyne Hayden Miguel Bolivar Jorge Perez Editing: Miguel Bolivar

1111.19 Preventing to enjoy.

* Guillermo Gonzalez Illidge. Universidad de Antioquia.

Because of social realities in Latin America, a huge educational policy effort involving Sexual and Reproductive Health is required in order to build a future where every human being is conceived with planning and raised with care within the context of kind and emotionally-stable relationships. Statistics about teenage pregnancy and birth rates in Latin America concern policy-makers and the society in general. This reality alarms us as psychologists, educators and sexologists. We feel responsible for the design of educational programs for pregnancy prevention and sexually responsible practice targeting those who conceive children as "fruits of passion" in order to let them fully enjoy their

sexuality without facing the consequences of an unwanted pregnancy. Midwifery, pregnancy assistance, childcare support, education and nutritional subsidies are massive line items every Latin American country's national budget. In contrast, proactive educational programs towards prevention reduce infant mortality rate and future criminality as a product of social inequalities. This paper attempts to describe the ongoing efforts in the health departments of five municipalities in the metropolitan area of Medellin, Colombia. The methodology used was focus groups comprised of teachers and sexual education trainers as well as female and male teenagers aged 10 to 19, drawn from local education institutions. Additionally, group sessions were conducted with teenagers who do not attend education institutions in such contexts as musical forums (musiforos), where the erotic and sexual content of trendy dances among teenagers such as reggaeton were analyzed. As well, the sessions were extended to parents with the aim of motivating family dialogue. Due to the positive results, the outreach effectiveness and low-budget methodology used, this program was found to be potentially replicable in other municipalities in Colombia and elsewhere in Latin-America to create a community process for sexual behavior analysis and societal planning.

1111.2 Sexual dysfunctions in view of sexual motives.

*Esben Esther P. Benestad and *Elsa M. Almaas. Grimstad MPAT-Institute/Agder University College, Norway.

When a heterosexual couple seek therapy because of vaginism, they are not necessarily in need of a better sex-life. Sex may be just fine. Pregnancy, however, has proven to be out of reach. Their primary need is that of procreation. Likewise a man with erectile dysfunction may feel that his inability is most painful because he cannot satisfy his partner, and thus he withdraws altogether, leaving both parties in a state of longing for intimacy. Orgasm not necessarily being he ultimate goal for any of them. Masters and Johnson introduced the linear model for sexual response: excitement, plateau, orgasm and resolution. Kaplan has modified this original model, but hers is still linear. A linear model do not resonate with all human sexual needs and experiences. Circular models have amongst others been presented by Alessandra Graziottin and Beverly Whipple. These do not view excitement as a necessary starting point and orgasm/resolution as a necessary final experience. This calls for new perspectives on sexuality and how sexuality may be interfered and/or obstructed. This presentation view sexuality as a Horse of Troy, with a belly containing six motives: procreation, role performance, trance states (like in hypnosis), excitement and relaxation, contact and intimacy, and love. Based on clinical experience we see sexual dysfunction as: a deficiency of organic, mental or mixed character that in a negative, unpleasant or /and painful way interferes with the sexual motives and needs of the individual. This perspective inspires the following question to those who present sexual problems: In what way does this problem affect your sexual life? The answer may be surprising. In this presentation we will demonstrate findings from two studies we performed, one in 1987 the next in 1997 (the third planned in 2007). A Norwegian population sample got a questionnaire by mail, where they should rate the significance of

different sexual motives for their sexual satisfaction. The study was executed and evaluated by the Norwegian institute for surveys and population studies, MMI.

1111.21 Implicit Intimacy Motivation as a Correlate to Unprotected Receptive Intercourse in Men and Women Who Have Sex with Men.

*Donald A. Dyson ^{1,2}. ¹Widener University, Program in Human Sexuality, USA; ²New Jersey Department of Health and Senior Services, USA.

Introduction: In the current research environment, attention is focused on studying sexual behavior in attempts to change unsafe behavior. However, the meaning of those behaviors to people has largely been ignored. This study focused on implicit intimacy motivation as measured by thematic apperception and its correlation to unprotected receptive intercourse (URI). **Objectives:** This study utilized the Thematic Apperception Test, scoring for implicit intimacy motivation, and analyzed those scores against self-reported URI. **Results:** In the analysis, no significant correlation was found between implicit intimacy and URI, bringing into question anecdotal reports of intimacy as a reason for lack of condom use. **Conclusions:** Discussion of the findings and their implications is included. This includes possible bias in the research, in the field, and implications for future research into motivation.

1111.22 Sexuality language on interdisciplinary workshops in Sexual Education.

*Margarita Murillo Gamboa. , Costa Rica.

The interdisciplinary job created along the interaction with different persons whom participate on an interdisciplinary workshop it made that different proposals emerge which the main purpose is to offer an integral perspective of sexuality. This new language will stimulate to whom received a change on attitude and generate to the participants a reflection process about sexuality on their personal development. This workshop offer a dynamic space, where the deep theoretical analysis of the different postulates about sexuality permits to participants a reflection process about integral development of the sexuality on man and women. Through a methodology based in six main cores, which emphasis will like to promote the self knowledge, self value and the integrity of psychosexual identity with the adequate knowledge of the affective communication skills. Additionally, it search that the participant build an approach proposal on Sexual Education for a determinate group, this proposal must be deep and strong, applicable, creative and consistent on his criterions and on which all six methodological cores learning during the workshop are included as a support for the promotion of the sexuality applied to dignified man and women.

1111.3 Constructions of condoms, and condom use in heterosexual sex, from

Aotearoa New Zealand: Implications for safer sex.

*Virginia Braun. The University of Auckland, New Zealand.

In Aotearoa New Zealand (and elsewhere) STIs easily preventable through condom-use, such as chlamydia and gonorrhoea, are widespread, particularly among youth. Although condoms remain the standard measure of protection against STIs, condoms are used inconsistently in heterosexual sex. For instance, a significant proportion of first heterosexual intercourse does not involve a condom. Further, condoms are often constructed in negative ways: they reportedly make sex like a 'shower in a raincoat' for men, and reduce intimacy and spontaneity. From a constructionist perspective, such language, metaphor and discourse can act as an impediment to practices, such as safer sex. In order to explore the language and discourse of heterosexual health, risk and safety in Aotearoa New Zealand, fifteen focus groups were conducted with 58 mostly heterosexual participants aged 16-36 (mean 25). Data were analysed thematically and discursively, using a social constructionist framework. This presentation focuses on the ways condoms, and condom use, were constructed. The majority of participants reported condom use for vaginal intercourse at some point in time, but never for oral sex. However, in line with previous research, most participants reported disliking condoms. The idea of reduced (male) sexual pleasure was discussed (but also disputed), and condoms were constructed as an impediment to the 'natural' progression of sex - they 'disrupted the flow'. The practicalities of condom use were highlighted. A discourse of female responsibility was frequently evident in participants' talk, with some male participants indicating that they would not introduce a condom unless requested by the female, even in a casual sex context. While there is no single construction of condoms or condom use, comparison with previous literature suggests overarching meanings associated with condoms and condom use are relatively enduring. Two competing discourses - safety and pleasure - provide a challenge for sexual health promotion. Condoms were typically not part of a pleasure discourse, which is the dominant construction of sex, in the west, at present. I conclude by discussing the implications for campaigns which aim to encourage condom use, and give people ways to counteract resistance to condom use (e.g., the recent NZ 'hubba hubba' campaign).

1111.4 All about USS- Universal Sex therapists, educators and researchers Survey.

*Mijal Luria ¹, Sandra Byers ² and Moshe Mock ³. ¹Hadassah University Hospital- Sex Therapy Unit- Dept. of Obstetrics and Gynecology, Israel; ²University of New Brunswick- Department of Psychology, Canada; ³Meir Medical Center- Sex and Couple Therapy Unit, Israel.

INTRODUCTION AND OBJECTIVES Although there is now considerable research on sexual attitudes and behavior around the world, little is known about Sex Therapists, Educators, and Researchers (STERs) themselves. STERs dedicate their professional lives to the understanding, prevention and treatment of sexual problems. They often have a comprehensive sexual education and harbor few misconceptions about sexual behavior. This training often provides legitimacy for their own sexual behavior and may even enhance their personal

sexual motivation. However, they may deal on a regular basis with stories of sexual and emotional abuse and distress. The purpose of this work is to learn about sex therapists, educators and researchers and how they perceive the aforementioned experiences affect their own sexual self. We will explore the following issues: 1. What are the motivations that lead a person to the field of sexology? Are there any remarkable or distinguishing characteristics in the childhood development of STERs? 2. Is the sexual functioning of STERs different than other populations described in the literature? 3. Do STERs share similar beliefs and behaviors between them, despite different cultural backgrounds? Do they belong to a global sub-group with its own characteristics? Are there significant differences between STERs from different continents? 4. Has working with sexual issues altered STERs' perceptions of their own sexual functioning?

MATERIAL AND METHODS All participants attending the XVII World Congress of Sexology will receive a 28-item questionnaire (Likert-type scales and filler items) designed to evaluate their background, current behaviors and beliefs, romantic relationships, sexual functioning, and the level of influence they believe their profession has had on their sexual lives. Items in the questionnaire were developed by the authors based on a number of different validated sources. The questionnaire will be handed out with the Congress program to each participant in the Congress. Ballots boxes will be available in the main hallways for collection of the questionnaires. **RESULTS** Preliminary evaluation will be done during the Congress and preliminary results will be presented during the last day. Final analysis and conclusions will be published at a future date.

1111.5 A Study on the Condom Using and Its Related Factors in College Students in Taiwan.

*Yen-Chin Lin and *Yuan Hsiang Chu. Shu-Te University, Graduate School of Human Sexuality, Taiwan.

The purpose of the research is investigating the current situations of condom using and its related factors in college students in Taiwan. Using stratified sampling (group sampling) method, the total sample was 1200 students from 12 colleges in the East, South, West and North areas in Taiwan. Two classes was sampled from each school, and each class sampled 50 students. 105 samples files were incomplete and deleted from the study, so total research sample was 1095 students. The data was analyzed and tested by t-test and regression and correlation analyses. The results showed that: (1) The students 63.3% from the 1st grade, 24.6% from 2nd grade, among them 41.6% did not have boy / girl friends, 58.4% have had boy / girl friends, out of them 41.7% partner-fixed, 57.2% partner-unfixed. As the intimate relations, 62.3% had no intimate boy / girl friends, 25% had intimate boy / girl friends but no sexual intercourse yet, and 12.0% had intimate boy / girl friends and had sexual intercourse. Most of them (92.6%) were not in cohabitation, 6.1% were in cohabitation. 98.4% of them had no STDs experiences, 1.6% had infected with STDs. (2) The female students displayed higher scores on attitudes towards using condom, peer relationship, awareness for dangerous, and applying condom and lower scores on self-effectiveness and gender stereotypes than male students.

1111.6 Sexual life of schizophrenic patients.

*Ioana Valentina M. Miclutia and Rodica S. Macrea. University of Medicine & Pharmacy Cluj, Romania.

Objectives: Disordered sexual behavior may be partly secondary to the disturbances of thought and perception. These disturbances affect the subjective experiences and the overt sexual behavior. **Methods:** Two main periods in the evolution of schizophrenia are evaluated: at the beginning and in chronicity. Various neuroleptics and novel antipsychotics are analyzed regarding the sexual adverse effects. Case vignettes emphasize the above mentioned objectives. **Results:** The major disturbances of the sexuality of schizophrenics are: the quantitative and qualitative disorders regarding the sexual appetite, sexual practices due to the illness itself; sexual dysfunctions due to the antipsychotic medication. The disorders secondary to the illness refer to: lack of sexual interest, sexual apathy, anhedonia, libidinal impotence, celibacy, separations and divorce, although the opposite behavior (hypersexuality, pansexuality, sexual promiscuity and sexual acting out) may be observed as well especially at the beginning of the illness. The prepsychotic and early phases of schizophrenia, the chronicity have a hallmark in the field of sexuality: autoeroticism, mechanic masturbation, autofellatio.

Problems regarding sexual orientation and gender identity are discussed. The forensic complications of sexual behavior (rape, paraphilias, incest, autocastration and other sexual crimes) are pathognomonic for severely disturbed personalities. The sexual dysfunctions caused by antipsychotic medication are discussed. Even novel antipsychotics are responsible for amenorrhea, false-positive pregnancy tests, galactorrhea, engorgement of breasts, weight gain, being the major source of noncompliance. **Conclusion:** We can assume that the sexuality of schizophrenics alters both qualitative through regression to mechanic masturbation and quantitative (sexual apathy, anhedonia). The range of sexual side effects of novel antipsychotics is less than those produced by neuroleptics. This fact could contribute to the long term acceptance of and adherence to antipsychotic medication of sexually active persons suffering from schizophrenia.

1111.7 Psychosocial predictors of HIV risk in incarcerated, ethnically diverse men and women.

*Robert L. Bauserman, Claudia Gray, Madeleine Shea and Naomi Tomoyasu. AIDS Administration, Maryland Dept. of Health, USA.

Introduction and Objectives. Incarcerated persons in the United States and elsewhere report high rates of sexual risk behaviors, compared to nonincarcerated populations. Theories of risk behavior (such as the Health Belief Model) emphasize the importance of psychosocial factors such as condom attitudes and self-efficacy as predictors of risk behavior. The purpose of this paper is to examine the relationship of psychosocial variables to risk behaviors before incarceration, and to the sex and racial/ethnic background of participants.

Methods/Results. Participants were 1371 men and 1342 women (36% Caucasian, 62% African American, and 2% Hispanic) incarcerated in the state of Maryland, who enrolled in a multi-session HIV risk reduction intervention. Participants completed a survey that measured five psychosocial variables (HIV / AIDS

knowledge; perceived risk for HIV; condom attitudes; self-efficacy to use condoms; and intentions regarding future risk behavior), the occurrence of vaginal/anal/oral sex prior to incarceration, and the frequency of condom use. Correlational analyses showed that for the sample as a whole, preincarceration vaginal sex risk was significantly related to all five psychosocial variables, anal sex to attitudes, self-efficacy, and intentions, and oral sex to intentions only. Separate analyses by sex and race/ethnicity showed that not all groups followed this pattern; only intentions predicted risk for all groups. Stepwise linear regression resulted in models that included intentions, condom attitudes, and HIV knowledge for vaginal sex; intentions, attitudes, and perceived risk for anal sex; and intentions and attitudes for oral sex. However, most variance remained unexplained. Finally, between-group comparisons showed significant group differences on all psychosocial variables. Caucasian males and females scored highest on knowledge; African American females, on perceived risk, positive condom attitudes, and condom self-efficacy; and Caucasian males, on risky intentions. **Conclusions.** In a high-risk population of incarcerated men and women, psychosocial variables are significant correlates of sexual risk. However, gender and race/ethnicity differences exist, both in scores on psychosocial predictors and the strength of the relationship between psychosocial predictors and risky behaviors. Psychosocial variables are useful in predicting risk in diverse populations, but prevention researchers should be alert to possible race and sex differences in the strength and importance of these predictors.

1111.8 SOS Psicologia: telephone Service of psychological and sexological counselling.

Cappiello Valeria, Coffari Flavia, Cuccaroni Adriana, Florenzano Barbara, Manna Eleonora, Pasca Debora and Quattrini Fabrizio. Psychologist, SOS PSICOLOGIA Service's telephonist, Italy.

Counselling is one of the most important ways of psychological and social sciences intervention. The telephonic is a particular typology of counselling: it is a helpful relationship with specific characteristics. The article describes the experience of the telephonic Service called SOS PSICOLOGIA, open by the Associazione Italiana di Sessuologia Clinica of Rome (Italy). The purpose of the research is the users description, through the analysis of the first one-thousand calls (from the 1st of October 2001 to the 13th of June 2003). The following has been analyzed: 1 Analysis of the question: how a person reaches the Service, who asks for help and for whom, the expectation of the users towards the psychologist and the Service. 2 Typology of the users: age, sex, civil status etc. 3 The operator's answers: listening/support, guidance/counselling, information, referral.

1111.9 The function of Psychological and Marital counselling in the assessment and support in an Assisted Reproduction Centre.

E. Vellani¹, F. Ubaldi², E. Greco^{*}, C. R. Forleo³ and A.R. Grimaldi¹.

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Infertility is an emotionally difficult experience impacting all aspects of an individual life and personality, that often altered self-concept and self-image. The rapid advances in the assisted reproductive technologies occurred during the last twenty years created new chances and gave increasingly complex options for couples in overcoming their fertility difficulties. Definitely more successful, these new technologies because of their structural features can result often psychologically stressful and have created new needs in the patient who enter in the treatment. For this reason several countries had developed regulations and guidelines, that also administer the role of physician and psychologist in the assisted reproduction system. The aim of this work is to refer the experience of an Assisted Reproduction Centre in Rome, about the role and the importance of a marital and sexual counselling during the treatments as part of the of an articulated support of the patient as a person.

1112.1 The social production of sexual practice: how HIV is changing sex.

^{*}Susan Kippax. National Centre in HIV Social Research, Australia.

Sexual behaviour, in which almost all of us engage, is not a behaviour in the strict sense of the word. Rather it is a sexual practice that is socially produced: a practice redolent with meaning. These meanings differ from culture to culture and from society to society, and they also change over time. With reference to a number of studies mapping the changes in sexual practice over time in the context of the HIV epidemic, this paper describes some of the changes that have occurred in the sexual practice of Australians. The findings of these studies indicate that, for example, oral-genital sex has become normative among young heterosexuals, and anal intercourse has been civilised among gay and other homosexually active men. Cultural understandings of sex are changing. In much of the developed world, there has been an increase in the number of different sexual acts in which the majority of men and women engage, and these elaborated sexual repertoires are likely to be a contributing factor to the spread of HIV, as well as a response to it. On the other hand, in the context of western/developed world dominance particularly with regard to the funding of HIV/AIDS prevention and treatment programs, sexual practice in many developing countries is being constrained by a moral conservatism: people are urged to abstain or delay sex, and be faithful and shun casual sex. We are witnessing new forms of colonisation: cultural understandings of sex are being changed.

1112.2 Imputing subjectivity to HIV transmission.

*Barry D. Adam. University of Windsor, Canada.

The talk concerns how science, government, and media go about assigning motivation to HIV transmission, and contrasts those institutional ideas with the experiences of people at risk as they go about their everyday lives. The talk compares the "calculating, rational, self-interested subject" that Barry Smart identifies as the paradigmatic subject of contemporary neoliberalism, with the "rational man" constructions circulating in health science, and the "demon infectors" that arise from time to time in the media. All of these images of HIV transmission show serious limitations when compared with the stories told by actual people who have acquired HIV. Listening to people at risk reveals a range of more mundane, everyday sites of vulnerability, and also shows how they both draw on, and evade, the institutional discourses that circulate in the larger society.

1112.3 Meeting UNGASS goals for Youth

Eleanor Maticka-Tyndale, University of Windsor, Canada

In 2001 the United Nations General Assembly Special Session on AIDS set the goal for the year 2010 of providing 95% of the world's young people with access to the information and skills necessary to decrease their vulnerability to HIV infection. This presentation will describe the steps taken by members of a global consultation organized by WHO, UNFPA, UNAIDS and UNICEF to provide governments and donor agencies with an evidence base for making decisions about how to meet the UNGASS goals for youth. Members of the consultation group have balanced the need for scientific rigor against the realities found in delivery of HIV programming to youth and the debates surrounding causation, determinants and evaluation design to develop a *Go – Ready – Steady – Do Not Go* paradigm to assist government, non-government, private and donor organizations in decisionmaking.

1114.1 HIV prevention, gender and sexual health: forging the links.

*Purnima Mane. UNAIDS, Switzerland.

Gender relations are fuelling the HIV epidemic today. With an increasing feminisation of the epidemic, HIV prevention needs to address gender dynamics and the special needs of women through a range of programmes and policies including forging the links with sexual and reproductive health. This paper will focus on the links between gender, sexual and reproductive health and the effective prevention of HIV. This paper will discuss how forging the links between HIV prevention, gender and sexual and reproductive health when targeting both men and women, will make a difference in HIV prevention as well as benefit overall the situation of women and strengthen reproductive and sexual health programmes as a whole.

1114.2 Bush' war on sexual health and defensive strategies against it.

*Carmen Barroso. , Brazil.

The paper will highlight three strategies of the US Administration war against sexual health - abstinence promotion, condom misinformation and campaign against sexual workers. Evidence about these strategies and their implications will be analyzed. The paper will also suggest that advocates of sexual and reproductive could resort to three defensive strategies: doing research to disprove the anti sexual health fallacies; encouraging friendly governments to stand up against US pressure, and making the argument for sexual health as an international public good, by stressing its economic and security implications.

1114.3 Sexual Health and Public Policy.

*Carissa Etienne. Pan American Health Organization, USA.

Human Sexuality impacts on the quality of life and well-being of individuals, families and communities, and is closely interrelated with social and cultural life. There exists at the present time limited reliable data to quantify the negative effects of gender based violence, discrimination, abuse or distress associated with affections and intimacy. The HIV/STI epidemics and the continuing prevalence of unintended early pregnancies have highlighted the public health issues stemming from sexual behaviors. Sexual behavior, gender dynamics, interpersonal interactions, the need to express and receive love are all dimensions of sexuality with implications for individual and public health. This paper will discuss the linkages and interrelationship of gender, sexual health and public health in general.

POSTERS

2001 The evolution of sexual life of polish women since 1992 to 2005.

*Zbigniew Lew-Starowicz¹, Michał Lew-Starowicz¹, Łukasz Artecki² and Aleksandra Jakubiak². ¹Polskie Towarzystwo Seksuologiczne (Polish Sexology Society), Poland; ²Polski Lek S.A. (Pharmaceutical Company), Poland.

evolution of sexual life of Polish women

2002 Analysis of Latin American and World Sexology Congresses, the Last Generation.

*Osmar J. Matsui^{1,2}, Laura T. Flores^{1,2}, Jose J. Madrigal¹, Ithzia Martinez¹, Ivan Lopez¹, Alejandro Aguilar¹, Vicente X. Molina¹ and Araceli Cortes¹. ¹Centro Universitario en Ciencias de la Salud. Universidad de Guadalajara, Mexico; ²Maestria en Educación de la Sexualidad Humana. CEASS, Mexico.

The study of human sexuality has been changing rapidly by science and technology advances, and social and political scenarios. OBJECTIVE Analysis about what and how sexology fields have been addressed at last two congresses of the World Association of Sexology (WAS) and the last four Latin American Federation on Sexology and Sexual Education (FLASSES) is the aim of this paper. METHODS A documental, quantitative and descriptive research was conducted using those papers published on Congress programs and book of abstracts as units of analysis. Variables included: sexological topic, category of presentation, type of contribution such as research, education, therapy, policy, essays, or other. For research, papers type of research and research methods used. Gender of presenter (or first author) and country of origin were taken into account. RESULTS A total of 3,697 abstracts were analyzed (2,020 from WAS congresses and 1677 from FLASSES congresses). Most presenters were female with the exception of the congresses held in Venezuela and Paris. Countries with more representation at FLASSES were Brazil, Argentina, Mexico and Venezuela, meanwhile for WAS congresses Cuba, USA, France, Brazil and Mexico. Type of contribution varied between both type of congresses and by gender. Most research papers used quantitative methods. CONCLUSIONS Main sexological topics addressed in both type of congresses were education and dysfunctions. Meanwhile less addressed topics were Philiat/Paraphiliat, Sexual diversity, Human and sexual rights, Sexual workers, Homo/bisexuality, Sexological concepts and theory. There is a significative difference of the frequency of other variables. Some recommendations are given for next Sexology Congresses organizers.

2003 Attitudes Towards Sexuality and First Sexual Behaviours.

*Encarnación Sueiro-Dominguez¹, José-Luis Dieguez-Ruibal¹ and Félix Lopez-Sanchez². ¹Universidad de Vigo. Facultad de Ciencias de la Educación, SPAIN; ²Universidad de Salamanca. Facultad de Psicología, SPAIN.

OBJECTIVE: To Know the relation between the attitudes towards sexuality and

the first behaviours. MATERIAL AND METHODS: Descriptive transversal study with a diana population of universitarie students, of 1st (2977), 3rd (1609) and 5th/6th (450) course. All made a structured, voluntary and anonymous questionnaire (NHSLs). We made the analysis of data with SPSS/Windows. RESULTS: The half age is 20,72 (SD=2,61) and the 30,6% is man. The 48,2% started the coitus. There is significative association between the attitudes towards sexuality and: * to masturbate ($X^2=86,273$; $p=,000$), age of started ($X^2=28,309$; $p=,000$) and masturbation frequency ($X^2=30,449$; $p=,000$); *to have made some sexual behaviour with other person($X^2=93,190$; $p=,000$); to have made: a date ($X^2=61,090$; $p=,000$), a kiss ($X^2=73,365$; $p=,000$); a deep kiss ($X^2=94,463$; $p=,000$); to stimulate the breast over the clothes ($X^2=133,076$; $p=,000$), to stimulate the breast beneath the clothes ($X^2=139,811$; $p=,000$); active stimulation genital ($X^2=157,235$; $p=,000$), pasive stimulation genital($X^2=131,755$; $p=,000$), intergenitals contact ($X^2=132,136$; $p=,000$), coitus with a one person ($X^2=121,803$; $p=,000$) and coitus with several persons ($X^2=23,864$; $p=,000$); too there is significant association with the beginning age every one the previous sexual behaviour ($p=,000$) except with the last ($p=,994$); * the first non coital experience ($X^2=69,008$; $p=,000$), its satisfaction ($X^2=83,997$; $p=,000$) and orgasm ($X^2=76,430$; $p=,000$); *the first coitus: the satisfaction ($X^2=12,625$; $p=,027$), time of knowledge of the another ($X^2=11,402$; $p=,022$), to have it for desire ($X^2=12,024$; $p=,002$), the place ($X^2=20,075$; $p=,001$)and the frequency during the first year ($X^2=18,844$; $p=,002$). There is not significative association between the attitudes towards sexuality and the others sexual variables investigated. CONCLUSION: Bearing in mind the results, is necessary to make Sexual Education.

2004 Sexual Attitudes in Spanish and Latinoamerican Young.

* M^a Esther Castro-Gonzalez, José-Luis Dieguez-Ruibal and Encarnación Sueiro-Dominguez. Universidad de Vigo. Facultad de Ciencias de la Educación, Spain.

OBJECTIVES: To know the sexual attitudes. MATERIAL AND METHOD: It is a descriptive transversal study realized with a diana population of spanish, argentinian, brazilian, Paraguayan, colombian and mexican youngs /1756), in the first course of tge University, who were random, it due to INTERCAMPUS grant for students. All made a structured, voluntary and anonimous questionnaire with identification variables (age, sex and country of birth) and the Sexual Opinion Survey-R (SOS-r), where the number 1 shows the greater agreement and the number 7 shows the greater disagreement. We did the data analysis with SPSS/Windows. RESULTS: The half age is 19.98 years (SD=3.24). Spanish: &xover;(SOS-r): 36,49; SD=8,63; Argentinian: &xover;(SOS-r): 30,61; SD=9,26; Spanish: &xover;(SOS-r): 36,49; SD=8,63; Brasilian: &xover;(SOS-r): 34,66; SD=8,56; Paraguayan: &xover;(SOS-r): 30,77; SD=9,15; Colombian: &xover;(SOS-r): 32,40; SD=8,47; Mexican: &xover;(SOS-r): 29,72; SD=9,22. There is significant differences among the youth of differents countries ($p<,000$) and sex ($p<,05$). CONCLUSION: Bearing in mind this results is necessary to make specifics interventions for improve it.

2005 Rights promotion and peace networks construction program.

* Diva E. Sandoval ^{1,2}. ¹DIVA SANDOVAL POTES, COLOMBIA; ²ANDREA REYES HURTADO, COLOMBIA.

INTRODUCTION The Presidential Advisory of Special Programs has as purpose to contribute to the objectives of the Colombia Development National Plan. This Advisory has been developing a program to prevent pregnancies in adolescents population and to promote Sexual and Reproductive Health Rights -SRHR, to contribute to the improvement of the Sexual Education Policy formulated by the Colombian Government. **OBJECTIVES** General: Contribute to prevent pregnancies in children and adolescents and promote SRHR with the support of territorial and administrative departments and municipalities of the Country, through social mobilization actions, institutional enforcement and life quality improvement. Specific: 1. To promote from the planning regional instances of the Country, the design and develop of integral Municipal Intervention Plans, to prevent risk of early pregnancies and promote SRHR. 2. To create and build social support networks in the municipalities with institutional, communitarian and familiar actors, in charge of promoting SRHR. **Components and strategies:** Social Mobilization To become social mobilization a reality that helps to improve education for children and adolescents in sexuality and SRH. a. Build and enforcement of Social Support Networks. b. Design and develop of the Information, Education and Communication strategy IEC, to enforce protector factors, to prevent adolescents pregnancies and promote SRHR. Institutional Enforcement Recognizes the need of acting in accordance between sectors, institutions and civil society, to obtain the planned results. a. Interinstitutional coordination, to build public interventions, and generate integral answers with participation of family and community. b. Capacitating institutional and community human capital, to develop and practice conceptual, technical and pedagogic frames, that contribute to generate citizen capabilities and competences required to achieve SRHR. Life Quality Improvement Recognizes the necessity of acting in accordance with objective factors that are the causes of higher fecundity levels in adolescents, as are: poverty conditions, low covertures and quality of the education and difficulties to access to other basic social services as health care, social protection, justice and culture programs. a. Implementation of local initiatives of generation of incomes, to minimize risks of higher poverty. b. Qualification of the offer and improvement of the access to services for children and adolescents population.

2006 Age of first experience of sexual relations in Spain and corresponding attitudes: a cross-study.

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Introduction: It is traditionally believed that the first explorations of sexual relations with other persons occur in the adolescent years. Nevertheless, the data concerning the prevalence of significant psychosocial and public health problems such as unwanted pregnancies or sexually transmitted diseases suggest that it is quite likely that first experiences of sexual relations frequently take place well before the start of adolescence. **Objective:** Our objective is to offer some data concerning the prevalence of sexual relations throughout the life cycle but in particular to activity between the ages of 9-23 in Spain. **Method:** A cross-study

was used for a sample of 1751 Spaniards between the ages of 9 and 23 (42% were men while 58% were women). In a group setting located at schools and universities, they were all given the Questionnaire on Health Related Information, Attitudes and Behaviour (CIACS) by Ballester & Gil. Results: Among boys, first experiences of sexual relations occurred at ages 11-12 (in 14% of cases). At ages 13-14, this percentage increased to 35%. For girls the first sexual experiences commenced later, at ages 13-14, with 16% of girls having their first experience of sexual relations. These percentages were almost identical for the age 15-16 cohort. At ages 17-18, 38% of the girls and 49% of the boys had had sexual relations. At ages 19-20, these percentages were 63% and 72% respectively. And for the age 21-23 cohort, 79% of women and 86% of men had had sex with other persons. Statistically significant sexual differences appear in all ages; this is indicative of an earlier commencement of sexual relations in men and of different attitudes towards these first experiences of sexual relations. Conclusion: Sex education programmes should be sensitive to two aspects; on the one hand, the commencement of sexual relations before the age of 14 makes it necessary to introduce programmes at earlier ages in order to prevent major problems such as unwanted pregnancies and HIV infection. On the other hand, sex differences must be considered given that the prevalence of sexual relations at a given age can be very different for boys and girls.

2007 Negative thinking in sexual situations and body image in young Spanish university students.

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Introduction: Feeling dissatisfied with body image can give rise to negative thoughts and feelings in relation to sexual situations and this may have a detrimental effect on the health of young people. Objective: The objective of this study is to analyse the possible existence of gender differences in young Spanish university students in relation to negative thoughts experienced in situations with sexual connotations as well as in relation to the degree of satisfaction with their body image. Method: To carry out our study we obtained information from a sample of 60 university students between the ages of 19 and 27; the data gathered focused on negative feelings experienced in sexual situations and the degree of satisfaction with the body (Cash, 1991). Results: In relation to gender differences in the number and intensity of negative feelings in situations with sexual connotations, there are no significant differences between the two groups. In an analysis of the correlations between the variables evaluated, we found on the one hand, significant correlations between the feelings experienced in different situations, such as: naked in the presence of my partner, if my partner caresses areas I do not like, with attractive persons of the opposite sex, etc. On the other hand, with regard to the relationship between these feelings and satisfaction with body image, we have obtained significant correlations precisely in the variables that imply comparison of with members of the same sex (e.g. when I look at myself naked in the mirror). Conclusions: Negative feelings or

thoughts in relation to physical appearance may lead to adjustment problems in sexual health and in particular, in sexual interactions. Boys and girls compare themselves more with members of their own sex and may feel particularly ill at ease when they see themselves naked in the mirror. It is important to have knowledge of the models they compare themselves with in order to address body image problems that seem to be closely linked to sexual satisfaction. Financed by: Escuela Valenciana de Estudios de Salud Publica de la Generalitat Valenciana (EVES). PI-018/2004

2008 Last Protector Method and Attitudes Towards Sexuality.

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OBJECTIVE: To know the relation between the attitudes towards sexuality and the last protector method used. MATERIAL AND METHOD: Descriptive transversal study with a diana population of 5036 universitarias students, of 1st, 3rd and 5th/6th course, of the University of Vigo, thanks to plan of investigation conceded for aforementioned university. All made a structured, voluntary and anonymous questionnaire (NHSLs). We did the data analysis with SPSS/Windows. RESULTS: The half age is 20,72 (SD=2.61) and the 2987 are women. The 59.1% estuded 1st course, the 31,9% 3rd and the 8,9% 5th/6th course. The 48,2% of the sample started the intercourse at 18,24 years old (SD=2,0). There is significative association between the attitudes towards sexuality and to have used protector method used ($X^2= 18,826$; $p= ,016$). There is not significative association between the attitudes towards sexuality and the others variables investigated. CONCLUSION: The Sexual Education in the family and the school is necessary.

2009 Sexuality and Later Life.

*Paola A. Ferroni ¹, Rosemary Coates ¹, Rhonda Parker ², Pradeep Jayasuriya ¹ and Peta Williams ². ¹Curtin University, Australia; ²Positive Ageing Foundation, Australia.

Objectives: To establish the importance of intimacy for seniors. To identify the main physical, social and emotional concerns that create barriers to sexual expression and intimacy. To determine how best to promote sexual health among seniors. Using the Positive Ageing Foundation data base of 4000 people, , after stratification for age, gender and socio-economic index, 764 people were randomly selected for survey. The response rate was 49% In this preliminary survey of people over the age of 55 years, 151 men and 223 women responded to a self-administered questionnaire. Items included questions on general health, gender specific health issues, sexuality and intimacy. Results indicated that 85% of all respondents rated their health as good. In the 55 to 69 year category, 78.6% of men and 57% of women rated sexual intercourse as pleasurable. In the 70+ age group 41.8% of women and 50.7% of men rated it pleasurable. Other variables are discussed. The survey will be extended across Australia and will inform health promotion programmes and service provision for seniors.

2010 Similarity to sexually active or abstinent others, interacts with self-esteem to

predict sexual permissiveness.

*Marc B. Setterlund¹ and Jessica Camp². ¹Alma College, USA; ²University of Michigan, USA.

The purpose of some abstinence education programs is to increase self-esteem of the students. Several psychological theories suggest that self-esteem should not in itself have an effect on sexual behavior and attitudes. One social decision making process called prototype matching suggests that people decide on behaviors based on their perceptions of the type of person who would engage in those behaviors. It has been found that self-esteem interacts with this process such that people with high self-esteem are more likely to use this process to guide behavior. One implication of this finding is that having high self-esteem may either increase or decrease sexual behavior, depending on whether people perceive themselves as being similar or dissimilar to people who are sexually active. Two studies were conducted to examine the influence of self-esteem, self-concept, and social perception of sexually active and non-active others. Using a seven-point scale, participants rated themselves on trait adjectives. On a separate questionnaires, subjects rated the extent to which a trait adjective is descriptive of people who are sexually active, and on a third questionnaire, participants were asked to rate the descriptiveness of the trait adjectives for people who were not sexually active. Participants completed the Hendrick & Hendrick Sexual Attitudes survey and the Rosenberg Self-esteem Inventory. Similarity was computed by using distance scores computed for self to sexually active others, and self to non-sexually active others. Multiple regression analysis indicated that self-esteem alone was a poor predictor of sexual permissiveness, rather, self-esteem interacts with similarity to perceived others to predict permissiveness.

2011 Sexual Behaviours in The Adolescence.

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OBJETIVES: To describe sexual behaviours and to identify sexual risk in the youths. MATERIAL AND METHODS: Descriptive, traverse study with a population reveille of 1128 students (until 19 years old) of public and private schools of Galiciam (Spain). They made a structures, voluntary, autoadministred and anonymous questionnaire with social and sexual behaviours variables. We use SPSS 11.1/Windows for analysis of data. RESULTS: The half age is 17.16 years old (SD=1.047). 595 is girls, 533 boys. 96.5% is single. 60.3% studies in public schools, 39.7% in private schools. 29% lives in the rural means. 529 has started the coitus. Firs coitus happened when they are among 13-15 years old (30.6%), among 16-18 years (62%) and after 18 years (7.4%). In the last year, 50.1% had coitus 1-3 times/ month, 20.3% had coitus 1-2 times/ a week. 59.7% had one couple, 14.9% had two couples and 20.9% had three or more couples. 83.4 % used the condom, 8.9% used the pill/IUD. 72.2% always use protection methods. CONCLUSIONS: The sexual risk can to increase it and/or reduce it with the pass of the years. We can reduce to sexual risks with Prevention Programes.

2012 Body image and sexual attractiveness in young Spanish university students.

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Introduction: The positive assessment of body is one of the variables that most influences the degree of sexual satisfaction. When a person feels ill at ease with his/her body sexual contact is either avoided or it is approached in a rather unnatural manner and the resulting interactions are unsatisfactory. This self-rejection of body coupled with low self-esteem may help explain, along with other factors, that between 25% and 30% of adolescents and young adults are not satisfied with their sex life (Ballester & Gil, forthcoming paper). **Objective:** Our objective in this study is to analyse the degree of body image satisfaction in young Spanish university students and its relationship with their self-esteem and their own assessment of sexual attractiveness. **Method:** To carry out the study information was obtained from a sample of 60 university students between the ages of 19 and 27. The information gathered was in relation to body image, real and ideal (ad hoc instrument), thoughts and beliefs as to what are the characteristics that make a person attractive (Cash, 1991), degree of self-esteem (Rosenberg, 1979) and degree of satisfaction with body (Cash, 1991). **Results:** We found fairly high feelings of dissatisfaction in boys as well as in girls. When we compared the assessments of the real body with the ideal body, we found significant differences in the variables of height, breasts, hips, buttocks, thighs, legs, body hair, eye colour and lips. Self-esteem and the degree of satisfaction with body had a significant correlation (.688**). Finally, the satisfaction with body image and the assessment of the sexual attractiveness gave a significant correlation (.591**). **Conclusions:** Programmes for the promotion of sexual health in young people should be based and developed on the premise that is essential to have in-depth knowledge of the variables involved in their sexual satisfaction. Given that problems derived from body image are closely linked to this satisfaction, these issues should have a key role in the said programmes. **Financed by:** Escuela Valenciana de Estudios de Salud Publica de la Generalitat Valenciana (EVES). PI-018/2004

2013 Last Sexual Practices and The Sexual Double Standard.

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OBJECTIVE: To know the sexual double standard and their relation with the last sexual behaviors. **MATERIAL AND METHODS:** It is a descriptive transversal study realized with the universities students (5036), thanks to plan of investigation conceded for aforementioned university. Al made a structured, voluntary and anonymous questionnaire to know identificatives and sexual variables and The Sexual Double Standard Scale. We did the data analysis with SPSS 11. **RESULTS:** The half age is 20,72 years(SD= 2,61) and the 30,6% is man. 2977 studied 1st and 2059 last course, in Humanities-Politics-Socials, Scientifics-Tecnicals and Fine Arts (34,6%, 63,3% and 2,28%, respectively). The 48,2% of the sample had started the intercourse, at a half age of 18,24 years old (SD= 2,0) and

the punctuation average obtained in The Sexual Double Standard were 5,2741 (SD= 5,4205). There is significative association between the sexual double standard and: * the last sexual experience ($X^2= 43,284$; $p= ,000$); * the last coitus: the orgasm ($X^2= 5,816$; $p= ,016$), time passed for the last time ($X^2= 27,437$; $p= ,000$), the other person ($X^2= 15,093$; $p= ,005$), time of knowledge ($X^2= 15,132$; $p= ,004$), to have it for desire ($X^2= 19,749$; $p= ,000$) and for pressing ($X^2= 7,354$; $p= ,025$), the place ($X^2= 18,453$; $p= ,002$), the frequency during the last year ($X^2= 13,249$; $p= ,010$) and to drink alcohol ($X^2= 8,218$; $p= ,004$). There is not significative association between The Sexual Double Scale and the other sexual variables investigated. CONCLUSIONS: This results have of to bear in mind in the contents of any educational programme and clinical intervention.

2014 Last Birth Control Method and The Sexual Double Standard.

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OBJECTIVES: To know the sexual double standard and their relation with the sexual risk. MATERIAL AND METHODS: Descriptive transversal study with a diana population of 5036 universitarias students, of 1st, 3rd and 5th/6th course, of University of Vigo (Spain). Al made a structured, voluntary and anonymous questionnaire for evaluating socials and sexual variables and The Sexual Double Standard Scale. We did the data analysis with SPSS 11/Windows. RESULTS: The 59,3% is woman. The 59,1% is making 1st (&xover;= 19,61 years; SD= 2,17), 31,9% is making 3rd (&xover;= 21,95 years; SD= 2,08) and the 8,9% is making 5th/6th (&xover;= 23,79 years; SD= 2,61) course. 1938 studied Humanities-Politics-Social, 3548 studied Sciencies-Tecnicals and 128 Fine Arts. The 48,2% of the sample started the intercourse at 18,24 years old (SD= 2,0) and the half punctuation obtained in The Sexual Double Standard Scale is 5,2741 (SD= 5,4205). We had found significant differences in the punctuations obtained in The Sexual Double Standard Scale in function of the last protector method used ($X^2= 24,702$; $p= ,002$). There is not significative association between the Sexual Double Standard Scale and the others contraceptives variables investigated. CONCLUSIONS: Scarcely there is significatives associations between the sexual double standard and the last protector method used.

2015 The Sexual Fantasies and The Attitudes Towards Sexuality.

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OBJECTIVE: To Know the relation between the attitudes towards sexuality and the sexual fantasies. MATERIAL AND METHODS: It is a descriptive trnasversal study realized with students of University of Vigo (5036). All made a structured, voluntary and anonimous questionnaire to know the sexual attitudes (Attitudes Toward Sexuality Scale, of Fisher T and Hall R, 1988; adapted and extended by Lõpez F) and sexual fantasies (NHSLs). We did the data analysis with SPSS. RESULTS: There is significative association between the attitudes towards sexuality and some items of sexual fantasies questionnaire: on the average, how

often do you think about sex ($X^2=118,854$; $p=,000$); how often does thinking about sex make you feel guilty ($X^2=212,643$; $p=,000$); your fantasies about sex usually involve.. ($X^2=117,003$; $p=,000$); your fantasies about sex usually are.. ($X^2=85,420$; $p=,000$); having sex with more than one person at the same is.. ($X^2=127,267$; $p=,000$); having sex with someone of the same sex is.. ($X^2=84,125$; $p=,000$); seeing other people doing sexual things is.. ($X^2=76,066$; $p=,000$); having sex with someone you do not personally know is.. ($X^2=109,189$; $p=,000$); watching partner undress is.. ($X^2=83,000$; $p=,000$); having a vaginal intercourse is.. ($X^2=164,628$; $p=,000$); using a vibrator is.. ($X^2=59,986$; $p=,000$); having a partner performing oral sex on you is.. ($X^2=229,608$; $p=,000$); making oral sex to one partner is.. ($X^2=167,163$; $p=,000$); partner stimulating your anus with his/her fingers is.. ($X^2=27,618$; $p=,000$); stimulating anus of partner with your fingers is.. ($X^2=45,593$; $p=,000$); passive anal intercourse is.. ($X^2=13,358$; $p=,004$) and active anal intercourse (ask boys only) is.. ($X^2=26,465$; $p=,000$). There is not significative association between the attitudes towards sexuality and the others fantasies investigated. CONCLUSIONS: We have take account of these results when we work the sexual attitudes and behaviours and when we make psychological intervention in the presence of sexual problems.

2016 The Sexual Double Standard Scale and Fantasies.

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OBJECTIVES: To know the relation between The Sexual Double Standard Scale and the sexual fantasies. MATERIAL AND METHODS: Descriptive transversal study with a diana population of universitarias students, of 1st (2977), 3rd (1609) and 5th/6th (450) course, of University of Vigo, thanks to plan of investigation conceded for aforementioned university. All made a structured, voluntary and anonymous questionnaire to know socials and the sexual fantasies variables and The Sexual Double Standard Scale. We made the statistics analysis with the SPSS 11/Windows. RESULTS: The half age is 20,72 years ($SD=2,0$). We found significative association between the Sexual Double Scale and some items of sexual fantasies questionnaire: on the average, how often do you think about sex ($X^2=98,827$; $p=,000$); how often does thinking about sex make you field guilty ($X^2=178,584$; $p=,000$); your fantasies about sex usually involve.. ($X^2=100,498$; $p=,000$); your fantasies about sex usually are.. ($X^2=78,102$; $p=,000$); having sex with more than one person at the same is.. ($X^2=126,822$; $p=,000$); having sex with someone of the same sex is.. ($X^2=84,674$; $p=,000$); seeing other people doing sexual things is.. ($X^2=66,423$; $p=,000$); having sex with someone you do not personally know is.. ($X^2=106,418$; $p=,000$); watching partner undress is.. ($X^2=85,558$; $p=,000$); having a vaginal intercourse is.. ($X^2=167,786$; $p=,000$); using a vibrator is.. ($X^2=51,506$; $p=,000$); having a partner performing oral sex on you is.. ($X^2=205,410$; $p=,000$); making oral sex to one partner is.. ($X^2=169,434$; $p=,000$); partner stimulating your anus with his/her fingers is.. ($X^2=22,219$; $p=,000$); stimulating anus of partner with your fingers is.. ($X^2=40,251$; $p=,000$); passive anal intercourse is.. ($X^2=13,211$; $p=,004$) and active anal intercourse (ask boys only) is.. ($X^2=27,572$; $p=,000$). There is not significative association between the Sexual Double Scale and the others sexual fantasies investigated. CONCLUSION:

This results are important in order to made Sexual Education and psychological intervention in the youth.

2017 First Sexual Behaviours and Sexual Double Standard.

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OBJECTIVE: The know the sexual the Sexual Double Standard and their relation with the first sexual behaviour. **MATERIAL AND METHODS:** Descriptive transversal study with a diana population of universitaries students, of 1st (2977), 3rd and 5th/6th (2059) course, of the University of Vigo (Spain). All made Thge Sexual Double Standard Scale and a structured, voluntary and anonymous questionnaire for evaluating socials variables and the first sexual behaviours. We dis the data analysis with the SPSS 11/Windows. **RESULTS:** The half age is 20,72 (SD= 2,61) and the 40,6% is man, the 59,1% and the 40,9% is making 1st, 3rd and 5th/6th, respectively, in the speciality of Humanities-Politics-Socials (34,58%), Scientific-Technicals (63,31%) and Fine Arts (2,28%). The punctuation average obtained in The Sexaul Double Standard Scale have been 5,2741 (SD= 5,4205). We found significant differences in The Sexaul Double Scale in function of: * to masturbate ($X^2= 7,465$; $p= ,006$), age of started ($X^2= 12,437$; $p= ,014$) and masturbation frequency ($X^2= 50,754$; $P= ,000$); * to have made: a kiss ($X^2= 3,887$; $p= ,049$), to stimulate the breast over the clothes ($X^2= 8,566$; $p= ,003$), to stimulate the breast under the clothes ($X^2= 6,130$; $P= ,013$), active stimulation genital ($X^2= 7,135$; $p= ,008$), pasive stimulation genital ($X^2= 12,574$; $p= ,000$) and coitus with several persons ($X^2= 7,382$; $p= ,007$); still there is not significant association with the beginning age of every one first sexual behaviour investigated; * the orgasm during the first non coital experience ($X^2= 10,221$; $p= ,017$); * the first coitus: the other person ($X^2= 38,806$; $p= ,000$), time of knowledge of the another ($X^2= 35,356$; $p= ,000$), to have it for being in love ($X^2= 31,168$; $p= ,000$), the frequency ($X^2= 14,507$; $P= ,013$) and the number of couples ($X^2= 19,859$; $p= ,000$) during the first year, to field the orgasm ($X^2= 45,956$; $P= ,000$) and to drink alcohol ($X^2= 5,601$; $p= ,018$). There is not significative association between The Sexual Double Standard Scale snd the others sexual variables investigated. **CONCLUSION:** This results have of to bear in mind in the contents of any educational programme.

2018 Last Sexual Practices and The Attitudes Towards Sexuality.

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OBJECTIVE: To know the relation between the attitudes towards sexuality and the last sexual behaviours. **MATERIAL AND METHODS:** Descriptive transversal study with a diana population of 5036 universitaries students, of 1st, 3rd and 5th/th course, of University of Vigo, thanks to plan of investigation conceded for aforementioned university. All made a structured, voluntary and anonimous questionnaire (NHSLs). We did the data analysis with SPSS/Windows. **RESULTS:** The half age is 20,72 years (SD=2,61) and the 59,4% is woman. The 48,2% of the sample started the intercourse at 18,24 years old /SD=2,0). There is significative

association between the attitudes towards sexuality and: * the last non coital experience: the orgasm ($X^2=4,046$; $p=,044$); * the last coitus: The satisfaction ($X^2=13,856$; $p=,017$), to have it for desire ($X^2=23,688$; $p=,000$) and for curiosity ($X^2=13,856$; $p=,017$), the place ($X^2=20,735$; $p=,001$) and the frequency during the last year ($X^2=13,039$; $p=,017$). There is not significative association between the attitudes towards sexuality and the others sexual variables investigated. CONCLUSION: Bearing in mind the results, is necessary to make Health's Promotion Programmes.

2019 Sexual Knowledges/Ignorances of The Youth.

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OBJECTIVES: To know the level of sexual knowledges of women and men of diferents countries. MATERIAL AND METHODS: Descriptive transversal study with a diana population of 1756 Spanish, Argentinian, Brazilian, Paraguayan, Colombian and Mexican young in the first course of universities studies, who were chosen at random and due to INTERCAMPUS grant for students. All made a structured, voluntary and anonimus questionnaire with identification (age, sex and country of birth) and sexual knowledges (60 items) variables. RESULTS: Woman: $\bar{x}=19.81$ years($SD=3.44$) and they are the 56.8%. Man: $\bar{x}=20.21$ years ($SD=2.95$) and they are the 43.2%. The average of success is: **Spanish**: Woman: $\bar{x}=40.95$; $SD=6.06$; Man: $\bar{x}=39.89$; $SD=6.62$. **Argentinian**: Woman: $\bar{x}=38.27$; $SD=6.48$; Man: $\bar{x}=36.61$; $SD=7.18$. **Brazilian**: Woman: $\bar{x}=42.65$; $SD=5.67$; Man: $\bar{x}=41.01$; $SD=5.21$. **Paraguaian**: Woman: $\bar{x}=33.43$; $SD=8.48$; Man: $\bar{x}=37.43$; $SD=6.26$. **Colombian**: Woman: $\bar{x}=32.74$; $SD=8.03$; Man: $\bar{x}=35.98$; $SD=6.90$. **Mexican**: Woman: $\bar{x}=32.66$; $SD=8.26$; Man: $\bar{x}=34.37$; $SD=7.11$. There is significant differences ($p<.05$) among the sexual knowledges of the woman and man, excepting in spanish and mexican young. CONCLUSION: The universitarias students of diferents countries and sex presents significant differences in their sexual Knowledges. Is Necessary to make specifics interventions for modifications it, of/in the families and the schools.

2020 Sexual Behaviours in Spanish and Latinoamerican Young.

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OBJECTIVES: To know and to compare the sexual behaviour of spanish and latinoamerican young. MATERIAL AND METHODS: Descriptive transversal study with a diana population of spanish (300), argentinian (280), paraguaian (233), mexican (307) and colombian (313) universitarias students. All made a structured, voluntary and anonimus questionnaire with identification (age, sex and birth country) and sexual behaviours variables. We made the analysis of data with SPSS/Windows. RESULTS: Spanish: $\bar{x}=19,46$ ($SD=1,54$) and the 63,0% is woman; Argentinian: $\bar{x}=20,96$ ($SD=4,59$) and the 53,9% is girl; Paraguaian $\bar{x}=20,58$ ($SD=2,83$) and the 62,2% is woman; Mexican: $\bar{x}=19,42$ ($SD=2,68$) and the 62,9% is woman and Colombian: $\bar{x}=19,94$ ($SD=3,41$) and the 50,2% is girl. We found significant differences among the

youth of different countries in: to have begun coitus ($X^2=37,953$; $p=.009$), the age of beginning ($X^2=43,412$; $p=.009$), their motivation ($X^2=623,591$; $p=.000$) and the feeling generated ($X^2=623,591$; $p=.000$), to use some contraceptive ($X^2=53,073$; $p=.000$) and the type of method used ($X^2=114,459$; $p=.000$) the first time, the coital frequency ($X^2=58,750$; $p=.000$) and the type of birth control methods used now ($X^2=949,651$; $p=.000$). **CONCLUSIONS:** The young of different communities have different sexual behaviours. It is necessary to improve the strategies of intervention, for the promotion of health and sexual risk prevention among young people, bearing in mind their socio-cultural differences.

2021 Clinical aspects of youth sexual behavioral disorders in Ukraine.

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Using the random sampling method we have examined 483 university students from different cities of Ukraine in order to study the characteristics of the formation of sexual behavior and assessment of clinical onset of its disorders for Ukrainian youth. We have detected the following types of sexual behavior disorders: simple asynchronism of somato-sexual development (14 % of boys and 10 % of girls); simple asynchronism of psychosexual development (6 % of boys and 4 % of girls); united asynchronism of psychosexual development (38 % of boys and 58 % of girls); difficult asynchronism of sexual development (49 % of boys and 41 % of girls); misinformation-estimating form of sexual dysfunction (as a result of lack of information on psycho hygiene of sexual life and preventive maintenance STD) (4 % of boys and 10 % of girls); sociocultural dysadaptation (as a result of dyscomplementarity of whole and sexual cultures, poor sexual culture and presence of its deviant types) (34 % of boys and girls); transformation of stereotype of sex- and role behavior (35 % of boys and 20 % of girls); deviations of psychosexual orientation according to gender (real or hidden) (4 % of boys and 8 % of girls); syndrome of pathologic masturbation (2 % of boys). In addition, the reason for growth of youth psycho adaptation disorders is that 45 % of boys and 55 % of girls have a feeling of sorrow and guilt that they live a sexual life. More liable for depression are girls-students, who do not have a sexual experience and are more than 20 years old. Consequently, sphere of gender communication and sexual relations is the most conflict and significant for youth. Results of this examination we conducted show that a sexual behavior disorder for this contingent is determined by disorders of all its components. This should be taken into consideration while drafting the system of measures for correction and preventive measures of student youth sexual behavior deviations in Ukraine.

2022 Age, but not urinary incontinence, is associated with decreased sexual activity in older community-dwelling women.

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Introduction: Widespread belief exists that aging and the presence of urinary

incontinence impact negatively on women's sexuality, but objective, corroborative data from large community-based samples of older women are lacking. The objective of this research was to study the association between age, urinary incontinence, and sexual activity in older community-dwelling women. Methods: Two data sources were used: a national sample of 2,573 community-dwelling women aged 55-95 from 10 Canadian provinces, and a convenience sample of 100 socially active women aged 55 years and older recruited from Montreal community centers. The questionnaires queried sexual activity, urinary incontinence, physical and emotional intimacy, and physical and mental health status (SF-12). Logistic regression analyses were conducted to examine the effects of age and urinary incontinence on sexual activity while controlling for marital status, physical and mental health (reported as odds ratios (95% confidence intervals)). Results: Mean age of the participants in the national sample was 70 (range 55-95), 27% reported being sexually active, and 48% experienced urinary incontinence (UI). In the local sample, participants had a mean age of 67 (range 55-89), 54% were married, 45% were sexually active, and only 19% reported UI. In univariate regression analyses using the national sample, both age and UI were significantly associated with sexual activity, but only age remained independently associated with sexual activity in analyses adjusted for marital status, physical and mental health (OR 6.5(4.6-9.1) for women aged 55-64 vs. women aged 75 years and older, and OR 2.4(1.8-3.2) for women aged 65-74 vs. women aged 75 years and older). The local study revealed that the most common reason given by women for changes in sexual activity was a decrease in health of their partner or death of their partner. 85% of women reported little or no change in sexual desire regardless of age. Emotional and physical intimacy was rated more important than sexual intercourse in a relationship. Conclusion: Sexual activity decreases with age, but not UI status, in older community-dwelling women. Reasons will be discussed.

2023 A study on educational intervention in adolescents' sexual perspectives.

*Giselle Acosta Ramirez.

An unwanted pregnancy is an issue that concerns the couple, the family and society; however, in developing countries this responsibility relies fundamentally on the women. If we add to this condition the one of being an adolescent, we could obtain an even more unfavorable bio-psycho-social situation, worsened in many cases by the lack of the male's responsibility. Thereby, we decided to carry out an educational program to increase the level of knowledge of sexuality and contraception in adolescents of both sexes, from a sample of 82 students attending the "The Chutalitos" high school in Chinaca, Huehuetenango, Guatemala between July and December, 2004. Once we obtained the written consent of the participants parents, we asked the students to complete a questionnaire, which was designed to measure their basic knowledge on sexuality and contraception. As it was expected, we found strong deficiencies in the answers of more than 90% of the participants. Then, we decided to apply educational interventions by means of exhibitions, dynamic grouped activities, conferences/ workshops among others, in order to deliver scientific information about sexuality, safe sexual practices, and birth-control methods. When promoting health, we tried to favorably change the adolescents perception of the

topic, so that they could incorporate healthy behaviors into their daily lifestyles, thus, working in this way to get positive changes not only in the present but in the future. Once the program culminated, the same questionnaire was applied again and found a substantial improvement in the grading of responses with 81% of the participants showing a satisfactory qualification, a statistically significant level that credited the quality of the intervention. The statistical package used was Epiinfo 6.0, applying the test of McNemar for statistical differences among categorical variables. Once the analysis and results were completed, they were compared with other studies, including a similar work previously done by the authors in a rural area in Guantanamo, Cuba, where the initial level of knowledge about the same topic was greater among the participants than in Guatemala. This was believed to be attributable to the fact of a better sexual education at early ages of adolescence.

2024 The ZENITH sample: sexual well being remains important in the over 50 population.

*Christine Reynaert, Pascal De Sutter, Nicolas Zdanowicz and David Tordeurs.
Université catholique de Louvain, Belgium.

Objective: We want to become more insight in the sexual ecology of 50+ people with a relative stable relationship for more than 10 years. Methods: ZENITH is a fair for the 50+ population. We developed separated questionnaires for men and women. During the 2004 fair, 947 men (45.1 %) and 1151 women (54.9 %) filled spontaneously in the questionnaire (N = 2098). To guarantee the anonymity, people were asked to put their questionnaire in a close urn. Subjects : mean age was 61.3 year (47.7 % was between 56 and 65 year). 92.7 % (1944) declared they have a stable relationship (77.7 % for more than 10 years). 74.3 % declared it was their first marriage. 64.2 % were retired. Results: For men and women, mean number of sexual attempts was 5.7 a month (median: 4.0). Only 7 % declared to have no sexual attempts anymore. Sexual attempts comes in 69.8 % of the cases when the opportunity is presented; 16.0 % of the sample planned their sexuality. 90.0 % found that a harmonious sex life is important for a successful life as a couple. They spent 14.8 minutes on their foreplay (mean) with a median of 12.0 minutes. 71.2 % reported minimum 1 sexual problem. Mostly reported by women was lack of desire (43.9%) followed by lack of pleasure (34.1%). Mostly reported by men: 44.1% problems for penetration due to ED equal with maintain of erection (45.7%) but also EP (25.8%). 46.7% of men with sexual dysfunctions feels uncertain with sexual attempts. In almost 50% of people the sexual dysfunction had an impact on the relationship. Almost 30% are afraid to talk with their partner on this subject. 67,5 % of men are convinced that they need a good erection to give pleasure to their partners. Conclusion In the cohort of the retired people (with a stable relationship), sexuality is very important and comes spontaneously. □□

2101 Sexology and philosophy The phenomenology of sexual encounter.

*Isaac Charam. Federal Fluminense University, Brazil.

Sexology and philosophy The phenomenology of sexual encounter A1,c1,h1

Paper to be sent

2102 Code of Practice (COP) observational audit of sex on premises venues in Sydney where men have sex with men.

*Jeff h. Hudson and Nicholas C. Doong. Dr Doong's Surgery, Australia.

The Code of Practice for sex on premises (SOP) venues was launched in March 2002 by the AIDS Council of New South Wales (ACON) as an initiative to set standards for sex clubs, saunas and backrooms to help minimize the risk of HIV and sexually transmitted diseases (STI's) as well as cater for the health and wellbeing of the clients and staff. It is widely understood SOP venues are often the first point of contact for men who have sex with men (MSM) consequently it is imperative that the environment is conducive to the prevention of HIV and STI's. The COP is entirely voluntary for SOP venues and did receive a high level of support from venues who received certificates of compliance (COC). This observational audit of a number of SOP venues including those without COC will present findings of whether the COP is being maintained in venues and what implementation each venue has undertaken to encourage safer sexual activity and health awareness. These findings will be compared to another audit on the same venues in the previous year using the same criteria to observe any changes to COP. No venue will be identified and the audit will be conducted anonymously over a period of time using a check list of a set of standards. A highly popular SOP venue will be richly described and staff interviewed with management permission. Discussion will also focus on areas of improvement, review of standards maintained and the concept of continued audits to ensure compliance. Further investigation of the client needs should be explored as well as the compliance of all SOP venues in Sydney. A national COP may be warranted for consistency.

2103 The M²M Study: The Hitch-Hikers Guide to Where Married Men find Sex with Men in Sydney.

*Jeff H. Hudson ¹, Garrett Prestage ², Bulent Turman ¹ and Patricia Weerakoon ¹. ¹Sydney University - School of Biomedical Sciences, Australia; ²University of New South Wales - National Centre in HIV Epidemiology and Clinical Research, Australia.

The Married Men who have Sex with Men (MMSM) Study aims to understand the social, sexual and demographical aspects of MMSM, so as to guide a better understanding of this group, promote education initiatives, support and explore the risk environments with a view to understanding issues, optimizing healthcare and informing the community. Consequently it is vital for health professionals to be aware of how and where MMSM find sex to eliminate ignorance to actual risk factors involved. Descriptive methods of publicly available data on the internet will be used to formulate proxy markers to indicate where the populations of MMSM are generally located. This will enable the researcher to target specific areas / suburbs in Sydney to identify catchments

area for successful diverse sampling and appropriate recruitment. Using an ethnographical approach of naturalistic observation the study will also aim to richly describe the settings in which MMSM may meet sexual contacts including commercial environments such as sex clubs, saunas and backrooms often known as sex on premises (SOP) venues. It is widely understood SOP's venues are often the first point of contact for men who have sex with men (MSM), consequently it is imperative that the environment is conducive to the prevention of HIV and STI's. Likewise it is important that MMSM are educated on the risk taking factors involved in their pursuit of sexual activity with men. It is also necessary for the community to accept reality that these activities occur and support and promote the notion of positive health education at all locations including public places.

2104 Homosexuality, a Parading.

* Ana Blejman.

In this work, Homosexuality is seen as a sexual conduct that has been the object of multiple viewpoints. In order to shed light on preconceptions (stereotypes), the author reviewed recent research of sexology material, and establishes the need to review the variables that intervene in the expression of this conduct. The researcher's intention is to propose a global vision of human sexuality as a common expression that goes above and beyond excluding categorizations, where the most important thing is the appreciation of how the individuals see themselves, why they opt to establish this sexual pattern

2105 Herbal Medicine as a Complementary Treatment in Sexology For Men and Women .Notes on Etnopharmacology.

* Isaac Charam. Federal Fluminense University, Brazil.

HERBAL MEDICINE AS A COMPLEMENTARY TREATMENT IN SEXOLOGY FOR MEN AND WOMEN .NOTES ON ETNOPHARMACOLOGY A12, b2,h2
Introduction and objectives The new erectogenic drug apomorphine is derived from morphine, the vegetable opium alkaloid . The World Health Association suggests the study of medicinal plants of each country. Laboratory studies have shown that muscone-(musk glands of male musk deer) and ginseng decreased pentobarbital-induced sleeping time in mice by the action of pharmacological induction. Main body / results The most used plants in Sexology are the African yohimbine (*Corynanthe yohimbe*) . And in Brazil we have marapuama or muirapuama (*Ptychopetalum olacoides*) , catuaba (*Anemopaegma mirandum*) and damiana (*Turnera aphrodisiaca*). Other plants with proclaimed positive sexual effects are the following:1) *Persea gratissima* 2) *Crocus sativus* 3) *Vitex agnus castus* 4) *Rosmarinus officinalis* 5) *alga* 6) *Gossypium arboreum* 6) *Arachis hypogaea* 7) *Areca catachu* 8) *Ruta graveolens* 9) *Ayahuasca* (*Banisteriopsis caapi*) 10) *Vanilla planifolia* 11) *Piper betel* 12) *Bryonia dioica* 13) *Cata edulis* 14) *Cola acuminata* 15) *Durio zibethinus* 16) *Zingiber zingiber* 17) ginseng 18) *Paulinia cupana* 19) *Hippomanes* 20) *Hyssopus officinalis* 21) *Genipa americana* 22) *Piper methysticum* 23) *Mandragora autumnalis* 24) *Heteropteris aphrodisiaca* 25) *Mucuna pruriens* 26) *Armoracia lapathiofolia* 27) *Tuber melanosporum* 28) *Urtica dioica* 29) *Bixa orellana*. Marapuama has a possible dopaminergic action. It is anticholinergic drug. It can produce a long term change in receptor

responsiveness. These plants can be used in men and women. and in the couple. Conclusions Ethnopharmacology is an important new science and the laboratory work is showing that plants, as in general Medicine, must be studied in Sexology.

2106 Ecstasy and sexuality.

*Marie-Helene Garceau-Brodeur. Marie-Hélène Garceau-Brodeur, Canada.

Introduction : Since the beginning of rave parties in North America, the consumption of ecstasy drugs have exponentially grown in diverse age and social groups. We can also observe a link between ecstasy usage and new sexual experiences. Despite the negative consequences of consumption in a long term, it seems that certain individuals are addicted by the effects of this product during usage. The objective of this research consists of presenting a portrait of the ecstasy consumer, to find the reasons of consumption, qualify the appreciation of the experience and observing the effect of ecstasy on a consumer. Methodology : This study case is based on the individual analysis of 19 citizens recruited from the internet and 15 interviews posted on www.ecstasy.org. Within these individual studies we can count 8 Men and 11 Women, between the ages of 18 and 45, from a high school to a university education. The interviews have been filtered to bring out the important matters. Results : 6 Months before the study case was official, the individuals consumed between 1 to 3 doses of ecstasy per sitting. These consumptions were taken during sexual relations, rave and after-hour parties and between friends. On the sexual aspect, ecstasy reduced the brain stimulation and opened up to new sexual experiences. Despite difficulties reaching sexual response, the partners had a higher sexual and sensual drive. To sum it up, the majority of them reported a immense sexual satisfaction after consuming this drug. Conclusion : The consumption of ecstasy presents numerous positive effects on a sexual basis, these benefits explain the ongoing consumption despite its long term negative effects. It is very important to find psychosocial and sexological intervention methods to inform the target population about the negative effects of this drug and the alternative methods to maintain a sexual satisfaction.

2107 Psychiatric Etiology of Male Dyspareunia.

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PSYCHIATRIC ETIOLOGY OF MALE DYSPAREUNIA A12,b2,h2 Introduction and objectives Male dyspareunia of not organic causes is a rare problem but sometimes it is observed by the sexologist, with surprise. Much time can be spent with clinical and laboratory investigations to find no organic causes. The objective of the paper is to give some psychiatric causes of dyspareunia. Main body / results Etiology of dyspareunia 1 bipolar affective disorder, current episode mild or moderate depression 2 any depressive episode 3 recurrent depressive disorder 4 cyclothymia in period of depression 5 dysthymia 6 post-schizophrenic depression 7 catenestrophic schizophrenia 8 schizoaffective disorder, depressive type 9 paranoid schizophrenia 10 pseudoneurotic schizophrenia 11 paranoia 12 paraphrenia (late) 13 psychogenic psychosis 14 delusional dysmorphobia 15 paranoid reaction 16 phobic anxiety disorder 17 mixed anxiety and depressive disorder 18 obsessive-compulsive disorder 19

post-traumatic stress disorder 20 somatoform disorder 21 neurasthenia 22 with the use of the antipsychotic drug thioridazine Conclusions In all cases of dyspareunia it is necessary a psychiatric anamnesis to exclude psychiatric etiology.

2108 Sexual Symptoms in Distymia.

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SEXUAL SYMPTOMS IN DISTYMIA ISAAC CHARAM FEDERAL FLUMINENSE A12, b2,g1,h1 Introduction and objectives Dysthymia is a chronic depression of mood, lasting at least several years, which is not sufficiently severe, or in which individual episodes are not sufficiently prolonged to justify a diagnosis of severe, moderate or mild recurrent depressive disorder. It can cause also sexual symptoms, that must be known by the sexologists and general physicians. Sometimes the sexual disorders are more visible than the disorders of mood. The psychoterapic and psychopharmacological treatment of dysthymia will suppress the sexual accompanying symptoms, so it is important not to treat directly only the sexual complains alone. Much work, time and money would be saved with a psychiatric anamnesis in Sexology, that much be taught to all physicians. The objective of the paper is to stress the importance the comorbidity between dysthymia and sexual symptoms. Main body/Results The sexual symptoms in dysthymia can be, according to WHO: Classification: 1 lack or loss of sexual desire 2 sexual aversion 3 lack of sexual enjoyment 4 inhibited orgasm female 5 inhibited orgasm male 6 premature ejaculation 7 delayed ejaculation 8 nonorganic vaginismus 9 nonorganic dyspareunia Conclusions All patients with sexual symptoms must be asked in the anamnesis if they have small depressive symptoms of dysthymia. The same drugs used to treat depression can be used in dysthymia, with psychotherapy. So, the sexual complains in these case are not to be treated directly and immediately.

2201 Journey of teen girls: dealing with their sexual involvement decisions.

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Abstract This is an investigation about communicating with teenage girls dealing with sexual intercourse. The methods used to obtain this information will be focus group interviews and personal experiences. The study will focus on materials dealing with parental involvement, sexual interaction, and peer influences. This study will show the need for positive conversations regarding sexual intercourse that will equip teenage girls to make wiser decisions.

2202 Sexual behavior and love styles: The case of Mexico.

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Sexuality and love are intimately linked in the human being (Aaron & Aaron, 1991; Giraldo, 2002). In the one hand, sexual behavior tend towards physical and emotional closeness between people (Fisher, 1992), which generates affects and emotions that eventually could set the basis for love and romantic relationships. In the other hand, love relationships give to individuals the opportunity to

entangle in sexual activities, copulate and reproduce (Regan, 2000), at the same time facilitating the sexual impulse gratification (Costa & Serrat, 1982, in Yela, 2000). Research shows that love styles are related to a variety of sexual attitudes, scripts and practices (see, Hendrick & Hendrick, 1986; Frey & Hojjat, 1998, in Hendrick & Hendrick, 1986). In latinamerican cultures like the Mexican culture, affective bonding is necessary for sexual activity (Giraldo, 2000), given that intimacy, attachment, interdependence and closeness in relationships, tend to increase social acceptance of sexual behaviors (De Lameter, 1981). In order to know the relationship between sexual behavior and love styles in mexican adults, research was conducted with 207 subjects, 51% female and 49% male, between 19 and 57 years old. Participants answered two measures: a Sexual Behavior Inventory (Garcia Rodriguez, in process) that contains 51 items classified in six factors (Sexual contact, Seduction, Autoerotism, Sexual verbalizations, Daily physical contact and Sexual variants), and the short version of the Love Styles Inventory (Ojeda Garcia, 1998) that contains 24 items representing six love styles (Ludic, Agapic, Erotic, Pragmatic, Maniac and Storge). Pearson correlation analysis shows that erotic love style is significant related to all dimentions of sexual behavior, while the storge style is related to sexual contact, daily physical contact and sexual variants, and the ludic one to autoerotism, daily physical contact and sexual variants. These research findings confirm that sexual behavior is linked to love, wich could have both evolutive (Hendrick & Hendrick, 2002) and sociocultural (De Lameter, 1981) explanations. Finally, Metz (1991, in Giraldo, 2002) considers that interpersonal relationships become enriched with the integration of love and sex, for this reason fusion could constitute an ideal for contemporary individuals and couples (Giraldo, 2002) in collectivistic cultures.

2301 The Roles of Nigerian Women in Communal Clashes: A case study of Irawo Ile and Irrawo Owode Communal Clashes.

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The most prominent clashes in Nigeria were ethnic and intertribal clashes. But of recent, what we observed in some rural areas of Nigeria was communal clashes, inspite of their homogeneity. What we found in the communal clashes of the Irawos was that, there are changes in family composition and gender relations within it and also distortion in house hold structures with the decrease of males. The incidence of female –headed households (Widows, Single Mothers) soars, this consequently increased the incidence of poverty of there household s. It was also found that despite horrendous psychos-social suffering, economic burdens and human rights abuses, women in these communities prove resourceful in adopting a number of survival strategies in the war context, including assumption of males ". Unfortunately □Women□s suffering in times of war, as well as the contribution they make to their community□s survival has been continuously unacknowledged, undervalued and perhaps increased after war.

2302 The effects of the sexual communication programs between parents and adolescents in Kaohsiung city.

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Many parents are aware of the importance of their responsibility about sex education; they want to do something for their children but do not know what to do and how to do. The purpose of this study was to find out the effects of the sexual communication programs between parents and adolescents. This study equips parents with better cognitive and strategy to deal with parent-child communication about sex. The effects of the sexual communication programs between parents and adolescents in Kaohsiung city. Parent-child communication about sex training program is designed on the based of parent effectiveness training (PET) and Satir model, which each one divided into two kind of program, one is for the parents and their children another is only for the parents. Through the training program, used the N-par to analysis the effects of the training program. There was no significant difference in the sexual attitude on both parents and adolescents. On the issues of infertility, understanding the opposite sex, abortion, masturbation, sexual value system, the discussion between parent and child were more comfortable. On the issues of female (or male) reproductive system and nursing, understanding the opposite sex, sexual value system, social problems about sex, parents will discuss the facts, share the experience of these issues, listening the child's voice. On the issues of sexual diseases, infertility, sexual crime, peers friendship, parents will discuss the facts with their children.

2303 A Home Care Device For Frigidity.

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The so-called "cold-hearted women" often refers to those who suffer from a cold sensation. Their body temperature tends to be low and their personality traits are often characterized by cold-heartedness and hysteria. Their interpersonal relationships are less than desirable and they lack normal social interactions and social adaptability: consequently they are not likely to have desirable professional opportunities or friends. They have difficulty not only in sexual relationships but their professional opportunities are limited. Even if they meet desirable men, their relationship will not last long. Many of these women, even if they get married, end their marriage within approximately 2 years. The reason given for a divorce is either a complete lack of or inadequate sexual satisfaction. The condition is called frigidity. Unless it is cured these women will not achieve marital happiness in future. For the past 40 years I have focused my efforts on the treatment of frigidity and succeeded in helping these women so that they may enjoy a happy marriage and have children. We are able to help those women who come to us for treatment but we suspect that there are many more who are too embarrassed to seek help. Furthermore, it is no exaggeration to state that currently there are no specialists available in Japan to treat this condition. I have visited many countries in the world and can say that the situation is not much better overseas. For men, many studies have been conducted and there is even a medical society specializing in impotence and drugs (such as Viagra), which are effective in treating erectile dysfunction (ED), have been developed to aid sexually disadvantaged men. However, Viagra is not necessarily effective in all patients with ED. A standard treatment is not very promising for ED or frigidity of a psychogenic origin. No effects will be produced through the injection of drugs, oral medication, or surgery.

Psychotherapy is the only cure for these psychogenic conditions. The absence of specialists to treat sexual dysfunctions in women is totally unfair to them and represents sexual inequality for them. Based on my professional experience encompassing the past 40 years, I have created "Mr. Warmer" for these women who are too inhibited to seek medical help. The treatment leads to a complete cure. These unfortunate women, even when they meet men that they care for, cannot cure the frigidity on their own. Merely performing sexual intercourse without satisfaction is no answer: they need a more positive treatment. For men, sexual intercourse is not possible without a penile erection. For women, sexual intercourse is possible without curing the frigidity. However, the condition may lead to serious problems, such as violence within the family, a child's autistic traits or refusal to attend school and anorexia nervosa of an adolescent member of the family. Unhappiness of the parents may eventually result in dysfunctional family situations.

2304 Sexuality and psychology of partners of men with erectile dysfunction in Casablanca Morocco.

Loubna Bouhaoui, *Soumia Berrada, Souaâd Helzy, Monsef El Mouzdahir, Driss Moussaoui and Nadia Kadri. University psychiatric center Ibnou Rushd, MOROCCO.

Objectives: The aim of this work is to evaluate the impact on sexual life, psychological state and the relationship on partners of men with erectile dysfunction (ED), **Methods:** Sixty women accompanied their husband in urology consultation at University Hospital Ibn Rushd of Casablanca, were included to the sample. The tools of the study were a hetero-questionnaire, established by the authors collecting details on demography, level income and habits. The sexuality and its dysfunction had been explored with 15 items. Depression, anxiety and partner relationship were explored, respectively by the Mini International Neuropsychiatric Interview (MINI), Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS) and the Locke-Wallace Marital Adjustment test (LWMAT). The passation of this instrument was performed by 2 trained residents in psychiatry interviewers. The study is still ongoing. **Results:** The mean age was 52.70 ± 6.91 years, 60% of the interviewed had not a job. The mean duration of ED of the partners was 25.90 ± 10.06 months. Concerning sexual activity, 50% were unsatisfied, however they thought that their partners were unsatisfied in 80% of the cases, 70% of women had any sexual intercourse in the six later months. All the women had not another partner and 15% had masturbation activity. On the other hand, we found that 15% had a depression and 5 % with high intensity (HDRS score more than 16) and 10% had a score more than 20 in the HARS. Thirty per cent had a low score of Locke Wallace Marital Adjustment Scale (<80). **Conclusion:** First results are more positive than predictable. Cultural aspects should be considered as protective factor for conjugal life.

2305 Sexual behavior, self-esteem, and personalized versus general values.

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Sexual Behavior, Self-Esteem and Personalized Versus General Values The

purpose of the study was to examine the relationship between self-esteem, values, and sexual behavior. Research has found that area-specific self-esteem is related to sexual behavior and that personal values act as a mediating influence. For example, in a study we conducted among a largely white sample of adolescents, those who strongly agreed the statement it is against my personal values to have sexual intercourse as an unmarried teenager and who had not experienced sexual intercourse had the highest home and school self-esteem. Those who expressed the same level of values but had experienced sexual intercourse had the lowest self-esteem. A second study we conducted among Hispanic middle school students examined the same issue but used a more general values statement People should not have sexual intercourse before marriage. Results were substantially different, but it was unclear as to whether the differences were because the values statement was less personalized or because the substantially different participants. In this study we asked both personalized and general values questions. The sample was a group of college students (290 females, 110 males). The questionnaire included sexual behavior items, an area-specific self-esteem scale, and both a personalized and more general values question regarding premarital sexual intercourse (People should not have sexual intercourse before marriage-general, I do not believe that I should have sexual intercourse as an unmarried person-personal). For females results showed a behavior by values interaction for home self-esteem. This was true for both personal values and general values for sexual intercourse ever, and sexual intercourse in the last month. For males results showed a behavior by personal values (but not general values) interaction for home self-esteem for sexual intercourse in the last month. There was also a behavior by personal values interaction for school self-esteem and sexual intercourse ever, and a behavior by values interaction (both personal and general values) for school self-esteem and sexual intercourse in the last month. Results of the third study are different from the first two, but indicate that among female college students home factors may be more of a mediating influence on sexual involvement while males may be more influenced by school factors. These results should be of interest to sexuality educators, self-esteem researchers, and others who work with college students.

2306 Condom use: the role of relational context and perception of trust on risky sexual behaviour.

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The AIDS epidemic and sexually transmitted infection rates continue to be of concerning proportions. Consequently, it is critical that health professionals and educators are well informed of the reasons why individuals engage in unsafe sexual behaviour. The purpose of this study was to examine condom use in a relational context within the university student population. A sample of university students completed an electronic questionnaire on their sexual experiences since starting university. Preliminary analyses indicate that there are three types of relatively common distinguishable sexual encounters among the university population, the one-night stand (a new partner), recurring casual sexual partners (i.e friends with benefits), and steady relationships. Of these sexual encounters, 47% had experienced a one-night stand (ONS), 67% have been

involved with a recurring casual sexual partner (RCSP) and 94% had been in a steady relationship (SR). Vaginal intercourse was the predominant sexual activity in all three sexual encounter types (compared to oral and anal sex). Condoms were used most consistently for vaginal sex in the ONS, with 92% of the sample using condoms during this sexual encounter, compared to 17% of the sample using condoms consistently with a RCSP, the sexual encounter showing the lowest consistency of condom use. Forty percent were sexually active with other individuals during their involvement with the RCSP and 12% had sexual relations with someone outside of their SR. This study also explored how trust in a partner associated with condom use within the varying sexual encounters. As expected, trust scores differed significantly according to the sexual encounter, with partner trust being highest for SR and lowest for ONS. In addition, the consistency of condom use correlated significantly with partner trust for both RCSP ($r = 0.59$, $p < 0.01$) and SR ($r = 0.430$, $p < 0.01$). Partner trust is a perception that sexual safety and security exists while with a partner. However, the RCSP does not hold the same security of a long term monogamous relationship. The perceived (and perhaps false) level of trust in this sexual encounter may impede consistent condom use rendering it one of the more commonly risky sexual behaviours engaged in by the university population. It will be important to further explore the RCSP to better understand the association between sexual relationship characteristics and consistent condom use in order to improve current methods of safe sex promotions and intervention programs.

2307 Religious correlates of sexual behavior in a sample of U.S. college students.

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Religion has traditionally had a influence on social values, including sexual attitudes and behaviors. The purpose of this study was to determine if frequency of religious attendance and perceived degree of religiosity could distinguish between those students who have and have not participated in selected sexual behaviors. Study participants were 459 single college students under the age of 25 attending a university located in the southeastern United States. They voluntarily, in a regular classroom setting, anonymously completed a questionnaire that included items regarding both religion and sexual behavior. Religiosity items included: (1) Frequency of attendance at worship services (measured on a five point scale from never to more than once per week) and (2) degree of religious feelings (measured on a five point scale from deeply religious to not at all religious). Sexual behavior items included participation in: masturbation, sexual intercourse, receiving oral sex, giving oral sex, anal intercourse, manual genital stimulation of a partner and by a partner. For all behaviors participants were asked if they had ever participated in the behavior and if they had participated in the behavior in the last month. Data analysis indicated that for females, degree of religious commitment was associated with all of the above behaviors except anal intercourse in the last month and receiving oral sex in the last month. For males religious commitment was associated with all of the above except giving oral sex in the last month and manually stimulating the genitals of a partner in the last month. In each case those indicating greater religiosity were less likely to have participated in the behavior. For females,

frequency of attendance at religious services was associated with all of the above behaviors. For males frequency of attendance at religious services was associated with all of the above behaviors except anal intercourse in the last month. More frequent attendance was associated with decreased likelihood of participation in the behavior. Results point to the continued role of religion in influencing a variety of sexual behaviors among college students and should be considered by sexuality educators, student health and student life professionals.

2308 Pregnant Couples' Concerns Regarding Their Postnatal Sexual Relationship.

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Clinical Question: What are pregnant couples' concerns regarding their sexual relationship once their first baby is born? Objectives: 1. To examine and describe pregnant couples' concerns regarding sexual changes after the birth of the first child 2. To propose a curriculum for a perinatal educational group encounter addressing these concerns. Method: The convenience sample of eighty-two pregnant parents (41 couples) expecting their first child were attending prenatal classes in the Greater Montreal region. Data for this descriptive survey were gathered from 5 workshops. Groups were divided into women and men. Each group was asked to identify their postnatal sexual concerns and to list them on large sheets of paper. Quantitative data were gathered on the sociodemographic and pregnancy characteristics. Findings: The sexual concerns were grouped into four themes: *A. Physical Concerns:* Both women and men were concerned about the resumption of sexual intercourse, vaginal pain, the impact of a difficult birth, fatigue, and contraception. *B. Psychological Concerns:* Men were concerned about postpartum depression, lovemaking becoming too organized, avoiding distance in the relationship, and their partner's sexual desire and libido. Women were concerned about their partner's desire for them, the men's perception of the woman's body after birthing, if he had been traumatized by the birth and how this would affect the sexual relationship *C. Adaptation:* Both women and men expressed concerns regarding the time of recovery from the birth, and striking a balance among individual, couple, family and work needs. Women had additional concerns relating to separation from the baby, finding time for themselves, and giving more time to the partner so that he feels excluded. Men also had concerns regarding this last matter. *D. Anticipatory planning:* Suggestions on how to handle the situation arose spontaneously in all groups at the end of the workshops: 1. Using communication, 2. The uniqueness of each couple, 3. Taking their time to reinitiate sexual contact, 4. The use of fun and sex games to reactivate sexual activity, and 5. The importance of romance. Conclusion: A curriculum is proposed for perinatal educators addressing these concerns.

2309 Cognitive Changes in Couple Therapy.

*Alfons -. Vansteenwegen and Els Bayeux. Institute of Family and Sexuality Studies.

Introduction and Objectives Do cognitions change by couple therapy? What kind of intervention produces most change: a report to the couple, a class-type course or an exercise? Are changes in cognitions related to changes in behavior and related to the outcome of couple therapy? **Method** Construction of a seven point scale with prototypically answers about cognitions in couple therapy. This

scale was presented to 48 partners from 24 couples during and after their couple therapy. Behavioral change was measured by two seven point judgments. Outcome was measured by means of a seven point score. **Results** All three interventions produced a significant cognitive change: $t(29)8.15, p < .001$; $t(29)16.26, p < .001$; $t(29)25.41, p < .001$. The cognitive change after the exercise was the greatest. A correlational study revealed a significant correlation between (1) cognitive change and behavioral change, (2) cognitive change and marital satisfaction and (3) cognitive change and change in marital satisfaction. **Conclusions** *Cognitive change seems to be an element of couple therapy. It seems that an exercise produces more change than a class-type course.*

2310 Sexual and psychological life of patients with erectile dysfunction in Casablanca. Morocco.

*Souaad Helzy, Soumia Berrada, Loubna Bouhaouli, Driss Moussaoui and Nadia Kadri. UNIVERSITY PSYCHIATRIC CENTRE, MOROCCO.

OBJECTIVES: the aim of the study is to explore sexual life of men with erectile dysfunction (E.D), to evaluate its psychological impact and relationship with partners. **METHODS:** Till now sixty patients with ED were included from urology consultation at university hospital ibn rushd in □casablanca, the study is still on going. They were requested to respond to a hetero-questionnaire (the passation of this instrument was performed by 2 trained resident in psychiatry interviewers) collecting details on demography, socio-economic and marital status, disease, drugs, and habits, in addition to sexual activity. Depression, anxiety and partner relationship were explored respectively by The Mini International Neuropsychiatric Interview, Hamilton depression rating scale (HDRS), Hamilton anxiety rating scale (HARS) and the Locke Wallace marital adjustment test (LWMAT). **RESULTS:** The first results shows that the mean age was 56 years old, 90 % were married and 66% were without job. Concerning sexual activity, 70% of the interviewed were unsatisfied versus 61 % for their partners. In the six past months, 68% had less than the desired sexual intercourse frequency and 34% reported that they have any orgasm. Concerning psychological state, we found that 10 % had a depression with high intensity in 20% of cases, and 14 % an anxiety. On the other hand, 32% had less than 80 at LWMAT. More results will be discussed during the presentation. **CONCLUSIONS:** A limited sexual satisfaction, a low frequency of sexual intercourse act negatively on psychological state and those data are important for the whole treatment.

2401 The Manegement Strategy for Vaginismus.

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*Fernanda G. Bellomo, Adriana L. Moreno, Carla M. Benitez and Manoel J. Girao. UNIFESP - Universidade Federal de Sao Paulo, Brazil.

Objective: Manegement strategies on the treatment of vaginismus **Introduction:** The women with vaginismus feel, decresed self - esteem. **Results:** To treat 5 women brazilian with vaginismus at Federal University of Sao Paulo we made: using Hegar dilators in the vagina until number 25. **Conclusion:** After the treatment the intercourse occured. One of them became pregnant.

2402 Impact of Gestational Diabetes Diagnosis on Female Sexuality.

*Cibele V. Rudge, Iracema P. Calderon and Marilza V. Rudge. RUDGE, CVC, BRAZIL.

BACKGROUND Emotional intimacy and physical and emotional satisfaction directly influence female sexual response according to Basson's new model. Diabetes diagnosed during gestation is a complication pregnancy, which as well as maternal and perinatal risks, also has emotional repercussions coming from the fact that following treatment is very important for fetal surveillance. As well as the worries about changing their habits because of pregnancy, after diagnosis there can be different worries which manifest as depression or anxiety, relationship problems, and consequently changes in sexual response. **GENERAL OBJECTIVE** To evaluate the impact of emotional repercussions caused by gestational diabetes on female sexuality. **SPECIFIC OBJECTIVES** To quantify the impact of this diagnosis on: 1. frequency and quality of sexual relations; 2. satisfaction level in the woman, and 3. occurrence of possible sexual dysfunctions related to gestational diabetes. **PATIENTS AND METHODS** This was a longitudinal observational study of pregnant women with positive signs of gestational diabetes, submitted to diagnosis confirmation by GTT 100g and standard Glycemia test at School of Medicine of Botucatu, University Hospital (FMB), UNESP, Sao Paulo State, Brazil. Evaluation was by specific questionnaire focused on many aspects of sexuality; it was applied twice; pre and post diagnosis of gestational diabetes. Sample size was 200, calculated from patients with positive signs of gestational diabetes at our hospital (39% of all pregnant mothers per year with confirmed gestational diabetes in 20%) with error of 5% and statistical power of 95%. Pregnant women were evaluated between 24th and 28th week, (M0) before confirmation of diagnosis, and after confirmation (M1), between four and six weeks later (from 28th to 34th week). The statistical study looked for significant differences ($p < 0.05$) between pregnancy groups. Exclusion criteria were: refusal to participate, concurrent diseases that counter-indicated sexual activity. The independent variable was diagnosis of gestational diabetes, and control variables were maternal age, gestational age, parity, religion, stable relationship, and change of partner (none, recently, or some time ago). Dependent variables were 1. frequency of sexual relations, defined as increase, reduction, maintained; 2. woman's satisfaction, scale of one to ten; 3. quality of sexual activity, from the woman's point of view, evaluated by desire, excitation, sexual receptivity, emotional intimacy, orgasm, and changes in sexual practices, and, 4. Occurrence of sexual dysfunctions: dyspareunia, hypoactive sexual desire, responsive and non-responsive, sexual aversion, and anorgasmia. The project was submitted by the Human Research Ethics Committee (CEP), FMB, UNESP. Some preliminary results from the study will be presented during the Montreal Congress.

2403 Contraceptive Choice and the Health Belief Model.

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The contraceptive options available to women and women's decision making process in contraceptive use were examined through a review of literature and the application of the Health Belief Model. The consequences of unprotected

intercourse include not only unintended pregnancy (unwanted and mistimed), but also the health problems associated with these pregnancies for the woman and the infant. In addition to pregnancy, unprotected intercourse leads to transmission of sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) and all the short and long term affects caused by these infections. Reproductive health and contraceptive choices are viewed as vital components to overall women's health rather than mere fertility control. This literature review outlines the contraceptive decision making process through perceived susceptibility, perceived severity, perceived threat, perceived benefits, perceived barriers, perceived self-efficacy, and cues to action. Each dimension of the Health Belief Model is influenced by multiple factors such as age, partner cooperation, marital status, ethnicity, education, personal risk, cost, family completion, pregnancy, sexual orientation, non-contraceptive risks and benefits as well as consideration of childbearing goals, health history, lifestyle, and willing compliance. Current contraceptive options are numerous. These options include hormonal methods such as oral contraceptive pills, the patch, and the ring, as well as hormonal injections such as the tri-monthly progestin-only shot and the monthly combination shot. Barrier methods include the male and the female condom, the diaphragm and the cervical cap, and the sponge and various spermicides. Sub-dermal implants include Norplant and Implanon. The intrauterine devices (IUD) reviewed include both the copper-releasing and progestin-releasing methods. Sterilization methods consist of the vasectomy, the tubal ligation procedure, and the Essure method. Finally, both natural family planning and abstinence are included in the review of present contraceptive options. Contraceptive choice hinges on women's perceptions of present and potential consequences. The use of contraception and contraceptive choice affect women, their partners, their infants, and their communities and societies. Research concerning contraceptive choices offered to women and the decision making processes involved are fundamental to not only women's health, but also overall public health.

2404 Dissemination of information on emergency contraception to young people through mass media.

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Due to the approval of the Emergency Contraception (EC) on the Mexican Health Norm (2004), emerged the need of provide correct information about the use of the EC pill. The objective of the project was to develop a model for disseminating information about Emergency Contraception (EC) among the young population through the mass media (radio, press and internet) in five states of the Mexican Republic (Queretaro, Guanajuato, Aguascalientes, Jalisco and Federal District). A life skills approach was used for the development of this model. Life skills are those skills which help you to face difficulties in your daily life (OMS, 1993). Some of those skills are: communication skills, making decisions and solving-problems skills, planning and organization skills, etc. A diagnosis questionnaire was developed to identify the radio stations and preferred schedules, as well as the magazines that the target population reads the most. These mass media were contacted and invited to participate in an 8-hour

training. 89 radio speakers and university radio announcers were training through a workshop about EC information and life skills. Those who received the training would disseminate the information in their radio stations and universities. Besides, 20 radio programs were carried out for the EC information, specifically. In press, 14 articles about the correct use and general information of EC pills were published in some of the most popular magazines in Mexico. Pamphlets, CD-carriers, cards and a manual were designed in order to provide a tool that would facilitate the dissemination of information. A web page was designed based on the results of the questionnaires with respect to the information that the young people have about the EC pills and a review of the existing web pages about this method. The web page was promoted through the articles in the written publications, radio programs, chat, conferences and fairs in which we participated. It was also promoted in the work places of the trained people and through informational materials (pamphlets, manuals, CD carriers, cards). The accomplishments of the model depended of the strategy: through radio, 50,000 people, proxi; through press, 500,000 readers; through promotional material, it was distributed 6000 pamphlets, 3000 CD carriers, 400 cards, 120 posters and 130 mouse pads; through direct training, 89 journalists, 45 health teachers and promoters, and 1,500 youngsters.

2405 Fertility Following Spinal Cord Injury: A Systematic Review.

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ABSTRACT (292 words) **Objectives:** To systematically review fertility of persons with spinal cord injuries (SCI) and their partners. **Methods:** Reports from 6 databases (1996 to 2003), annual proceedings from ten groups (1997 to 2002) and information from manufacturers were screened against eligibility criteria (report characteristics, study design, population, and participant dropouts and withdrawals reporting). Searches covered obstetrical issues for females, and the efficacy (success, and sperm quality) of vibration and electroejaculation for males, as well as advanced fertility treatments for partners of SCI males. Data were pooled from case series reports on SCI males' ejaculation, and pregnancies and live births for partners of SCI males. **Results:** 2,128 unique reports were evaluated against the eligibility criteria, of which 66 reports were included. No studies investigated fertility in SCI females. Male ejaculation interventions in the last decade resulted in response rates of 95% '95% C.I. 91%, 99%', with 100% response rate reported in several recent publications. Thirteen recent studies (1993 to 2001) yielded pregnancy rates of 51% '95% C.I. 42%, 60%' in partners of SCI males. Eleven recent studies (1993-2003) yielded live birth rates of 41% (95% C.I. 33%, 49%). **Conclusions:** Fertility of SCI males is relatively extensively studied. Semen for fertility purposes can generally be obtained using vibration and electroejaculation. Advanced fertility techniques are increasing pregnancy rates for partners of SCI males. Research is needed to improve sperm quality of SCI males. Freezing of sperm is unlikely to significantly improve fertility rates. Fertility of SCI females is addressed only in case reports and opinion articles. The opinion that female fertility is unaffected by SCI should be further investigated using appropriate research methodology. **Sponsorship:** This study was commissioned by the Agency for Healthcare Research and Quality, U.S.

2406 Becoming a Father.

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Introduction :In the way leading to fatherhood, men have to go through a developmental identity crisis (H. Osofsky, 1982). For some of them it brings about wicked changes in their sexual representations and behaviours. A second pregnancy will even further exacerbate previous unresolved conflicts. Objectives : This research comparing Brazilian and French samples, stands against general assumption that sexual male behaviour during pregnancy and after birth is totally dependent upon the female's state of mind. Here we take into account that men's fears, developmental conflicts, concerns and overall emotional state concerning childbirth may alter their sexual drives in this specific period of their life Results : Following a longitudinal protocol, men are interviewed twice: during the third trimester of pregnancy, and around the first year after birth. The decrease in desire and responsiveness, as well as in sexual intercourse frequency is analysed from Stoller's viewpoint (1976) of specific male gender identity anxieties. Conclusion : Comparing Brazilian and French samples of fathers shows that male anxieties are similar in both cultures.

2407 Sexual practice and right of reproductivity of men of the Henequenera zone of Yucatan.

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Introduction: In this job we present the results of a field project "politics in sexual reproduction health in the henequenera zone of Yucatan". The Masculinity and the risk are two essential components of having to be assigned to men socially. The rites of initiation and affirmation of the gender are present throughout their process of development and includes diverse scopes of the daily life. Also, it affects practices of risk to the health, within which the exercise of the sexuality is an excellent aspect as much for the procreation, in the transmission of infections, like in problem constructing satisfactory and pleasant sexual relations, separated from conception, subject of which the present proposal will be presented. Material and Methods: Transversal, descriptive study, by means of structured questionnaire. The sample was calculated by means of the method of proportional size the population, in the totality of municipalities of the henequenera zone, with a total of 500 applied questionnaires to men between 15 and 59 years. Results: In the zone of study was as much the recurrence to prostitution for beginning, as in later stages. Not yet they have dissociated reproduction of exercise of the sexuality and prevail risk practices. The first sexual experience is not protected and life as couple does not initiate with contraceptive protection, it is until the second or third son that is planned. An great number of men is floating population, which increases the risk of STDs. No relevant impacts are seen by the policies of the sector of health, since the conditions to the rights of reproduction are not offered. Conclusions: The reproductive rights for men are not a reality and exists a great breach that the

sector health has not reduced significantly.

2501 The pill for men: an attitude research of 371 Flemish man and women.

* Alfons Vansteenwegen and M. Delplace. Institute of Family and Sexuality Studies, Belgium.

Introduction and objectives What is the attitude of people towards the contraceptive pill for males? **Design, methods and results** With a questionnaire 371 Flemish men and women were inquired about their attitude towards the future male contraceptive pill. 27,5 % of the respondents claim to make use of the male hormonal pill in the future, 33,8% claim not to do that. The largest group 38,7 % chooses for the alternative 'maybe'. There were no significant differences found by gender and age group. Lower educated people have a more positive attitude towards the male pill than higher educated people. The attitude of the partner influences the own attitude towards the pill. Respondents who have a downright opinion about the delivery method of the male pill have a more positive attitude towards it. **Conclusions** It seems that people have mixed feelings about a contraceptive pill for men.

2502 Gender, Subjectivity and Daily Life.

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Gender, subjectivity and daily life are three categories which allow the analysis of women's sexual problems both in all concerning sexual health, and in the most individual and subjective aspects such as sexual pleasure. The paper describes an operationalization of variables for the study of sexual problems of women, and some results on the impact of gender, subjectivity and daily life in the enjoyment of women's sexuality. The operative conceptualization for researchers in the field of sexuality is also presented.

2503 We women rebuild our ideas of gender.

* Amelia I. del Sueldo Padilla. Amelia I. del Sueldo Padilla, Argentina.

INTRODUCTION AND OBJECTIVES: Overcrowded huts with impoverished people determines the proliferation of families with unwanted children and homes with one parent, generally the mother. We want to show the people how to face their drawbacks (poverty and ignorance) and unequal relationships. Nowadays human behavior theories have opened new perspectives in human life and learning, together is indispensable for the evolution of people and the problematic of women who from infancy incorporate values and models of behavior produces insecurity, dependence and low self esteem so we have to produce the necessary changes to get more personal freedom, access to formal education and acquire the capacity of taking the right decisions to have a least unfair community with members with equal opportunities and shared responsibilities. Our objectives to reach these goals are: To offer formative experience in preparation for life, seen as an objective of auto-sufficiency to stimulate a creative capacity in the solution of problems with a responsible outlook. **MATERIALS AND METHOD:** Women between the ages of 15-45 years old, with children are the recipients of this program. We worked with an

audience of about four hundred people. A preliminary exposition led to a creative workshop and a final evaluation. A video shows the different instances of what we did during the forums. RESULTS: We saw the poor insertion of these women in the field of work, the low level of education, early motherhood, the multiple births, together with domestic violence. The possibility of enabling them to overcome these problems by the means of meetings and courses about responsible parenthood Early pregnancy and sexual health were the most popular topics these attendant women wanted to discuss and learn about and wished being educated with equity for both sexes. CONCLUSIONS: The problematic of women and the specific behavior of their gender produces insecurity, and dependence. The differences between the sexes are the essence of human beings, furthermore the social division of sexes implies factors that limit personal freedom and access to knowledge with the consequence of a frustrated liberty of thought and the capacity of taking decisions.

2504 Student's Experiences of Sexuality: A Cross-cultural Study between Belgium and South Africa.

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This cross-cultural study investigated how students from a Belgian university (n=2608) and a South African university (n=1081) perceive and experience sexuality. The study attempts to look at the differences that exist between these two populations in terms of longing for physical contact (hugging, caressing), longing for sexual contact with your partner, the manner in which a steady relationship is necessary for sexual contact, the degree to which sexual contact is enjoyed, how often sexual intercourse takes place and the level of satisfaction regarding to one's sexual life. An exploratory research design was employed for this research. The Maudsley Marital Questionnaire (MMQ) was employed in this research. The study shows that 65% of the Belgians and 47% South Africans thought that a steady relationship was necessary for sexual contact. Results revealed that there was a significant difference between the two groups, 39% South African students and 8% Belgian students do not think that a steady relationship with one partner is necessary for sexual contact. Findings indicated that 68% of the South African students in compared to 40% of the Belgian students seems to be satisfied with their sexuality. Less than 20% of the total student population indicated that they are not satisfied with their sexuality. However 48% of Belgians indicated to have sexual intercourse at least once or three times a week whereas only 18% South Africans indicated so. Fifty four percent of the South Africans and 28% of the Belgians indicated not to be sexual active at all. Different sexual experiences were demonstrated for men and women.

2505 Prevalence of HIV infection and sexual practices in a group of family planning female users in Yucatan, Mexico.

* Ligia Vera-Gamboa¹, Renán A Gongora-Biachi¹, Norma Pavia-Ruz¹, Manuel Flotallara², Dora Lara-Perera¹ and Ligia Alonzo-Salomon¹. ¹Universidad Autónoma de Yucatán. Centro de Investigaciones Regionales Dr. Hideyo Noguchi., Mexico; ²Servicios de salud de Yucatán. Centro Materno-Infantil, Mexico.

Introduction.- In Yucatan, Mexico, the sexual route is the main mechanism of HIV transmission, and women constitute a group of AIDS cases with a slow but continuous growth. Nevertheless, neither their type of sexual practices nor their knowledge about AIDS are known. Objective.- To know the sexual practices and knowledge about AIDS in a group of family planning female users in Merida, Yucatan, Mexico. Method.- A descriptive study was carried out from November 2004 to February 2005. A socio-epidemiologic survey (sociodemographic characteristics, sexual practices and knowledge about AIDS) was fulfilled in one hundred women. Additionally, an antibody against HIV (Ab-HIV) test was performed in willing participants of this group. Results.- The mean age of respondents was 25 years (range 18-44). Most of the women were housewives and 82% of these women had a stable partner. The mean number of sexual partners was one. Only 12% used inconsistently the condom as a family planning method. 20% of them presented tattoos, and 10% had been users of non injectable drugs. Also, 10% of them has had previous STD and 11% mentioned cervical ulcer. Sexual practices: 18% of them had intercourse during menstruation, 28% practiced anal sex and 46% oral sex. About knowledge of AIDS only 21% of women had enough knowledge and 36% had known three preventive measures (sexual abstinence, fidelity and use of condom). The prevalence of Ab-HIV was null. Conclusion.- Although none of the women were positive to HIV test, risk factors to HIV infection were found. Due to this, the development of preventive and gender perspective-based programmes for the HIV / AIDS for the female population of Yucatan, Mexico are urgently needed.

2506 There is a general neural network for processing stimuli known to elicit sexual arousal, disgust or amusement.

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INTRODUCTION: The neural underpinnings of human emotion have been attracting increasing interest in recent years. An important question regarding this issue is whether or not there exists a general neural network involved in processing emotional stimuli across all emotions. METHODS AND RESULTS: Brain activation differentials were obtained by comparing validated visual dynamic stimuli shown to elicit amusement, disgust, or sexual arousal with controlled neutral stimuli. Here we show, using functional magnetic resonance imaging (fMRI) and a conjunction analysis, that these dynamic visual stimuli produce a significantly increased bilateral activation of the same widely distributed neural network for both men and women. The neural network found to be activated by subsequently implementing a conjunction analysis between emotion and gender, comprises most limbic and some paralimbic areas and includes areas considered involved in motivational drives, attention, and subjective feeling states. CONCLUSION: Finding a distributed common pattern of activation as induced by such a wide range of emotional stimuli strongly suggests the existence, at least for the visual modality, of a general neural network that is preferentially activated when one is processing emotional dynamic stimuli. Furthermore, these results suggest that most brain imaging findings reported to date and pertaining to the characterization of the neural

network involved in processing sexual stimuli are not specific to such stimuli.

2507 Sexuality and Adolescence: Fatherhood and Motherhood on the Spot.

*Luiz Carlos Castello Branco Rena. Pontificia Universidade Católica de Minas Gerais - department: Psicologia, Brasil.

The data shown and analyzed hereby are the results of an action-research that took place between the years 1992 and 1995, in the Brazilian Midwest. This project complies a survey type research that used a self applied questionnaire, in a sample of 1297 male and female teenagers, within an age rent of 10 to 19 years. They were distributed in three different socioeconomic levels. The other relevant dimension of this project — the intervention — is revealed through the use of group work as a pedagogical resource. In Social Construcionism perspective, human sexuality is understood as a social construction where the concepts of femininity and masculinity are built. This building happens in an individual plan but implies, also, the permanent negotiation effort between the person and his-her society's culture. In this work we present qualitative and quantitative data related to teenage fatherhood and motherhood. The quantitative data emerged from statistical treatment — simple answers frequency. The questions analyzed were those directly related to fatherhood and motherhood. The qualitative data rose out from the group work number 5 production's discourse analysis. This group work used the same thematic — fatherhood and motherhood and the participant teenagers (male and female) had an age variation between 13 to 19 years old.

2508 Risk Perception for HIV/AIDS in a Group of Indigenous Maya Speaking Females in Yucatan, Mexico.

*Ligia Vera-Gamboa and Minerva Velazquez-Garcia. Universidad Autonoma de Yucatán. Centro de Investigaciones Regionales dr. Hideyo Noguchi, Mexico.

Regarding the HIV / Aids epidemics in Yucatan, Mexico, Females have increased their participations in a gradual but sustained way. In spite of that no specific campaigns for them have been implemented and much less directed to indigenous maya-speaking females. The purpose of the research was to explore the risk perception regarding HIV / Aids in a group of indigenous, maya-speaking females in fertile ages. This was a qualitative exploratory study done in February 2004. By means of a bilingual translator and key informant (Maya-Spanish) females of two indigenous communities were invited to participate in focus groups; thus 48 females participated. We explore risk perception, knowledge regarding HIV / Aids and preventive measures. The results were that the great majority of the participants had scarce knowledge on HIV / Aids, although two thirds mentioned that it was acquired by means of sexual intercourse. There are erroneous beliefs related to the transmission mechanisms. Interestingly regarding their sexual life, they referred mainly to their sexual partner with an implicit acceptance of the extra couple sexual activity of the partner. Although the majority considered that they are in risk of being infected with HIV, they mentioned as a preventive measure to have only one sexual partner, even though some expressed that they could be in risk since they have to do what the husband requests since they can not say no. They recognized the

use of condom as a preventive measure but they do not use it since it is not well accepted by their partners. Among conclusions are that the majority of females in this group perceived the risk of HIV infection, but do not undertake adequate preventive measures apparently due to socio-cultural aspects as well as gender stereotypes. It is thus imperative to undertake preventive strategies from a gender perspective directed for indigenous females in their own language and cultural context, specially considering that Yucatan is, at a national level the third state regarding incidence rates of Aids cases.

2601 Nature and culture in transvestitism and transsexualism.

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An analysis of literature and scientific data has been done to clarify the relationship between transvestitism and transsexualism. The incidence of both syndromes as well as male versus female ratios has been examined. The biological and cultural factors in aetiology are analyzed. Differential diagnosis has been pointed out and the sought of psychological intervention has been considered to underline specific patterns. Being transsexualism and transvestitism separate entities with similar psychological problems, methods of counseling for each syndrome are proposed.

2602 Successful Workplace Trainings on Homosexuality and Transsexuality.

This presentation highlights a very successful model used in corporate settings in which employees learn to respond professionally to gay and transgender workplace issues. Brian McNaught is a certified sexuality educator who has been engaged in public education about sexual orientation for thirty years. Today, his principle clients are Wall Street firms in New York and London which he assists in their goals of attracting and retaining the best and brightest employees. His two-hour presentation enables the participants, mostly managers and other executives, to understand and address their discomfort with the topic, recognize the problems, experience first hand the challenges faced by gay and transgender people in the workplace, and learn language and skills to enhance their abilities to respond effectively. Named the "godfather of gay sensitivity training" by the New York Times, Brian is the author of three watershed books on gay issues, and is featured in five video presentations, three of which have aired regularly on PBS affiliates. His newest book, "Sex Camp" provides guidelines for conducting trainings in the workplace, as well as covers a variety of topics in human sexuality, including values, lifestyles, orientation, gender identity, intimacy, abuse, aging, and disability.

2603 Experience of Redesign Schedule with Considered Gender Identity Disorder in Recruited Physical Examination.

*Hsiu-Mei Lin. Shu-Te University department: Graduate School of Human Sexology, TAIWAN.

The military service adopts conscription for the enlisted men. In the constitution

of Taiwan, it cites that for a citizen who is eighteen years old, then he is obligated to serve in the military. For these years, for the purpose of keeping the quality of Armed Forces, the military standards for the physical examination have been very strict by excluding those who have the records of clinical and psychological diseases to join the military. The purpose of this case study was to explore the experiences of handling for the gender identity disorder patient in the field of physical examination. Through the participation, we may reconsider the personal interest and privacy in physical examination practice. The special items including chest X-ray examination, electrocardiogram and gender organ examination must be cared particularly. The experiences of design and proceeding of physical examination schedule may help people who attend the annual recruited physical examination as a reference.

2604 International Research on Transsexuals - 2004-2006.

*Cathy A. Pittman. University of Calgary, Canada.

International Research on Transsexuals - 2004-2006. The contemporary emergence of transgendered members in our society has evidenced the natural variation and diversity found in human sexuality and has challenged our traditional concepts of sexual dimorphism. Transsexuals are individuals who experience discontent with their assigned gender and desire to have the body and live as a member of the opposite gender. They are considered to be the most frequently targeted minority for social persecution and thus, tend to struggle with the serious psychological and emotional consequences of their gender dysphoria behind closed doors. Rejection, isolation, and self-doubt negatively affect self-concept and body image. Interventions have ranged from psychotherapy to more medically-based, and sometimes more invasive, procedures (e.g., cross-gender hormone therapy, electrolysis, trachea shave, brow / facial reconstruction, sexual reassignment surgeries - SRS), presenting transsexuals with varying degrees of risk. The most consistent finding with regard to psychosocial outcome however is that improvement occurs in approximately 67 to 90% of post-operative transsexuals. The objective of this current research is to determine if the reported successes or improvements following treatment are reflections of true underlying changes in self-concept and body image. This Doctoral research which started July, 2004, will make an original contribution to knowledge in this area because of the design of the study, the use of a multimodal assessment method, and the scope of the study (international). The study is of a longitudinal design employing pre- and post-tests. Measures will be taken both prior to and after identified medical or non-medical interventions typically offered to those transgendered individuals in the process of transitioning. The multimodal assessment method includes the use of two standardized instruments, one projective instrument, one objective measure, and one subjective response report. Some mental health professionals (e.g., psychologists) from Canada, Ireland, and the United States are already working in collaboration with this researcher. The poster presentation focuses on making other mental health professionals working with transsexuals aware of this research effort, provides further information, and encourages them to consider participating through collaboration.

2605 Sexuality and communicational culture: a qualitative vision from university backgrounds.

*Ingrid R. Turipe. Universidad de Oriente, Venezuela.

This research had as purpose to know the transformations of the ethic-erotic dimension which proceed from the discursive referents generated at the university backgrounds. Also, it inquired about the ethic of the communication and information Technologists in the knowledge diffusion of sexuality. The methodological process was based on the focusing of the qualitative research with emphasis on the social constructionism, establishing as epistemological plan the relationship between the investigator and the investigated, which was interactionally made in a natural and direct way. Therefore was adopted a hermeneutical position for the knowledge apprehension relative to the different aspects about sexuality and communicational culture through the university actors' intersubjective action at their diverse environments both their job ones and their friendly intimacy home. From the previous interpretation and reconstruction of the narratives given by the interviewed people arose categories related to holistic sexuality, emphasizing the meeting of me with you: gender identity; sexual ethic and teaching backgrounds for sexuality. Finally, the findings are situated in a sexual dimension with an integrator sense of all human activity where participate aspects such as identity, responsibility, communication and the social and academic life. the erotic pleasure and affective communication also resulted being essential functions for sexuality that must be recovered like positive ethic values. Besides, antagonistic tendencies arose in relation to Communication and Information Technologists which are liable to be utilized as learning tools in sexological knowledge diffusion. on the other hand, they are inclined to cause risk situations on youth related with paraphilias, stereotypes and sexual myths.

2606 Characteristics of brain activity in GID people.

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We studied bioelectrical brain activity in subjects of different gender: male, female, MtF and FtM. Our aim was to verify if brain activity related to standardized visual stimuli (positive, negative and neutral slides) was similar in these groups. We examined 40 subjects, 10 in each group (male, female, MtF, FtM). We registered all the subjects' brain mapping during the presentation of each set of slides, using a special cap and a 32 channel Siryus P.C. A following statistical analysis showed a significant difference between MtF and male subjects and between FtM and female subjects. Even MtF and FtM were different from each other. In conclusion this pilot study (despite the small number of subjects) confirms that GID subjects' brain activity is similar to the activity of the control groups of the opposite biological sex.

2607 Gender aspects of psychological defences of adolescents.

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Psychological defence is the system of stabilization of personality preventing self-conception from negative emotional experience based on inner and outer conflicts, anxiety and discomfort. Inner and outer conflicts and changes of self-conception may become crucial in the crisis periods of juvenile development. Juvenile crisis periods are accompanied by both inner (physical) changes and changes in psychological perception of the outer (social) situation. The crisis periods may be compared with the stages of psychosexual development of adolescents. Purpose of the research is exploration of gender aspects of psychological defences of adolescents. Object of the research is thirty boys and twenty one girls 11 years of age and twenty nine boys and twenty three girls 14 years of age. Method used for the research is the modified Life Style Index (Plutchik R., Kellerman H., Conte H.R.). The obtained results have displayed gender and age peculiarities in psychological defences. Unlike the boys, the girls more often employ projection, regression, reactive formation. The older boys apply displacement rather than compensation and reactive forming the use of which is characteristic of the girls. Having established the gender differences, the achieved results pave the way to further investigation with profound approach in studying the psychological defences at different stages of gender identity formation. Theoretically, there exists the correlation between the mechanisms of psychological defence and gender identity as the self-conception components are developing during the process of the adolescent socialization. (E.Ericson, H.Marcus). The problem of interaction between mechanisms of psychological defences and gender identity during the adolescent self-conception formation has become the subject of empirical research for the first time. So from now on it is possible to assume that psychological defence mechanisms can be widely used for stabilization of the self-conception in the crisis periods of gender identity development.

2608 Rorschach Characteristics in G.I.D. Subjects.

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Introduction and objectives. G.I.D is a syndrome inserted in a specific section of DSM-IV. It represents the most serious form of gender identity related disorders. Until today G.I.D. is an unknown etiology syndrome and points out some basic diagnostic and therapeutic problems to the operators. The aim of the paper is to investigate the level and nature of possible psychopathological signs, at Rorschach test, associated with Gender Identity Disorder condition comparing with data coming from scientific literature. Main Body /Results This paper intends to analyze 12 Rorschach protocols provided with Exner Rorschach Comprehensive System method to Gender Identity Disorder subjects requesting Gender Reassignment Surgery followed by the Consultorio di Sessuologia in Mauriziano Umberto I Hospital and Ce.R.Ne. in Turin, Italy. The sample is composed of 12 Rorschach protocols We will analyse in particular the following variables: Connection with Reality (Cognitive Mediation, Popular responses, Critical Special Score), Interpersonal Relationship (Human Contents, Human Movements, Texture), Depression Index (DEPI and number of Morbids) and

affective area. Conclusions: To sum up firstly authors will show findings about transsexual maintenance of a characteristic relationship with reality that we have formulated in terms of indices to be identified during Rorschach testing. Secondly findings will be discussed in order to understand what Rorschach test assessments can suggest about the connection of self image and psychopathology and the development of transsexualism.

2701 Influence of Stress of Acculturation on Homosexual Immigrants.

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A migrant is an individual who changes a place of residence for any purpose or for any period of time. Cultural differences between their original place of residence and the new place may be minimal or extreme, and may include religious, linguistic, SEXUAL ORIENTATION, and social differences. Migrants can be classified according to their reason for migration, the duration of migration or the mobility of migration. The duration of relocation, voluntary nature of migration and socio-demographic features (such as students or diplomats) may be important in understanding the impact of migration on an individual psychological functioning. ACCULTURATION is a cultural change, initiated by two or more cultural systems, whereby an individual selectively adopts cultural values from another culture (which tends to be dominant). In understanding the process of acculturation, various components have to be taken into account. These include identification, and cultural, structural, marital, civic, and receptional (prejudice or not prejudice) behaviour. Objective: To examine the probable factors of stress psycho-social in a small group of homosexual immigrants resident in Granada (South of Spain. 250.000 inhabitants). We interview 8 immigrants (7 males and 1 women), with ages between 18 and 28 years, and with less than 5 years of residence in Spain. We did constructed and standardized interviews (in spanish and in french) to all the participants in the group with questions related on the impact of your double condition (immigrant and homosexual) in the set of the spanish society. We asked on the perception of Hostility / Friendship inside the homosexual community of the city and your affectation on the labour or student role and the social relations, in general. Results: We find moderate levels of stress perceived as symptoms of Anxiety in the majority of subjects (Hamilton Anxiety Rating Scale). Perception of Social Rejection and Hostility in four (4) subjects: 3 males from Morroco and 1 man of Colombia (depending of culture of origin and for your gay/lesbian condition). Conclusions: The discrimination for the Sexual Orientation can be a factor of additional stress in the immigrant homosexual. We defend the idea of to promote a state of mental and social health for all the persons, independently from your origin or your sexual orientation.

2801 Case report of factitious disorders: peri-anal ulceration.

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Self-produced symptoms and a chronic course, sometimes with severe

complications characterize factitious disorders. We are reporting a pathomimia case as an extended peri-anal ulceration. It concerns a 53 years old, married woman without children, hospitalized in the dermatological service for peri-anal ulcerated layers progressing for more than one month. The clinical examination found a large painless ulceration, 10 centimeters of diameter, with clear limits, in the anal canal perimeter, extended in intra-vaginal. The patient had a complementary check up: rectoscopy was normal, biopsy showed a nonspecific chronic inflammatory aspect, bacteriological removal, procto- parasitological exam of feces, serology of syphilis and HIV was negative, tuberculosis intradermo-reaction was at 6mm. The radiological check up did not show any abnormality. The diagnosis of pathomimia had been short-listed. The patient had been seen twice in the psychiatric service. A psychotherapy follow-up was considered but the patient vanished. She continued consulting the dermatological service. After six months of symptomatic treatment, the lesion had almost disappeared. This clinical case is interesting considering the unusual localization and the extension of the lesion. It shows the difficulty of psychiatric follow up. Patients are not able to accept the psychiatric side of this pathology. The recurrence is highly expected.

2802 Psychological intervention program for the stress handling and the sexuality enrichment.

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A program is presented to manage the stress and to enrich the sexuality. The Program considers the following essential aspects: the relationship among psychic and corporal aspects, the use gives corporal therapies, the group like fundamental road for the treatment, the personalized focus and the importance gives the sexuality enrichment. It is necessary the use gives diverse corporal therapy modalities. It is considered the experience and the reflection like departure points for the changes that should take place. The Hatha yoga like fundamental therapeutic modality is included. The yoga, the massages, the finger pressure for the sexuality it allows the individual to be known, to develop unknown sensations until that moment and to enlarge their potentialities. The Program has three treatment weeks. It has twelve sessions with objectives and specific contents in each one of them. It is a progressive treatment due to their objectives and because every day the patient learns something new. It is also a progressive treatment because the body should not be forced for what it is not prepared. Before the pain and the nuisances are not carried out the techniques and it is emphasized in the search pleasant and pleasant sensations.

2803 Sex and Osteoporosis.

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Background: Sexuality is the condition of being characterized and distinguished by sex and sex is the condition or character of being female or male; the physiological, functional, psychological differences that distinguish female and male. Usually, in common use, sex means internal and external genitals but is that and more, and not only reproductive organs and functions, sexual

intercourse and sexual arousing. Sexual glands are testis and ovary controlled by brain through hypothalamus and hypophysis, and that with other glands control bone and body development, sexual hormones are bone antiresorptives. In postmenopausal women the sexual hormones fail and women become osteoporotic along spanlife left. Statement of purpose: determining if teriparatide is right or wrong to postmenopausal osteoporosis. Statement of method: we have performed a review in a worldwide basis and in our experience on drugs increasing bone mass. Summary of results: Treatment with teriparatide is recommended during only 18 months. The first approved agent that stimulates new bone formation was the sodium fluoride. There are a lot of studies ongoing. It is necessary to perform studies knowing the calcium metabolism, intake and loss, vitamine D and hormone D metabolism. The failure of sodium fluoride was due to do not give well the calcium. The HRT was in the summit but studies which have biases sank HRT without logical rationale. Equine oestrogens are not from women but from mares, progesterone is not medroxyprogesterone acetate. Femininity and maternity woman sex hormones are from woman. The National Institute for Clinical Excellence (NICE) recommended bisphosphonate as options for the secondary prevention of osteoporotic fracturesn in women. NICE was lukewarm about recombinant product teriparatide which can follow up the track of sodium fluoride. Conclusions: It is essential to conduct and have more goes on teriparatide and sexual keep of bones, whiches, before menopause, also are cotrolled, by oestrogens, femininity sex hormones.

2901 Beauty and Human Sexuality.

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Beauty..Beauty is a very abstract concept. Who indicates what is beautiful.. Media predisposed us when presenting a woman with a face without expression lines or a thin man with his abdominal area very accented. This concept becomes a mystery that is not very defined. Many human beings understand that to be valuable, important, gorgeous, attractive, *sexy* and desirable they may possess these characteristics. To be able to identify with the stereotype of *beauty*, and become wanted many people decide to do different plastic surgery. Many esthetic surgeries performed are carried out only with the purpose of improving the physical appearance of healthy people. But, to what risks and dangers to their health people are exposed in order to enhance their physical aspect? Many of these surgeries bring up consequences such as internal damages to the human body including scars not wanted which may influence in the person's self-esteem affecting their sexuality in a negative way. The media has also created the idea that looking attractive is necessary to stay young. Aging does not mean that we do not feel attractive and desirable, because if we take care of our body we can have a very satisfactory and pleasant sexual life. To enjoy a sexual life it is not a requirement to possess a sculptural figure, neither a perfect face. The key is to feel comfortable and secure loving yourself, then others can like you or even love you. Beauty consultants, have learned that when people take care of themselves they feel better and express a higher self-esteem. That is why, beauty consultants are health promoters. But, what price do they sale image? Sometimes, in order to receive better commission, they lie to their costumers.

We should make a balance between self-esteem and what the body really needs. We have to love our body to feel attractive, *sexy* and desirable. Taking care of you may be contributed to a healthy sexual life. Beauty consultant may become an important role in the society when they are working together with health and including the sexual aspect of life.

2902 Sexualidadonline.com, Sexual education and health portal for Mexico and Latin America.

Belinda Hernandez ¹, Oralia Llanes ¹, *Santa Ortega ² and Carlos Ramirez ². ¹Sexologia Educativa Integral A.C., Mexico; ²Grupo de Estudios Avanzados en Psicología, Sexología y Ciencias Sociales, Mexico.

Sexualidadonline was born as a journalism project for the diffusion of human sexuality themes in a digital format, out of the realization that sex is the most sought out word in the Internet. Internet advantages: low production cost, presence all year long and anonymity when researching for information or asking a question to the sexologist, an important feature considering the fact that most people in our Mexican culture consider a problem talking openly about sexual matters. The web page was launch on July of 2003, with support from the Nuevo Leon Aids Prevention State Counsel. We have received valuable collaborations from important Mexican sexologists, as well as from a large number of journalists and plastic artists who have offered their knowledge freely in collaborating with a gender perspective project oriented to support sexual health. After more than a year we have registered close to thirty five thousand visits and have crossed not only the state boundaries, but also the international ones. At the moment, we receive visits from the entire Mexican Republic and from other Spanish speaking countries like Chile, Venezuela, Paraguay, Bolivia, Argentina, countries that lack from sexual education programs too.

Sexualidadonline.com counts with more than a hundred articles about the physical, psychological and social aspects of the human sexuality. It also includes a data base, links to other associations that help people with Aids, scientific investigations, regular columns like Pregunta al sexolog@ y Espacio VIH-TAL - Ask the sexologist and Vital Space- and a couple of special publications, one oriented to younger people and the other to women. This space, formed by the committed work of a large number of professionals, is part of an important effort to display human sexuality in all its dimensions, recognizing in every user his right to access a myth-free sexual education.

2903 Communication products. An approach to their incidence on education and sexual health of the population.

*Maria Teresa M. Diaz. María Teresa Díaz, Cuba.

Introduction and objectives Sexuality is one of the aspects closely related to the human development, therefore showing, presenting, explaining, and sustaining it through certain communicative codes is also an alternative option and a smart way to offer as a contribution healthier life tools and styles that would exert certain influences on the population. Main Body Communication practice in Cuba has been enriched considerably through new contributions which have tried to create important discursive spaces where the main actions are focused on

the generation and production of information on diverse topics about sexuality. It would be indispensable to refer to the systematic and scientific reflection of sexuality within the modern times we are living in today. This will be the only way to achieve a serious consciousness of its importance as a growing and developing factor. For more than three decades the National Center for Sex Education, by using different codes and means of communication, has offered audiovisual programs that have been inserted in the national media, books, web sites; we also have a specialized magazine on sexology, as well as printed materials, CDs, among others. All of them with the objective of promoting a balanced image of the diversity of life options and the contributions that each of these options can offer to society. Conclusions This presentation aims to show how the growing number of research in the field of social communication (projects on the media, studies on reception and impact, message structure) and the knowledge of information needs and preferences of topics by the population have opened an important space for showing communication products whose messages rest upon the main demands of the different kinds of audiences.

3001 Sexologie, Eglise face au VIH/SIDA.

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The Church in fight against the HIV / AIDS in the Central African Republic - Bangui. The case of women in Central African Republic is always a major issue in the decision making of politicians, organizations, non-government organizations, individual organizations and various Associations whose objectives are all geared towards poverty especial HIV / AIDS. The Church on the other hand does not keep the order of Jesus Christ to us when he said: Go and preach the GOOD NEWS , heal the sick, raise the dead, clean the lepers and cast out demons. This problem exist with the Centrafrican women and young girls who are selling themselves in public restaurants and hotels in order to get some money for their living as the result of poverty in this country. This practices of Centrafrican women are against the will of God as a result their in the infection and transmissions of the HIV / AIDS and other sexual transmitted disease among the young girls and women in Central Africa which number now about 12 to 25 percent. These situations has pushed some of the Central African pastors to create a non-governmental Organization named "Christian Mission information and the delivrance of AIDS", or in French " Mission Chrétienne d'information et de la Delivrance du SIDA (MICIDS). Its purpose is: Inform, Educat, and Advise all the church leaders and members so that the information can be spreaded all over the country because the church is the only place which gathered all family members, ethnic groups and clans and its messages are easily and quickly passed and understood. –Casting out demons : The HIV / AIDS contains the demons and it is these demons that block all the objects of global reseach. –Training of information officers: Mobilize, organize and train all Church leaders, members including young people to fight against this disease. –Creat a United medical centre for helping the affected persons. –Creat some small business centres that will keep young people busy thus fight against poverty which is one of the elements that promote AIDS. –Reduce the social impact to the infection of HIV / AIDS. –Organising crussades and public enlightenment meetings to inform people

from time to time of the danger of this disease. –Prayer for deliverance is our main objectives to be achieved. –Education and information through mass-media. MESSAGE: The HIV / AIDS is well known today to be one of the most dangerous disease that is killing the people of God. The Christian Mission and the deliverance of HIV / AIDS would like to call to the attention of all the leaders of the Churches in Central Africa to unite and ask the Creator who is the first and most powerful medicine of all so as to deliver us from this deadly disease. We ask the Churches to co-operate and organize all brother and sisters in the Lord to fight this war. Pastor Mandandako Apollinaire

3002 Réglementation du travail des professionnels de sexe en République Centrafricaine.

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Introduction/ La République Centrafricaine peuplée de 3 500 000 Hts est le 10^e pays le plus touché parmi les pays les moins avancés au monde .ET le 1^{er} pays d'Afrique Centrale .source CNLS/RCA. Les professionnels du sexe existent mais ne sont pas organisés légalement .Après une association des filles libres . La présente affiche a pour but d'aider les professionnels de sexe à se regrouper et être reconnus. OBJECTIF: Repertorier les textes existants en la matière. Créer des nouveaux textes Identifier et regrouper les profeso -sexe Créer un cadre de partenariat entre les profeso. les clients et les Juristes et médecins. METHODOLOGIE/ Ouvrir un répertoire des profeso. sexe et leurs clients Organiser des conférences débats et causeries débats sur la profession RESULTATS/ Les anciens textes réprimant le commerce de sexe seront revus Des études de comportement des professionnels de sexe seront étudiées ainsi que leurs clients. CONCLUSION: Les résultats des études seront publiés;malgré le problème de sexe qui demeure un tabou en Centrafrique. La plupart des profeso.sexe exerce leur profession dans la clandestinité. Ceci entraîne des conséquences graves : la contaminations des IST et autres maladies sexuelles. Un travail d'éducation sera faite dans ce milieu.

3003 Mobilization of the young people of central africa against the practice of the sexual commerce.

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INTRODUCTION:Bangui, Capital of the Central African Republic, landlocked country and poor with a total population of 3.500.000 habitants knows a recrudescence of the sexual trade today. It is generally exerted by the girls of 15-22 years. And is practised in places of distraction and on the avenue known as of martyrdoms. On this avenue the passers by are often badgered as in night club by these girls usually called Professionnelles with the sex. Décrier by the press private and on the national waves, the Central African Network of Youth for the Fight against the IST/SIDA organized a round of talk discusses on the causes and the misdeeds of the sexual trade with practising for: - to identify the causes of the sexual trade in Central African Republic (RCA) - to promote the correct port of

condoms - to direct these professional sexes towards a generating activity of income. STRATEGIES: - disguise of the organizers as users of the avenue and the night clubs; - making of contact with (p.s) - interpersonal communication enters the free users and girls; - identification of the causes of the sexual trade has through the talks debates - exposed misdeeds of the sexual trade - proposal of the solutions (exercise of a Generating Activity of income, council practises on the correct port of condoms, distribution of condoms etc.) - cooling offers; presentation of the identity of the organizers; - given from condoms is female or male. RESULTS: 4 principal causes of the sexual trade were identified - Poverty; irresponsibility of the parents; search easy money, and tagging along. - 107 girls were touched in the night clubs. 95 preferred to require sexual relations protected with their spouse (not preventive step of sexual relation) - 11 are changeable bus for them when one gives more money one can submit the report/ratio not protected; - 1 seems to be invulnerable because it always had not protected sexual relations but it never contracted STI; - 55 wish to have a financial support of the financial backers to carry on Generating Activities of Incomes. 30 prefer obstiner in the sexual trade. CONCLUSION: The activities undertaken by RECAJELS to which been able well to bear its fruits because we had noted an awakening on behalf of the free gir

3004 Busness and sexology.

*Gaston Kossimatchi. RECAPEV, Centrafrique.

INTRODUCTION In Central African Republic, where the rate of poverty is very high; the young people (girls) are tempted to exchange their sex against the money or an unspecified service. In certain medium what became almost normal and encouraged by the family. Thus the rate of séroprévalence MST HIV / AIDS in the young minors is higher in the African world (approximately 25 %).

DESCRIPTION Association Alarm clock Action Central Africa member of the RECAPEV. Congress National of Positive Girls undertook an activity of sensitizing in young medium and near the family associated with a training scheme with microphone-credit grants the girls (15 - 25 years) trained as a preliminary on the management of the microphone-credits and the promotion of the activity "S generating of incomes. LESSONS APPRISE / RESULTATS OBTAINED The creation of the Center of formation (IEC) of young people made it possible to recycle 50 girls in the commercial activities where the families take part well in the program. CONCLUSION AND RECOMMENDATION For eradicated sexual anarchistic vagrancy in medium young people (girls); one would need the implication of all the actors for the development, the official structures places from there for a better result. The initiative of the RECAPEV has through the RAC+ must be constant and requires a total reinforcement to reduce the risks sexual early. A strategy with the politico-socio-economic and cultural development.

3005 Sexual history of a sample of male sex workers in Spain.

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Introduction: In spite of the fact that there is little scientific information on male sex workers, some authors have put forward the idea that in their sexual history there is a greater degree of promiscuity in their sexual relations, an earlier commencement of sexual relations and a history of sexual abuse and violence; all of these factors may have contributed to their decision to engage in prostitution. Objective: Our objective is to contribute to the knowledge of that group of men who engage in prostitution by bringing forth further information about their sexual history. Method: A descriptive study was carried out with a Spanish sample of 40 male sex workers who advertised their services in the press (ages ranged between 20 and 29). They were individually given the Questionnaire on Male Prostitution by Ballester & Gil (1996). Results. The greatest proportion of the sex workers (50%) started to masturbate at 12-13 and had their first experience of sexual relations at 14-15 (40%). In 75% of the cases, this first experience was with a man and for 85% of the subjects it was a satisfactory experience. Regarding their sexual orientation, 60% of the sex workers consider themselves to be bisexual and 35% homosexual, in spite of the fact that 90% state that they sometimes have heterosexual fantasies. Sexual relations with a member of their family were reported by 35% of the subjects (in all cases this member of the family was either a male or female cousin, with the exception of 5% of cases where the member was a brother or sister). 45% of the sex workers reported that they had been victims of an act of sexual violence while 35% had suffered sexual abuse in their childhood or adolescence. 10% of the subjects admitted to forcing someone to have sex with them at some point. Conclusion: Some commonly held ideas about sex workers such as earlier commencement of sexual relations, are not confirmed by our study. Nonetheless, we have found evidence of a significant presence of sexual violence and sexual abuse in the sexual history of these young men.

3006 The sociodemographic profile of a sample of male sex workers in Spain.

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Introduction: Men who have sex for money with other men are subject to considerable physical and psychosocial risks including HIV infection, other STDs, sexual abuse, etc. Paradoxically, there is an enormous lack of knowledge about this group, explained in part by their marginalized condition and the mobile nature of male prostitution. Objective: Our objective is to bring forth information about the sociodemographic profile of a group of men sex workers in Spain. We analysed the situation only of sex-workers who advertise their services in the press. Method: A descriptive study has been carried out with 40 Spanish male sex workers (between the ages of 20 and 29). They were individually given the Questionnaire on Male Prostitution by Ballester & Gil (1996). Results: Of the total sample, 65% were between the ages of 20 and 23; 65% were white and 20% were students. 80% had had a stable partner, 55% had a stable partner at the moment of filling in the questionnaire; of these 50% stated that their partners knew about their sex-for-money activity. 25% were married. 25% indicated that their fathers

were very absent in their childhood. 65% stated that had left the parental home quite early. 5% had left home by the age of 10, 15% had done so between the ages of 14-15, while 20% had left by the age of eighteen. 25% recalled violence in the family setting. 40% had a poor opinion of their fathers while none reported such an opinion of their mothers. Only 25%-30% of the sex workers came from a low socio-economic status with limited education. Conclusion: The sociodemographic profile of sex workers in Spain is very heterogeneous. Even if we limit ourselves to studying those who advertise themselves in the press, there are significant differences in the social background of the subjects. Only about 20-30% of these young men speak of family circumstances that can be considered to have paved the way to their activity such as an absent father in childhood, leaving the parental home early, violence at home or coming from a low socio-economic background with a limited education.

3007 Male Sex Work in a Small US City: HIV Risk, Substance Use, & Mental Health.

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Introduction: Little research has described HIV risk behavior, substance use, and mental health in male commercial sex workers (MCSWs) based in rural U.S. regions. Thus, we used qualitative interviews to collect psychosocial and sexual behavior information from 30 MCSWs (aged 18-35, mean = 22.4 years) working for an escort agency in a rural Mid-Atlantic U.S. city (pop. <50,000). 80% self-identified as homosexual/bisexual. **Results:** (1) Participants reported six clients per month on average, 99.5% of whom were male. Sexual activity occurred about 2/3 of the time. (2) MCSWs primary HIV risk with clients was from oral sex. Most MCSWs avoided anal sex with clients, especially if not well known, due to HIV infection concerns and a sense of emotional violation. Condoms were consistently used for both receptive and insertive anal sex (mean = 98.9%). During unprotected anal sex, participants avoided semen exchange. Condoms were used for oral sex about 10% of the time, and rates of semen exchange were low (0% from clients; 11% from participants). (3) Condom use rates were lower (50% for male anal sex partners; 35% for female vaginal sex partners) and semen exchange rates higher with non-client partners. (4) Most MCSWs obtained regular HIV tests. 29 were HIV-negative and less than 15% had a STI history. (5) Nearly all participants drank several alcohol beverages weekly, and most binge drank. About 2/3 of participants used other substances weekly, marijuana and crystal methamphetamine were most common. About 20% of MCSWs said they had a drug or alcohol problem, but none ever received professional treatment. (6) In the past month, slightly less than 1/3 of MCSWs used substances when having sex with clients. 2/3 used substances during sex with non-clients. However, substance use during sex was not related to increased HIV risk behavior. (7) 70% of the participants had clinical levels of psychiatric distress, most often indicative of mood or substance use disorders. Psychiatric distress was related to overall substance use, but was not related to HIV risk behavior or substance use during sex. **Implications:** Comparisons with previous research, future research needs, and public health implications will be presented.

3101 Are sources of referral to sex therapy the same for women and men?

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Introduction and objectives: The effectiveness and safety of oral medication for treating erectile dysfunction (ED) has heightened public awareness of the issue of sexual dysfunction of both women and men. This study explored whether referral sources to sex therapy are similar for women and men. **Methods:** During 2004, 241 patients (155 women and 86 men) were evaluated at the sex therapy clinic of "Lis" Maternity Hospital, Tel Aviv Medical Center. Patients were questioned about referral sources and the nature of the presenting dysfunction. **Results:** Fifty one men (57%) and 79 (51%) women were self referrals ($p>0.5$). There was a statistically significant difference between the sources of referrals for the others: family physicians referred 22/35 men (63%) and 9/76 women (12%) ($p<0.001$), while most of the referred women (53/76, 70%) came to the clinic after consulting their gynecologists. The distribution of sexual dysfunction among the 86 men was: ED = 39, rapid ejaculation = 18, and loss of libido = 18. The most common problem among the 155 women involved difficulties in vaginal penetration (e.g., dyspareunia and vaginismus; $n=98$), 29 had loss of libido, and 15 had orgasmic difficulties. **Conclusion:** Public awareness to sexual dysfunction seems to be important because the main source of referral for sex therapy was self referrals. Despite the greater public awareness of the available therapy for ED, there was no statistically significant difference in self referrals between men and women (57% of the men compared to 51% of the women). Family physician among men and gynecologist among women were the referral sources. Given that the main female dysfunction was associated with vaginal penetration (57%), it is reasonable that those women would first consult their gynecologist. We wish to raise the level of awareness among family physicians of the issues of female sexual dysfunction so that they can guide their female patients in seeking further evaluation and treatment.

3102 A Novel Methodology for Comprehensively Assessing the Multidimensional Impact of Erectile Dysfunction Treatment on Couples.

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Introduction: Erectile dysfunction (ED) has diverse sequelae and dual negative effects on men and their female partners. However, ED clinical research has traditionally focused on men's experiences of ED and research concerning the female partner's experience of ED is limited. Prospective, randomized trials utilizing validated multidimensional tools to fully evaluate the impact of ED treatment on couples is still needed. **Methods:** In a 12-week double-blind,

multicenter, flexible-dose, parallel-group study, men (≥ 18 years) with ED for ≥ 6 months were randomized to receive vardenafil or placebo. Erectile function was assessed by changes in patient's response to the Sexual Encounter Profile question 3 (SEP3) 'Did your erection last long enough for you to have sexual intercourse?', SEP2 'Were you able to insert your penis into your partner's vagina?' and the erectile function domain of the International Index of Erectile Function (IIEF-EF). The Erection Quality Scale (EQS) a new 15-item, self-report instrument assesses five domains of erection quality; ability to get an erection; duration of erection; hardness of erections; pleasurable feelings; and general experience of erection quality, and was completed for exploratory purposes. Couples were asked to evaluate multiple aspects of their sexual satisfaction and quality of life (QOL) using the QOL domain of the modified Sexual Life Quality Questionnaire (mSLQQ-QOL). Treatment Satisfaction Scale (TSS), Subject Active Medication module and Partner Active Medication module scores were recorded by both partners to determine satisfaction with treatment. Changes in patient's overall response rate to SEP3 and female partner's response to the mSLQQ-QOL at last observation carried forward (LOCF) were considered the primary efficacy measures. **Conclusion:** Several scales employed in this study are recent developments, representing a heightened sophistication in assessing sexual function and satisfaction. The EQS adds an extra dimension to the traditional approach of assessing erectile function used in the SEP and IIEF-EF questionnaires. The TSS provides a comprehensive assessment of sexual activity and treatment satisfaction for patients and their partners. The integration of such scales into ED clinical trials should provide a deeper understanding of the complex impact of ED and the benefits of treatment.

3103 Six years of work in a telephone helpline in the field of clinical sexology in Portugal.

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Objective: Presentation of the descriptive information concerning the total amount of telephone calls received between March 1999 and March 2005.

Procedure: Every telephone call is registered in a database specially made for this service. Statistical procedures were taken to evaluate relevant data. **Results:** From a total of around 15 250 telephone calls, 76% were made by male callers; 12% were made by female callers and 11% were callers whose gender was unknown. Thematically 44% of the calls concerned erectile disorders, 13% ejaculation, 10% were referral requests, 6% concerned the anatomy of the penis, 4% were related to female desire, 3% concerned sexual orientation, 3% concerned male desire, 2% contraception, 2% female orgasm and 1% concerned masturbation. The distribution of calls throughout the year is presented. Referrals were made to Andrologists, Sex Therapy, Urology, Psychiatry and Psychology.

3104 Vardenafil 20 mg Provides Initial and Subsequent Reliability in Penetration and Intercourse Completion: The Reliability of Vardenafil for Erectile Dysfunction II (RELY II) Trial.

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Objective: Reliability is an important factor for men choosing and continuing oral therapy for erectile dysfunction (ED). This study evaluated the percent of subsequent successful doses with vardenafil 20 mg after an initial vardenafil response. **Methods:** In this double-blind, multicenter study, 573 men with ED for >6 months were challenged with a single dose of vardenafil 20 mg; those achieving successful penetration were randomized to vardenafil 20 mg or placebo for 12 weeks. The primary endpoint, penetration (SEP2) reliability, was calculated as percentage of successful doses within 12 hours of dosing over total valid doses (dosing with sexual activity initiated with the intent of intercourse within 0-12 hours post-dose). Secondary endpoints included completion of intercourse (SEP3) reliability, calculated as percentage of successful doses over total valid doses, for the subset of subjects having both successful penetration and successful completion of intercourse during the challenge. **Results:** Of 573 men, 81% achieved successful penetration with the challenge dose and were randomized to vardenafil (n=230) or placebo (n=233). Most men had severe (34%) or moderate (35%) ED, and many had comorbid conditions, such as hypertension (41%), dyslipidemia (28%), and diabetes (24%). Following initial success, mean per-patient penetration reliability rate for vardenafil over Weeks 0-12 was 85% vs. 45% for placebo (p<0.001). Seventy percent also achieved initial successful completion of intercourse with the challenge dose. Following initial success of intercourse completion, the mean per-patient intercourse completion reliability rate for vardenafil over Weeks 0-12 was 78% vs. 29% for placebo (p<0.001). Vardenafil was generally well tolerated; the most common (≥5%) treatment-emergent adverse events (vardeafil/placebo %) were headache (12.2/2.1), flushing (8.7/0.4), and nasal congestion (6.5/0.4). **Conclusion:** Vardenafil provides reliable efficacy for patients with ED, on first-time dosing as well as time after time. With the first dose of vardenafil, 81% of men achieved successful penetration and 70% achieved successful completion of intercourse, with high subsequent success rates in this more severe population.

3105 Efficacy and Tolerability of Flexible-Dose Vardenafil When Taken 8 hours Before Intercourse: The Extended Duration of Vardenafil in Erectile Dysfunction (EXTEND) Trial.

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Objective: To evaluate the efficacy of vardenafil in men with erectile dysfunction (ED) when taken 8 hours prior to sexual intercourse. **Methods:** Men with ED for >6 months and who failed ≥50% of intercourse attempts during a 4-week treatment-free run-in period, were randomized to flexible-dose vardenafil or

placebo for 10 weeks. Patients were instructed to take study drug 8 hours before attempting sexual intercourse. The starting dose of vardenafil was 10 mg, with the option to titrate to 5 mg or 20 mg at Weeks 2 and 6. Efficacy measures included Sexual Encounter Profile questions 2 (penetration) and 3 (maintenance of erection), Erectile Function (EF) domain score of the International Index of Erectile Function, and the Global Assessment Question (GAQ). Data from Weeks 2 to 10 for doses taken 8 ± 2 hours before sexual intercourse were used in the analysis. **Results:** A total of 383 patients were randomized to vardenafil (n=194) or placebo (n=189). Most had severe (36%) or moderate (31%) ED at baseline; mean EF domain score was 13.3. Over Weeks 2-10, least square (LS) mean per-patient success rates were significantly greater with vardenafil compared with placebo for penetration (81% vs. 51%, $p<0.001$) and maintenance of erection (69% vs. 34%, $p<0.001$). At Week 10, LS mean EF domain score was significantly higher in the vardenafil group (22.8) compared with placebo (14.9) ($p<0.001$). Significantly more patients reported improved erections according to positive responses to GAQ with vardenafil (77%) compared with placebo (27%, $p<0.001$). Vardenafil was generally well tolerated; the most common ($\geq 5\%$) treatment-emergent adverse events (vardeafil/placebo %) were headache (15/3), flushing (7/2), and nasal congestion (5/0). **Conclusion:** Vardenafil, when taken at 8 ± 2 hours before intercourse, demonstrated superior efficacy compared with placebo in men with mainly severe or moderate ED, providing penetration and maintenance of erection success rates of 81% and 69%, respectively, and improving EF domain score into the 'mild' range. These results demonstrate that patients can successfully use vardenafil when intercourse is attempted up to 8 hours after dosing.

3106 Vardenafil 20mg Improves Satisfaction with Sexual Function and Treatment in Men with Erectile Dysfunction.

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Background: Treatment satisfaction scale (TSS) is a validated instrument to measure erectile dysfunction (ED) treatment satisfaction. The 'on-treatment' version has six domains: ease of erection (EE), satisfaction with erectile function (SE), pleasure from sexual activity (PL), satisfaction with orgasm (SO), sexual confidence (SC), and satisfaction with medication (SM, not in 'unmedicated' version). **Objective:** The primary objective was to evaluate the efficacy, safety, and reliability of vardenafil 20mg compared with placebo in subjects with ED and a demonstrated successful first response. Satisfaction was assessed as a secondary endpoint, using the TSS. **Methods:** Men who responded to a single challenge dose of vardenafil 10mg were randomized to receive double-blind vardenafil 20mg or placebo for 12 weeks (primary results presented previously). The unmedicated version of the TSS was administered before the challenge dose (baseline). The on-treatment version was administered at Weeks 4, 8, and 12, or at premature discontinuation. **Results:** Of the 573 subjects who received the vardenafil challenge dose, 230 responders were randomized to vardenafil and 233 to placebo. Baseline characteristics were similar between groups. Mean age was 56 years, most were Caucasian (63%) or Asian (23%). Most men had severe

(34%) or moderate (35%) ED, and many had comorbid conditions, including hypertension (41%), dyslipidemia (28%), and diabetes (24%). For the primary endpoint (reliability of penetration), vardenafil was significantly superior to placebo (84.96% and 44.80%, respectively, $p < 0.001$). At baseline, treatment groups were similar for each of the TSS subscales (LS mean). At study end (LOCF) there was a significant difference between the two groups for vardenafil in all six subscales ($p < 0.0001$). Values in the vardenafil and placebo groups, respectively, for the domains were: EE, 64.57 vs. 36.62; SE 59.31 vs. 20.26; PL, 69.09 vs. 37.04; SO, 64.45 vs. 31.26; SC 35.86 vs. 67.06, SM, 64.53 vs. 22.06. Vardenafil was generally well tolerated; the most common adverse events (vardeafil vs. placebo) were headache (12.2% vs. 2.1%) and flushing (9.6% vs. 0.4%). **Conclusion:** There was a clinically and statistically significant superiority for vardenafil compared with placebo, for the primary endpoint of reliability of insertion, as well as the secondary endpoint of treatment satisfaction.

3107 Sexual belief, Gender Difference, and tolerability to Antidepressant-induced Sexual Dysfunction in Taiwanese Patients.

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Object: The aim is to investigate the tolerability to antidepressants (SSRI/SNRI) induced sexual dysfunction, and the reasons behind, of which sexual belief and gender difference are addressed here. **Method:** By referral from outpatient clinics, 84 depressed patients (33 men and 51 women) with SSRI/SNRI induced sexual dysfunction were screened by HAM-D and ASEX periodically. Finally, we enrolled 29 subjects (17 men and 12 women) who met the inclusion criteria. A research questionnaire for the tolerability to SSRI/SNRI induced sexual dysfunction was adopted and studied with descriptive statistics and qualitative methodology. The questionnaire is a non-validated, semi-structured survey created by the author. It included the following questions: (1) Do you have the adverse event of sexual dysfunction after antidepressant treatment? What kind of sexual dysfunction? (2) Have you ever reported the sexual dysfunction to the physician voluntarily? (3) Have you ever had non-adherence to the antidepressant owing to the sexual dysfunction? (4) Could you tolerate the sexual dysfunction? If you could tolerate it or not, what is the reason? (5) Do you want to change to another antidepressant as effective as current one, if it could improve your sexual dysfunction? If you want to change or not, what is the reason? **Result:** In terms of tolerability to SSRI/SNRI induced sexual dysfunction, 58% of men and 91% of women can tolerate it. The reasons for tolerance by qualitative research revealed that the belief of *sex hurts body* is held by 50% of men (18.2% of women), while the belief of *sex is not important* is held by 45.5% of women (20% of men). **Conclusion:** Traditional Chinese sexual beliefs characterized with sexual conservatism may affect the tolerability to

antidepressant-induced sexual dysfunction, especially in women. The clinical implications are that, the effect of cultural beliefs on the tolerability to certain symptom and the adherence to its treatment may make difference between Western-oriented and non-Western clinical practice. More culture-sensitive and gender-appropriate approaches or interventions regarding sexual dysfunction and antidepressant medication have to be considered.

3131 Triple H, HIV, HAART and Hardware. Cautious erectile dysfunction treatment (EDT) for HIV positive men on highly active antiretroviral therapy (HAART).

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Erectile Dysfunction (ED) has been documented in HIV +ve men on long term HAART however HIV or antiretroviral therapy (ART) does not respectively appear to be a disease or class of drug associated with ED. ED is estimated to affect greater than 50 million men worldwide. In Australia men aged 40-69 have a 34 percent prevalence of ED. Such figures may be higher worldwide if the younger population of HIV +ve men were included. EDT includes conservative measures, vacuum therapy, androgen therapy, penile injections/implants and oral pharmacological treatment. Some of these use invasive methods such as self administered injection which is not suitable because of potential exposure to blood during sex. The use of oral EDT is a viable option to treat ED in men with HIV. Sildenafil was the first oral treatment for ED introduced in 1998, and the interaction with ART has been documented. Caution is recommended with co administration of any EDT with protease inhibitors (PIs) however with the emergence of new EDTs extreme caution is necessary with the corresponding introduction of new classes of ARTs. A 42 year old male on long term ART who has a history of ED was firstly assessed, counseled and treated conservatively. This being unsuccessful EDT was used on a regular basis with no side effects. Two different EDT had been used (not concurrently) to no ill effects when his ART was changed to include a new ART known as T20 (enfuvirtide) in combination with kaletra and tenofovir he had been previously taking while on prior EDT. Months later GP requested to change his current ED treatment to the latest ED. After product education of potential risks the new EDT was commenced at the recommended starting dose. Within 15-30 minutes symptoms of severe headache, nasal congestion, shortness of breath, sore eyes, blue vision and muscular / back pain developed. Clinic assessment was performed the following day and further EDT ceased. No intervention for the symptoms was necessary, however did not resolve for a week. Other clinical case studies will be discussed to highlight the growing need for focus in the area of Triple H. Additional precautions / education on potential interactions with EDT and new ARTs are warranted. HIV / ART as a cause of ED and treatment of ED as a safer sex initiative should be also explored. It is necessary to have a erection to enable a condom to be used successfully and safer sex to be initiated.

3132 Female Partners of Men with Erectile Dysfunction Receiving Vardenafil Have Improved Sexual Function: Results From a Randomized Double-Blind Placebo-Controlled Trial of Vardenafil.

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Objective: We compared Female Sexual Function Index (FSFI) scores of female partners of men with ED receiving vardenafil or placebo to investigate improvements in multidimensions of female sexual function. **Methods:** This was a randomized, double-blind, multicenter, flexible-dose, parallel-group trial. Men (≥ 18 years) with ED for ≥ 6 months were randomized to receive vardenafil or placebo. Female partners had a screening FSFI score of ≥ 26.55 and were motivated to support their partner's treatment. A 4-week screening period was followed by 12 weeks of treatment. Vardenafil was initiated at 10 mg for the first 4 weeks; at 4 and 8 weeks the dose could be maintained or titrated to 5 mg or 20 mg. Changes in patient's overall response rate to the Sexual Encounter Profile question 3 (SEP3) 'Did your erection last long enough for you to have sexual intercourse?' and female partner's response to the Quality of Life domain of the modified Sexual Life Quality Questionnaire (mSLQQ-QOL) at last observation carried forward (LOCF) were the primary efficacy measures. Changes in female partner's FSFI scores were monitored at LOCF. **Results:** Data reported are LS means. Vardenafil significantly improved SEP3 success rate (standard error 'SE') (68% '3.5' vs. 28% '3.7'; $p < 0.0001$) and partner mSLQQ-QOL score (65.80 '3.10' vs. 32.14 '3.24'; $p < 0.0001$) compared with placebo. Total FSFI (SE) scores were significantly superior in the vardenafil group compared with placebo (28.7 '0.62' vs. 24.8 '0.65'; $p < 0.0001$). Scores for all FSFI domains were also significantly higher in the vardenafil group compared with placebo; arousal 4.85 vs. 4.12 ($p < 0.0001$); desire 4.32 vs. 3.92 ($p = 0.0012$); lubrication 5.01 vs. 4.50 ($p < 0.0004$); orgasm 4.41 vs. 3.50 ($p < 0.0001$); satisfaction 4.89 vs. 3.86 ($p < 0.0001$); with the exception of the pain domain, where no significant changes occurred 5.22 vs. 4.88. Vardenafil was generally well-tolerated in male patients. The most common adverse events (vardeafil vs. placebo) included flushing (11% vs. 0%), nasal congestion (8% vs. 0%), headache (4% vs. 3%) and dyspepsia (4% vs. <1%). **Conclusion:** Treating male ED patients with vardenafil was associated with improvement in multidimensions of their female partner's sexual function as assessed by the validated FSFI instrument

3133 Psychological and Interpersonal Outcomes in Men Receiving Sildenafil Citrate and Tadalafil for the Treatment of Erectile Dysfunction in an Open Label, Crossover Study.

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Introduction and Objectives: The Psychological And Interpersonal Relationship Scales (PAIRS) is a self-report measure used to assess psychosocial factors

associated with erectile dysfunction (ED) and its treatment. We used PAIRS to compare sexual self-confidence, spontaneity, and time concerns in an open label, crossover study of sildenafil citrate (sildenafil) and tadalafil in men with ED who were naive to phosphodiesterase 5 (PDE5) inhibitors. **Methods:** After a 4-week baseline assessment, men with ED (N=367; mean age=54yrs) and no prior history of treatment with PDE5 inhibitors were randomized to sildenafil for 12 weeks followed by tadalafil for 12 weeks, or vice versa. Medications were taken as needed during the 12-week period which included an 8-week dose optimization phase and 4-week assessment phase. During the dose optimization phase, patients started with 25 or 50 mg sildenafil, or 10 mg tadalafil (per the SPC) and could titrate up and down to find their optimum dose of 25, 50 or 100 mg sildenafil, or 10 or 20 mg tadalafil. Men completing both 12-week periods chose which treatment to continue during an 8-week extension (primary objective). PAIRS (secondary objective) was measured at baseline and after each 12-week treatment period. PAIRS domain scores range from 1 to 4. Baseline values were not applicable (NA) for the spontaneity and time concern domains. Increasing scores are positive outcomes for the self-confidence and spontaneity domains, while a decreasing score is a positive outcome for the time concern domain. **Results:** Of 294 men completing both treatment periods, 29% (n=85) chose sildenafil and 71% (n=206) chose tadalafil ($p<0.001$) for the 8 week extension. Treatment choice for the extension phase was not affected by treatment sequence, ED severity or etiology, age, or dosage. **PAIRS:** PAIRS domain scores at baseline (B), post-sildenafil (S), post-tadalafil (T); p values were for the comparison of sildenafil therapy to tadalafil therapy: *Sexual self confidence* (B=1.89, S=2.75, T=2.91; $p<.001$); *Spontaneity* (B=NA, S=3.17, T=3.32; $p<.001$); *Time concerns* (B=NA, S=2.59, T=2.2; $p<.001$). **Tolerability:** Sildenafil and tadalafil were well tolerated with 11 (3.0%) discontinuing for an adverse event and 3 (0.8%) for lack of efficacy. **Conclusions:** Men with ED reported significantly greater sexual self-confidence and spontaneity and significantly less sexual time concerns when treated with tadalafil compared with sildenafil. The differences in PAIRS domains may help explain why more men (71%) chose tadalafil compared to sildenafil (29%) for the treatment extension phase.

3134 The afferent interrupted way for Premature Ejaculation Treatment.

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Introduccion.-Premature ejaculation may be classified in secondary or acquired and primary or lifelong. For secondary PE. a specific ethiological treatment is employed. For lifelong PE. several treatments have been utilized: SSRI, PDE5, topical anesthesia and associated with psychogenic drugs. None of these treatments have received regulatory approval for true PE. treatment. At present we are suggesting a new treatment for interrupting nervous afferent reflex arc. Ejaculation is a reflex that comprises: sensory receptors, afferent nervous pathways, cerebral sensory centers, cerebral motors centers, spinal motors centers and efferent pathways nervous. The ejaculation reflex is controlled by a very complex mechanism between neurotransmitters, which depolarize perineal muscles, deferents, seminal vesicles, prostate and urethra muscles, begin rhythmic contractions and seminal emission. **Material and Methods.**-Men with PE. have abnormal autonomic reflex

pathways for ejaculatory event, because they have an abnormal status called hypersensitivity. This can be proved by several neurophysiological tests, vibratory threshold ejaculation test, skin sensitivity test. If we interrupt the reflex way, we can delay the reflex response, we can length the response time, we can decrease existent hypersensitivity and we can extend the ejaculatory latency time. Supported in this concept and true fact, we perform selective neurotomy to treat PE. Since 15 years ago, we have studied and have proved that men with PE have Hypersensitivity and superficial nervous hyperplasia. Our work was divided in: a-Anatomical studies for normal sensitive penis nervous distribution, in 40 corpses of young people died by accident b-Clinical studies (tests). c- Medical sexual, psychological history and physical examination. We perform a Selective Neurotomy to verify: Surgically: sensitive nervous hyperplasia and interruption of sensitive afferent nervous. Clinically: symptomatic improvement and permanently cure and a very big neurophysiological tests change. Results.-We have performed 276 plain selective neurotomy, 36 selective neurotomy plus venous ligature, 42 selective neurotomy plus Nesbit procedure. Which arise a grand total of 354 surgical procedures. The results were very satisfactory, changing from 3 to 24 minutes IELT, except in 8, which nervous hyperplasia was recently confirmed. (see tables) Conclusions: 1.-Good results depend from a good diagnosis 2.-Now for us, this is the best treatment for PE. 3.-Sometimes psychological support is required. 4.-Finally, I am sure this is the first paper about this kind of PE. treatment, that is presented in the world.

3135 Sexual Activity and Satisfaction Levels In Diabetic Patients Adscripted At The.

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The established objectives in this investigation were to evaluate the beliefs about sexual activity and the satisfaction levels in male diabetic patients of the Diabetes Unit of "Domingo Guzman Lander" hospital in Las Garzas, Barcelona, Venezuela. From methodological point of view it is an exploratory-descriptive type of study according to results analysis. An intentional sample was selected of 20 patients who regularly assisted to speeches and medical attendance, with selection criteria such were male patients between the ages of 43 and 75 years. A questionnaire with open and closed questions was applied and a semantic differential test was also applied to measure vital satisfaction. The answers were categorized and the results were processed in frequencies and percentages which were represented in tables and graphics. Among the results it was obtained: the majority of the beliefs around the sexuality are influenced by church, the social culture and ignorance on sexual matters. Nearly all interviewed males believe that affection, love and pleasure are dispensable for sexual functioning. The majority of the interviewed associated diabetes with sexual function when gave their opinion on the impossibility to achieve an erection with the sickness and decrease of desire and excitement phase. Related to the substitution of coitus to other forms of pleasure, 70% believe that it is physiologically impossible, sinful and degrading for the partner, also referred that they use more tactile stimulation than orogenital stimulation. About vital satisfaction, 45% were unsatisfied among several areas like sexual life, affectionate life and conjugal life. It is proposed as an alternative to do counseling by speeches, workshops or direct consultation to the

patient. We designed a workshop (intervention) with three themes: 1) sexual information (sexual changes with age, sexual changes with diabetes, alternatives to increase sexual satisfaction), communication (different exercises to increase better communication) and Responsibility (exercises)

3136 Studies for Ejaculation Latency Time.

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Introduction .-Ejaculation is a neurological reflex that involves two mechanisms:the first one or afferent reflex begins by stimulating penis receptors(located in glands and penis shaft),then those stimulus travel through dorsal to pudendal nerves,to sacral cord and finally to the hypothalamus. The second efferent reflex is a response from the hypothalamus centers to parasympathetic nerves and ganglia. Those actions result in release of neurotransmitters,which depolarize perineal muscles,deferents,seminal vesicles,prostate and urethra muscles,and begin rhythmic contractions and seminal emission. **Material and Methods.-**There are three states of sensitivity and response to sexual stimulation: normal,hyposensitivity and hypersensitivity. To know the length of time of the whole reflex arc or partial afferent or efferent reflex time, we have used several tests to measure these parameters and to attempt to find the ejaculation latency time,which is required for PE. **treatment:**a.-vibratory threshold to ejaculation test,is a very easy test,that consists to put penis over a vibratory machine and wait maximum 4 minutes.We consider normal if the patient can get a rigid erection but not an ejaculation.But if the patient ejaculates less than one minute is equal to a high hypersensitivity. b.- For skin sensitivity test we use an electrode,which is applied to several skin places (we have a map).The machine emit progressive signals to be recognized by patient. For neurological tests(bulbocavernous reflex,evoked genitocerebral potentials,bulbocavernous latency time, bulbocavernous evoked potentials,dorsal nerves latency time.sural and tibial nerves latency time, this last one as a check test) waves amplitude and morphology are so important as conduction times.Latency time is more important than evoked potentials because indicates pathways involved in the reflex and considers the ability of circuit to transmit signals. Evoked genitocerebral potential reflect the ability for communication between brain and genital area **Conclusions.-**Although variety of factors can interfere with electromyographic registration,these procedures are the best ones for neuroconduction study,normal,hypo and hypersensitivity. We can predict ejaculation latency time and therefore PE. **treatment.**

3137 Male Fanny Flaps: A possible cause of Sexual Dysfunction in HIV +ve men on long term Highly Active Antiretroviral Therapy (HAART).

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Lipodystrophy and Lipoatrophy have been documented in HIV +ve men on long term Highly Active Antiretroviral Therapy (HAART). Obvious signs and symptoms are peripheral fat loss in limbs and fat accumulation in the abdomen region. In some incidences fat gain is found at the base of the neck causing what is known as a buffalo hump effect. These effects can be devastating for an

individual living in a society where sex appeal is commonly based on physical beauty. A Case study of Mario a HIV positive a 48 year old male on long term HAART who presented with a history of erectile dysfunction (ED) which was firstly assessed, counseled and examined. It was noted that the client had a unusual accumulation of visible and palpable swelling of thick subcutaneous fat overlying the symphysis pubis which was later confirmed by suprapubic ultrasound. Lesions and Lipomas were excluded with probable bilateral inguinal hernia suspected. Upon review by a consultant surgeon it was noted that the client did not have symptoms related to hernias and upon examination standing a small left inguinal hernia was found with no right inguinal hernia located. Clinical findings do not explain the accumulation of fat in the mons pubis area which Mario refers to as his fanny flaps. Mario is troubled by his condition and it interferes and effects his sexual function. Treatment with oral medication for ED was instigated however the visual effect of his condition disturbed potential sexual partners and feelings of embarrassment and inadequacy exacerbated his sexual dysfunction which continued. ED is estimated to affect greater than 50 million men worldwide. In Australia men aged 40-69 have a 34% estimate prevalence of ED. Such figures may be higher if the younger population of HIV +ve men were included. Other causes of ED in HIV +ve men should be considered and the possibility that lipodystrophy could also involve the sexual organs with accumulation of fat causing ED and sexual dysfunction. Novel ways of diagnosing these possible phenomenons to exclude traditional diagnosis of inguinal hernias may be warranted.

3138 Prevalence of Erectile Dysfunction in Dyslipemic Patients.

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Objective: To determine the prevalence of erectile dysfunction (ED) and his correlation with other factors of cardiovascular risk in dyslipemic patients attended by 30 family doctors in the Valencian Community (Spain). **Material and methods:** Cross-sectional and multicentric descriptive study in patients men of 40 to 65 years diagnosed of dyslipemia (serum cholesterol >200 mg/dl and/or cholesterol LDL>130 mg/dl and/or cholesterol HCL<40 mg/dl) and not dealt with hypolipemiant drugs, that were selected by consecutive sampling. The patients with treatments or pathologies of recognized influence on the sexual function excluded themselves, also those with arterial hypertension (HTA) badly controlled (blood pressure ≥ 140 and/or 90 mm Hg). ED it was diagnosed at the beginning of the study by means of questionnaire IIEF. Descriptive statistic was made, bivariant and multivariant analysis (Stepwise Backward) using statistical package SPSS v. 11. **Results:** 161 men included themselves, of average age 54.4 ± 7.6 years, BMI of 27.8 ± 2.8 Kg/m² and antiquity of dyslipemia of 3.1 ± 2.8 years. A 34.8% of the patients were dealt with antihypertensive drugs (9.3% combined therapy). 35.7% were smokers, obese 18.9% (BMI ≥ 30 kg/m²) and 71.4% habitual drinkers (82.5% low consumption to moderate). The prevalence of ED was of 42.7% (severe 4.3%, moderate 12.4% and little 26.2%). The average of age in the patients with ED was 56.8 ± 7.1 and in the patients without ED

51,1±6,3 ($p<0,001$). There was significant relation with the logistic model ($p<0,001$) including: 1-Age: the increase of the age in a year increased the probability of suffering ED in 1,135 times. 2-Serum creatinine: the increase of 0.1 mg/dl increased the probability in 1,762 times. 3-PAS levels (ods ratio= 1,083). Was not relation of ED with: obesity, antiquity of the HTA, antiquity of dyslipemia and tobacco habit. The values of total serum cholesterol, cLDL and cHDL were not significantly different between both groups from dyslipemic patients (with or without ED) **Conclusions:** The studys results indicates that almost half of the taken care of dyslipemic patients in the familys doctors consultations suffered ED. The factors that are more related to the presence of ED were the age, systolic arterial pressure and serum creatinine.

3141 Management of Early Orgasmic Response.

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Management of Premature Ejaculation (Early Orgasmic Response) Premature ejaculation is a sexual dysfunction if it creates resentment amongst the partners by interfering with the satisfaction of the sexual relationship. There are different methods of approach for the treatment of this dysfunction Before beginning with the treatment one needs to properly assess the condition : This is done by history of the partners, Intracavernosal vaso-active drug tests, blood hormonal analysis. After assessment the treatment begins with a general counseling about the physiology of the ejaculation, then with the sex therapy. The patient is advised about the start N stop methods, Masters and Johnsons methods and if they do not succeed then medicines like Fluoxetine 10mg and paroxetine 20mg. The success results with diffrent methods of treatment. Casuses of failure of the therapy and overall results and satisfaction.

3142 Genital anaesthesia and decreased libido persisting six years after sertraline discontinuation.

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Sexual side effects are common with sertraline as with all the selective serotonin-reuptake inhibitors (SSRIs). They include decreased libido, delayed orgasm and anorgasmia. These side effects are often particularly distressing for the patient and as a result are a common cause of medication non-adherence and discontinuation. Once an SSRI has been discontinued, the sexual side effects are expected to resolve. We report a case of a 26 year-old male who continued to experience SSRI-induced sexual side effects despite medication discontinuation. To our knowledge, there has not been any published report of sexual side effects induced by an SSRI persisting after discontinuation. Our patient was treated with sertraline for a period of 4 to 5 months at the age of 20 for depressive symptoms. He experienced anorgasmia and decreased libido by week 2 of treatment. When sertraline was discontinued, he regained his ability to ejaculate but subjectively experienced no pleasure with orgasm. In addition, our patient experienced genital anaesthesia during sertraline treatment. This is a relatively rare side effect which has been reported with both sertraline¹ and fluoxetine². The patient continues to experience genital anaesthesia despite discontinuing sertraline 6

years ago. Again, there are no reports of this symptom persisting following SSRI discontinuation. In summary, we report a male who experienced both common and uncommon sexual side effects during sertraline treatment, as well as the striking finding of these side effects continuing for 6 years despite medication discontinuation. Pharmacological and psychodynamic hypotheses in relation to this case, are presented.

3143 Pharmaco-behavioural therapy in treatment of premature ejaculation.

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Introduction and objectives: To compare the post treatment maintenance effect of pharmacotherapy with paroxetine hydrochloride and the combination of pharmaco-behavioural therapy. **Main body and results:** The study included 170 potent men, aged (23-57 years) mean (33.5) complaining of premature ejaculation with intra-vaginal ejaculation latency of less than 3 minutes. Group A (85) patients were treated with oral paroxetine hydrochloride 20 mg/day for 3 months. Group B (85) patients were given the same dose for the same period together with behavioural therapy (start-stop/squeeze techniques). The two groups were followed up at the end of the treatment and one month after discontinuing treatment. In group A 69/85 (81.17%) patients were satisfied with the results versus 71/83 (85.54%) in group B. After one month 25/68 (36.76%) patients in group A reported maintenance of therapeutic effects versus 46/63 (73.01%) in group B ($p=0.023$; Chi-square 5.17) **Conclusion:** The immediate results of pharmacotherapy and pharmaco-behavioural therapy are comparable. However, the maintenance of the therapeutic effect is clearly better with pharmaco-behavioural therapy.

3144 Drug Attributes Influencing the Choice of Sildenafil Citrate and Tadalafil for the Treatment of Erectile Dysfunction in an Open Label, Crossover Study.

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Introduction and Objectives: Identify attributes of sildenafil citrate (sildenafil) and tadalafil that influence choice of medication for treatment of erectile dysfunction (ED). **Methods:** Open label, crossover study of sildenafil and tadalafil, taken as needed by patients naive to phosphodiesterase 5 (PDE5) inhibitors. After a 4-week baseline assessment, men with ED ($N=367$; mean age=54yrs) were randomized to sildenafil for 12 weeks followed by tadalafil for 12 weeks, or vice versa. Each 12-week period included an 8-week dose optimization phase and 4-week assessment phase. During the dose optimization phase, patients started with 25 or 50 mg sildenafil, or 10 mg tadalafil (per the SPC) and could titrate up and down to find their optimum dose of 25, 50 or 100 mg sildenafil, or 10 or 20 mg tadalafil. Men completing both 12-week periods chose which treatment to continue during an 8-week extension (primary objective). Reasons for treatment choice (secondary objective) were assessed with a drug attributes questionnaire which listed 7 beneficial attributes of ED treatment that subjects could select to explain their choice of sildenafil or tadalafil.

Patients were asked to select the best and second best reasons why they chose sildenafil or tadalafil. **Results:** Of 294 men completing both treatment periods, 29% (n=85) chose sildenafil and 71% (n=206) chose tadalafil ($p<0.001$) for the 8-week extension. Medication choice for the extension phase was not affected by treatment sequence, ED severity or etiology, age, or dosage. Questionnaire responses (most frequently selected as the best or second best reason for choosing treatment; T=men choosing tadalafil; S=men choosing sildenafil): *Was able to get an erection long after having drug* (T=138, S=6); *The firmness of erections* (T=73, S=51); *Was able to get an erection every time* (T=45, S=34); *Had erections the next morning* (T=62, S=7); *Time between drug and 1st erection was short* (T=18, S=35); *Had few side effects* (T=29, S=14); *Partner preferred this treatment* (T=27, S=10). Tolerability: Sildenafil and tadalafil were well tolerated with 11 (3.0%) discontinuing for an adverse event and 3 (0.8%) for lack of efficacy. **Conclusions:** Following the two 12-week treatment periods, 29% of men chose sildenafil and 71% chose tadalafil for an 8-week extension. The drug attribute questionnaire identified various reasons men chose sildenafil or tadalafil, with the duration of drug effect selected most frequently as the attribute for choosing tadalafil.

3145 Sexual dysfunction -.

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Introduction and Objectives: An IRB approved pilot study was conducted at the Veteran Affairs Medical Center Dual Diagnosis Treatment Program in Los Angeles, California. The purpose was to evaluate the extent of non-compliance and self-discontinuation of medications secondary to patients' perception of drug-induced sexual dysfunction. **Results:** A written survey, with informed consent, was administered to 37 patients (36 males and 1 female with average age of 46.3) receiving psychotropic medications. The survey documented the absence or presence of sexual dysfunction, the patients' perception of the most likely cause, and whether any healthcare providers discussed this issue with them. 81% of the patients reported sexual dysfunction, and 51% of these patients believed that their medications caused their sexual dysfunction. Less than 40% indicated other risk factors as the etiology of their sexual dysfunction, e.g., age, alcohol, health, smoking, street drugs, and stress. 23% of the patients admitted to self-discontinuation of their medication secondary to sexual dysfunction, with 10% experienced a relapse of their symptoms. 54% of the patients indicated that no healthcare providers had asked them about their sexual health. 74% of the patients indicated a desire to discuss and be educated about sexual dysfunction, while 63% had never discussed their sexual dysfunction with any healthcare providers. **Conclusions:** Healthcare providers rarely discuss sexual function/dysfunction with their patients on medications, yet many patients believe their sexual dysfunction is caused by their medication. Clinicians should be knowledgeable and comfortable with this important issue to help the patient and avoid any "don't ask, don't tell" problems such as medication non-compliance and possible relapse. Curricula is needed addressing sexual health in all health professional schools to increase awareness and knowledge. In the United States, pharmacists must counsel all patients receiving a new medication. To increase both the knowledge and skills regarding sexual health, the authors

have implemented a therapeutics section on sexual function and dysfunction within the curriculum of the University of Southern California School of Pharmacy.

3146 General practitioners and sexology in a town of French south-east.

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Introduction : In France the prevalence of the sexual disorders is high (Costa). In spite of that and in spite of the omnipresence of the sex in the media, the patients test a gene with speaking about their sexual difficulties in consultation (22% of the men suffering from erectile dysfunction consulted according to a French study of 2002). Since the arrival of the IPDE5 on the market, one attends a medicalisation of sexuality. In France sexuality entered the medical field, with the general practitioners in first line: for a first consultation it is towards their attending practitioner that the men prefer to turn themselves. **Method :** The author made an exhaustive study by questionnaires sent anonymously to the 154 general practitioners of Aix-en-Provence (town of 137 000 inhabitants of French south-east), concerning sexuality and his disorders, approached in practice daily of the cabinet. **The results :** The rate of acceptability of the study amounted to 37% thus showing the interest of the general practitioners for the tackled subject. Last nine out of 10 estimated that there is a place for assumptions of responsibility of sexology to the cabinet. In spite of that they directly tackle the subject with the patients only in 6% of the cases. The doctors seem sufficiently informed but badly made (less than 5 hours of course of sexology at the time of the university course; the DIU of sexology -150 hours of course is optional. On their side the patients camouflage the demands for waiting until the doctor speaks about it. It is especially when the sexual dysfunction gene the sexual relations that the patients consult more (erectile dysfunction and disorders of the desire). The dialogue between doctor and patient must continue by training the general practitioners at the bases of sexology during their university course on the one hand and by helping the patients to surmount gene and taboos on the other hand, far from the generally accepted ideas by the media. Thus, sexology, within the framework of the concept of Sexual Health, will be able to become, within the daily practice of the general practitioner, a speciality with whole share as well as the other specialities.

3147 A Controlled Study to Evaluate the Impact of a Psychosexual Assessment on Treatment Adherence and Satisfaction in Men with Erectile Dysfunction.

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Intro/Objectives: Since their release in 1998, oral treatments such as Viagra, Levitra, and Cialis have been used by millions of men to treat erectile dysfunction (ED). While it has been a revolutionary advance, it is reported that up to 65% of men discontinue their treatment regardless of efficacy. With this in mind, The Sexual Health Program was developed, as a joint collaboration

between the Departments of Urology and Psychology at the McGill University Health Centre (MUHC), to assess the organic and psychological aspects of erectile dysfunction. Main body / Results: The purpose of this study is to compare the multidisciplinary assessment model of ED to the standard medical treatment. All patients are examined by the same urologist and receive the same standard of care; however, the experimental group attends a psychosexual assessment prior to the appointment with the urologist. All patients answer a general health and sexual functioning questionnaire and complete the Sexual Health Inventory for Men (SHIM) at baseline. They are followed-up 3-6 months later and administered a brief structured interview, the SHIM, and the Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS), to assess sexual functioning and treatment satisfaction. Preliminary results suggest that men who undergo a psychosexual assessment before their urology exam report a (1) significantly higher percentage use of prescribed medication treatment; and (2) significantly higher reported treatment satisfaction than men who have the urologist examination alone. Conclusion: A multidisciplinary approach to ED may be the most effective way to assess the condition and facilitate treatment adherence. This supports the conclusions of the NIH Consensus Panel on Impotence (1993).

3148 Sexological Aspect in Suicide Tendencies Genesis of Military Officers.

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Sexual dysfunction studied as risk factors in evaluation suicidal tendencies of Ukrainian military men. Resulting from multifactor analysis of 436 cases of attempted but unperformed suicide, the following data obtained – for 81 young men (18.6%) the reason for suicide intention and attempt was sexual psycho-trauma. All the patients were examined at psychiatry department of military hospital by psychopathological, electro-physiological methods, as well as tested on the Hamilton's depression scale and by Spilberger's test. Depending on the character of the sexology-based suicide situation, the group of 81 military men can be subdivided into the following groups– 13 men (16.1%) committed suicide attempt directly after the failure of committing sexual act as the result of suddenly stopped erection, which was regarded as "impotence". For 5 soldiers (6.2%) this was the first sexual contact in their lives. 8 suicidal attempts (9.9%) masturbation was regarded as sexual pathology, sin, or disability to have normal sexual relations in perspective. In a number of cases the suicidal motivation was provoked by psychological pressure of the other militaries, who noticed the acts of masturbation. In 3 cases (3.7%) sexual aggression from other militaries took place. In 57 cases (70.4%) the genesis of out-aggressive behavior involved a complex of suffering – abstinence, sexual exhauster, heavy dreams, pollution, jealousy, broken love, hard reaction on letters of confession from the beloved girlfriend or wife. In 66 cases (which make 15.1% of the total number of cases studied) the reason for suicidal attempts was the reaction on the parents' divorce resulting from sexual disharmony, jealousy, etc. In a number of cases, suicide attempts of the soldiers were demonstrative as the response or protest against their family problems. The research has proven that negative sexual

factors played direct or indirect roles in 33.7% of situations (147 soldiers) of all the registered uncommitted suicide attempts. Sexual trauma increased suicidal risk among the military soldiers, especially in the first months of the military service. With course of time, the risk decreased gradually. As the result of multi-factor analysis, individual deviations were registered. Increased level of cautiousness, neuroses, depression, frustration, inability to adapt to military life, lack of confidence, feeling of fault, decision-making failure, high sexual temperament, post-suicidal stress – are the factors, studied during the research. All patients needed individual psychopharmacological therapy, psycho-therapy, psychological correction. The complex of measures to face the needs of the patients was included into the diagnostics system, monitoring system, preventive and repeated treatment programs, was developed.

3161 Prevalence of sexual dysfunction and its characteristics, in women of the Valencian Community (Spain). Results obtained with the sexual function questionnaire for women WSF.

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Objective: To know the prevalence sexual dysfunction (SD) in healthy women of the Valencian Community and their characteristics. **Material and Methods:** Cross-sectional and multicentric study in healthy women of 18 to 65 years, excluding those with treatments or pathologies from recognized influence on the sexual function. Each woman compliments the questionnaire on Women's Sexual Function (WSF) (Sanchez F et al. Aten Primaria 2004;34:286-292), self-administered, of 14 questions and fast accomplishment (5-10 minutes), validating in Spanish. Descriptive statistic was made, bivariate and multivariate analysis (Stepwise Backward) using statistical package SPSS v. 11; used techniques: t-Student and χ^2 of Pearson). **Results:** 212 women include themselves, of average age $40,5 \pm 10,9$ years, all of them with sexual activity. Overall prevalence of SD: 27,4%. Prevalence of SD in the different dominions of sexual activity: Affection of desire: 16,5% of the women; affection of the excitation: 13,2%; problems with the lubrication: 14,2%; problems of orgasm: 9,4%; problems with the vaginal penetration: 5,2% (without differentiating between dyspareunia and vaginismus); anticipated anxiety to the sexual activity: 7,5%. Average age of the women with SD: $44,8 \pm 11,2$ and without SD $38,9 \pm 10,4$ ($t = -3,54$, $p < 0,001$). By professions: greater prevalence of SD between the housewives (41.95% of them) and the services sector (26.8% of them) ($\chi^2 = 10,95$, $p < 0,05$); smaller prevalence between agricultural and industrial workers, sanitary personnel, education personnel and students. The SD frequency is increased according to descends the level from studies ($\chi^2 = 22,8$, $p < 0,001$). Smaller frequency of sexual activity between the women with SD ($\chi^2 = 18,9$, $p < 0,001$). The sexual disorder usually affects to more of a dominion ($p < 0,001$). **Conclusions:** The overall prevalence of SD is 27,4%. The profile of the woman with greater risk of undergoing it is: woman greater age, housewife, with smaller level of studies. The WSF questionnaire that follows the criteria of the DSM-IV-TR proposes a new model

to approach the "sexual disorders by pain", by means of a new dominion: "problems with the vaginal penetration", which does not discriminate between dyspareunia and vaginismus.

3162 Incidence and etiology of orgasmic dysfunction and vaginismus in the outpatient department of the CIPPSV.

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Introduction and Objectives: The clinical records of the patients who consulted the outpatient department of the CIPPSV / IIP, during the period of 1989 – 2004, were examined. The number of females were determined, and, from them, those who had complaints related to Orgasmic Dysfunction and Vaginismus were identified. Such records were analyzed in order to determine the possible etiological factors. **Materials, Methods, and Results:** After the clinical records were identified, the information was collected in the form that we developed for that purpose, and a computer program was used in order to make the proper analysis. Preliminary report allows us to say that Orgasmic Dysfunction runs at the frequency of 18 % and Vaginismus at 14 %. Among the etiological factors, we found that the lack of knowledge, religious influence, and traumatic episodes continue to be an antecedent to be taken in consideration. Antecedents such as Diabetes, muscle insufficiency, neurological disorders, and drugs side effects undoubtedly play a role. An important consideration, that will be a part of other study, is the influence of a dysfunctional couple relationship. **Conclusion:** Female sexual pathology is frequent. The factor associated to learning experience is still present and play some kind of role. The importance of organic factors need a deeper study. alicia-garzon@hotmail.com Apartado 68636. Altamira. Caracas. 1062. Venezuela.

3163 The Prevalence of the Women Sexual Dysfunction.

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Objective: The prevalence of the women sexual disorders **Introduction:** The sexual dysfunction modify their behavior and health. **Results:** The study of 100 women brazilian with sexual disorders at Federal University of Sao Paulo estimated: desire disorders 51,5%; anorgasmia, 35,5%, and vaginismus, 13% **Conclusion:** The data suggest the need for understanding and management in the women sexuality.

3164 A Study on Hypnotherapy For Frigidity Relation Between Psychogenic Impotence and Frigidity Conjugal Dynamics.

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We will make a presentation in the category of Emotional Chemistry. Psychogenic frigidity and sexual phobia or impotence (ED) stem from abnormal behavior in which there is no gratification during sexual relations. It is not an organic disease, the source is a psychological disorder rooted in personality. Those disorders are due to an undeveloped personality that has been suppressed by parental domination in the home environment from about four to six years of age. It can be said to correspond to male psychogenic impotence. Women with psychogenic frigidity lack a basic moral sensibility. They may do well in school and in other respects, but their social adjustment is poor. As a result, they have no concern about their reputation and are infantile in social relations. They may be misconstrued as sexuality "loose" or nymphomaniacs. School phobia and anorexia nervosa are among the difficult problems in children caused by maternal frigidity in the household. Their condition can be cured by using behavior therapy combined with hypnotherapy. Physical response to therapy is monitored by thermographic camera and recording. Hypnosis induces a passive trance which is effective for behavior therapy.

3165 Attributions of responsibility for pain in vulvar vestibulitis syndrome.

*Melanie Jodoin, Sophie Bergeron, Samir Khalife, Marie-Josée Dupuis, Genevieve Desrochers and Tina Landry. University of Quebec at Montreal, Canada.

The present study aimed to determine whether attribution of responsibility for pain is associated with pain intensity, dyadic adjustment and pain self-efficacy in women with vulvar vestibulitis syndrome. Data were obtained from 45 participants who took part in a gynaecological examination, a structured interview, and standardized questionnaires focusing on dyadic adjustment, pain self-efficacy, anxiety, global sexual functioning and pain during intercourse. The results of hierarchical regression analyses revealed that attribution of responsibility for pain predict both dyadic cohesion ($F=9.81$) $p<.01$ and pain intensity ($F=8.54$) $p<.01$ of these women after controlling for state-trait anxiety. Internal attributions of responsibility for pain were associated with better dyadic cohesion and lower pain intensity. Results also shown that attribution of the partner responsibility in pain predicted pain self-efficacy reported by these women even if the effect of trait anxiety and the global sexual functioning were controlled ($F=9.65$) $p<.01$. Therefore, attribution of the partner responsibility in pain by women were related to lower pain self-efficacy. Overall, in relation with gynaecological pain, these results suggest that attribution of responsibility for pain is a powerful predictor of pain intensity and dyadic cohesion in women with vulvar vestibulitis syndrome. Moreover, the perception that partner is responsible for pain decrease pain self-efficacy in these women.

3166 Vulvar Vestibulitis Syndrome : The consequences of pain anxiety and hypervigilance on pain and sexual impairment.

*Geneviève Desrochers, Sophie Bergeron, Samir Khalife, Marie-Josée Dupuis, Mélanie Jodoin and Tina Landry. University of Quebec at Montreal, Canada.

The present study aimed to determine whether pain anxiety and hypervigilance could predict changes in levels of pain during intercourse and in global sexual

functioning in women with vulvar vestibulitis syndrome. Data were obtained from 45 participants who took part in a gynaecological examination, a structured interview, and standardized questionnaires focusing on pain anxiety, hypervigilance, state-trait anxiety, catastrophization, and pain during intercourse. The results of hierarchical regression analyses revealed that pain anxiety ($F= 3.96$) $p = .05$ and hypervigilance ($F= 4.15$) $p = .05$ predicted the intensity of pain during intercourse. Higher levels of pain anxiety and hypervigilance to pain were both associated with more intense pain during intercourse. Results also shown that these factors predicted the severity of pain symptoms reported by these women even if the effect of state-trait anxiety and catastrophization was controlled, ($F= 5.95$) $p<.05$ for pain anxiety and ($F= 5.78$) $p<.05$ for hypervigilance. Therefore, higher levels of these variables were both related to more severe pain. Moreover, only cognitive pain anxiety was a predictor of global sexual functioning after controlling for catastrophization ($F= 4.61$) $p <.05$. Higher cognitive pain anxiety was related to increased sexual impairment. Finally, it was found that state anxiety mediated this relation. These results suggest that affective factors (pain anxiety and hypervigilance) are good predictors of pain intensity in women with vulvar vestibulitis syndrome. Finally, these results are consistent with a cognitive-behavioral model of chronic pain and they may be important components to consider for sex therapy with this population of women.

3167 Ultrasound of the G-spot (Female Prostate).

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Objectives: In scientific literature there is a lot of confusion regarding the semantic and anatomic definition of the *G-spot*. Ernest Gräfenberg (1950) described it as an erogenous zone on the anterior wall of the vagina in front of the bladder neck. Whipple (2005), the namegiver of this spot, does not consider it a spot but a gland, the female prostate. In contrast for Lenck and Vanneuville (1992) it is identical with the urethral sphincter, for Bodansky (2002) it is part of the clitoris and for Hines (2001) it is simply a myth. This study was performed to find an anatomical structure which explains the sometimes large quantities of the female ejaculate and to contribute to a more precise concept formation of the G-spot. **Material and Methods:** A 45 year old woman reported regular ejaculations from the area of the urethra during orgasm. The collected volume ranged from 5 to 16 cc. The ejaculated fluid and spontaneously voided urine were analyzed for prostate-specific antigen (PSA), acid phosphatase (PAP), prostate-specific acid phosphatase (PSAP), creatinine, glucose and electrolytes. Transvaginal ultrasound was performed with a ATL HDI 5000. **Results:** The analysis of the ejaculate (urine) was 213 ng÷ml (0.8 ng÷ml) for PSA, 33.0 mg÷dl (178.0 mg÷dl) for creatinine and in a former study 329 U÷l (42 U÷l) for PAP, 271 U÷l (37÷U÷l) for PSAP, 30,5mg÷dl (223,7 mg÷dl) for creatinine, 127 mg÷dl (30 mg÷dl) for glucose and significant differences in electrolytes. The ultrasound demonstrated a 3 cm long excretory duct between urethra and anterior vaginal wall which ended at the level of the urethral meatus. Endoscopy with a 4 French ureterscope showed a blind ending after 3 cm. There was no evidence of an urethral

diverticulum. **Conclusion:** This is the first report of an excretory duct at the six'o'clock-position of the urethral meatus in a woman with orgasmic ejaculations. It shows that the variety of the paraurethral glands concerning position, extension and form, is much broader than reported in the literature and that the size can be much bigger. The sexological consequence of this finding is, that the corresponding vaginal erotic area can sometimes be more spacious than usually described. It underlines also the importance of the pelvic floor training for enhancing the probability of the coital orgasm.

3168 Job risk factors of female sexual dysfunction.

*Yuriy I. Kushniruk and *Tania Y. Kushniruk. Urogynecology Medical Center, Ukraine.

Introduction and objectives. Female sexual dysfunction (FSD) being widespread and having on marital relations has recently became a medical and social problem. The aim of the work was to study job risk factors of FSD and personal defectiveness at women working in various occupations. There were examined 174 married women of 19-50 years old working three staggered shifts at a power station (I group) and 105 women, working at day-time shift in an agricultural firm (II group). Clinical, sexological and gynecological methods there have been used. **Results.** Planned pregnancies were in 92,8% of the I group and 93,4% of the II group and they resulted in childbirth in 90,8% and 91,2% respectively. Chronically somatic and gynecological pathology in both groups were practically similar. FSD is shown in the form of hypolibidemia and anorgasmia. Hypolibidemia was fixed in 16,2 women in group I against 7,6% patients in group II ($p<0,01$). Frequency of anorgasmia was in 27,5% and 11% women respectively ($p<0,05$). Among women with FSD prevailed the patients with weak sexual constitution (17,1%) and retardation of psychosexual development (7,6%) against 5,3% and 2,1% ($p<0,05$) in orgasmic women respectively. An intercourse more than one time a week with approximately the same frequency of orgasm was fixed respectively in $98,1\pm 1,13\%$ and $68,8\pm 4,0\%$ women in group II against $80,3\pm 3,07\%$ and $50,6\pm 4,0\%$ patients in group I ($p<0,05$). **Conclusion.** FSD is shown in the form of hypolibidemia and anorgasmia, the frequency of which is two times high at women who work with psychoemotional tension at three shifts and at night. Combination of job condition and personal defectiveness are significant pathogenic factors in the formation of FSD.

3169 The physiotherapy on anorgasmia.

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Introduction and Objectives. The orgasm is the peak of sexual pleasure. To explore the patient experience of seeking help for a orgasmic disorder and suggest a physiotherapeutic promoting a good relax treatment her pelvic musculature. **Main body / Results.** The patiente was submitted test involving the pelvic musculature by the instrument, the "perineometry". **Conclusion.** The patiente presented a good response.

3170 Do women's definitions of sexual problems concur with the current DSM

diagnostic criteria?

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Women's sexual problems are currently diagnosed and classified according to the psychophysiological changes that characterise the human sexual response cycle and cause marked distress and interpersonal difficulty, (DSM-IV-TR, 2000: p. 535). Critics have argued that this viewpoint is too simplistic and relies on a mechanistic view of body parts functioning (Tiefer, 1995). It ignores the context in which women live their lives and issues they themselves deem to be sexually problematic. At the same time, this opposing viewpoint does not provide any robust empirical evidence upon which to base its claims towards a new classification system of women's sexual problems. This paper reports on one phase of a qualitative study based in the UK. The study involved in-depth semi structured interviews with thirteen women drawn from the general public aged 35-75 years from two major cities. A key focus of these interviews was upon women's definitions of a sexual problem within the context of ageing. Interviews were transcribed verbatim and analysed thematically. Whilst the majority of participants were able to identify a sexual problem as having a physical cause, they recognized a complex interplay between physical, socio-cultural and psychological factors. Sexual problems were seen as issues relating to mind and body, not mind or body, often with no distinction made. Furthermore, media representations of the (a)sexual older woman were found to be problematic with a lack of positive role models for participants to relate to. These views run counter to DSM diagnostic criteria suggesting that sexual problems need to be viewed from a much wider framework. References American Psychiatric Association (2000). Diagnostic & Statistical Manual of Mental Disorders. Fourth Edition. Text Revision. Washington, DC. Tiefer, L. (1995). Sex is not a natural act and other essays. Westview Press, Oxford.

3171 Interstitial Cystitis and Female Sexual Dysfunction.

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To assess the extent and nature of sexual dysfunction and feelings of distress in women suffering from interstitial cystitis (IC) in relation to age matched healthy controls. The 19 item self-administered Index of Female Sexual Function questionnaire was used to assess sexual function, with responses graded from 1 (almost never, never) to 5 (almost always, always). Where appropriate, the option no sexual activity was included. The 12 item Sexual Stress Scale was used to assess feelings of stress and frustration, with responses graded 1 (never) to 5 (always). Questionnaires were performed prior to therapy. 20 healthy women and 20 female patients, ranging from 18 to 65 years, from Austrian IC self help groups and the Department of Urology of Vienna Community Hospital Lainz, were interviewed. Inclusion criteria for IC patients were a positive Potassium Sensitivity Test (PST-Parsons Test), at least 30 % reduction in bladder capacity under the modified 0.2mol Potassium Chloride Test, negative urine cultures and the absence of Sexually Transmitted Diseases. The symptoms most frequently reported were hypoactive sexual desire disorders (HSDD) (65 %), followed by

sexual arousal disorder (SAD) (40 %) and dyspareunia (30%). 45 % described a high extent of pain during or after sexual intercourse. Only 25 % reported orgasmic disorders (OD). 30 % of the women had not attempted sexual activities. The Sexual Stress Scale showed that 45 % were dissatisfied with their sex partners, 52 % of the patients were unhappy / disappointed about their sex life in general, and 70 % reported feelings of guilt. 50 % stated feelings of inadequacy and inferiority due to IC. Women with IC have a higher prevalence of sexual function disorders compared to age matched healthy controls. HSDD AND SAD were most frequently reported, with only 30 % of dyspareunia. Besides sexual dysfunction, IC also influences self esteem with 50 % reporting feelings of inferiority.

3201 Bake a Cake? Exposing the Sexual Practice of Bukkake.

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Bukkake is a Japanese term that refers to showering a receiver male or female with semen from one, several or many men. It is always a semen shower and, therefore, those on the giving end are always male. Theory has it that in ancient Japan, women who were found to be unfaithful were publicly humiliated in the town center by being tied up while every man in town ejaculated all over her to show his distaste. Originating from Japan, the practice of bukkake has spread across the globe and it appears over time, Bukkake has gone from cult like status to an accepted sexual practice however the actual terminology is not well known First introduced in facial cum shot in porn videos in the mid to late 80's by Japanese specialists, the practice has grown worldwide with organized groups having generated several popular schools and techniques creating several distinct schools of practice, each with their own forms. Though American and Japanese bukkake remain the most popular schools, European and Gay bukkake are both making waves in their own right. While on the surface, it seems like there aren't many ways to go about a bukkake session, the different forms and schools of bukkake naturally lend themselves to a wide variety of proven techniques which can enhance any bukkake experience by providing Bukkake Tips. Diet, nutrition, exercise and cleanliness can all play a big part in the bukkake experience to maximize the experience. Using available literature and resources from the internet this presentation will richly describe and chronicle the major events in the history of bukkake from it's beginnings as a ritual degradation in the villages of rural Japan to the sexual mainstream. It will describe the practice involved and the related risk of HIV / STDs. Clearly bukkake is a sexual practice not discussed openly in mainstream hindering possible health issues. The risks and if any benefit of applying male ejaculate on the skin needs to be investigated especially since an offshoot of bukkake is the practice of drinking and eating ejaculate. In certain bukkake events, the men masturbate into a bowl or cup, for a receiver to drink. Further discussion is also required whether the act of bukkake itself can be classified as a paraphilia such as hygrophilia the sexual arousal from the contact of body secretions?

3202 On sexual abusers : When clinicians and researchers meet.

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Objective: Research into the motivations of sexual abusers are not scarce, but few studies, apart from those coming from clinical research, adopt a qualitative perspective. In this presentation, we will reflect on the advantages and limits of doing qualitative research with sexual abusers. We will also discuss the interrelations between clinical sexologists and sex researchers, emphasising on the richness of this type of collaboration. **Method:** This study is based on a qualitative discourse analysis of semi-structured interviews conducted with 30 convicted sexual aggressors. The purpose of the interviews was to gather narratives on the contexts, thoughts, and emotions surrounding the aggressions for which the subjects were convicted. Coding of the interviews was done using Atlas/ti, and the researcher and the clinicians conjointly participated in the interpretation of the results. **Results:** The analysis of the research process suggests that, while it is often said that researchers and clinicians have different agendas, in the end, both benefit from this type of collaborative work. Although clinicians often rely on scientific research, this type of collaboration is only possible when both clinical sexologists and sex researchers seek to better understand behaviour and not to strictly explain it. The research process reveals epistemological considerations that need to be addressed. While clinicians were interested by the research results in terms of how it can yield intervention guidelines, the researcher reflected upon these interests and the biases they implied. The collaborative analysis of the data also produced information to better understand the key elements associated with way the subjects constructed their explanatory narrative. The narrative structure of the interviews is strikingly analogous to that of a clinical interview where the respondents naturally reflected on their infancy, family and conjugal relations, sexual history and hypotheses on why they had committed a sexual aggression. Can we ask to what degree the sexological discourse has been integrated by these respondents? These questions will be further addressed in our presentation. **Discussion and conclusions:** This paper suggests that we need, as researchers and clinicians, to be aware of the possibilities but also of the professional interests at play when we conduct research conjointly.

3203 Cognitive justifications of sexual aggressors: Description and clinical investigation.

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The authors will present the description of the cognitive justifications of the sexual aggressors. The researchers are from the Centre for intervention in sexual delinquency in Laval (CISD) and from the department of sexology of the University of Quebec in Montreal. The respondents were deniers or minimisers, and were convicted for sexual aggression. The interviews started with an open question: Tell me what happened about the aggressions for which you were convicted? Coding and and discourse analysis were done using qualitative analysis software Atlas/ti. The researchers were able to find many types of cognitive justifications in the discourse of the respondents. For instance, subjects

used the vague memory strategy. They would also blame the victim, their parents, or the sociocultural norms. They would sometimes mention that they are victims too because they were abused in their youth. More justifications will be presented during the poster session. The authors will suggest clinical paths to explore so to provide a better clinical treatment. In conclusion, the authors note the paucity of studies describing the content of cognitive justifications that use sexual aggressors. Clinical treatment addressed to these people should take into consideration the genesis of cognitive justifications instead of falling into pre-established categories. Further research should explore the elaboration of these cognitions as to better prevent recidivism.

3204 Paraphilias: definition and classification.

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Introduction and objectives Paraphilias term (morbid attachment to one *anomalous search* of the sexual satisfaction), also used as synonym of sexual deviation (in the form and of the object), it replaces the old and known concept of sexual perversion. Says this, it holds him opportune, for better defining the paraphilic personality and his behaviors to bring some of the elements inferred by the different clinical cases followed by Dr. Gargiullo,: - elements that describe a paraphilic personality; - elements that maintain and they strengthen the perverse action; - the *other* role; - the distinction among paraphilic sexual behavior, paraphilic sexual imaginations, transgressive sexual behavior and transgressive sexual imaginations. **Main body and Conclusions** The job contains the classification of the most known paraphilias (classical and atypical) with the proposition of four new diagnostic categories (Triolany, telephone Triolany, psychic Triolany and Troilism) and the rivisitazione of some definitions of parafilie already in use (Sexual Partialism, Triolagny and Triolism). We besides specifies, that the paraphilias are predominantly masculine troubles, but among the treated cases some diagnoses of paraphilic trouble has concerned the female sex (es. Transvestic Fetishism, triolagny, triolism and troilism).

3301 Attitudes towards Sexuality in sexual criminals in prison.

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INTRODUCTION The sexual criminals are accustomed to presenting a series of negative attitudes and discrimination towards as a woman like person, showing attitudes more restricted for them than for men in the valuation of the sexual behavior. As regards to sexual attitudes, the investigations so far have not demonstrated that these subjects, in spite of their sexually aggressive behaviors, are more conservative and have more negative attitudes towards Sexuality in

general, and towards women in particular. Although the sexual attitudes are relatively stable, they are subject to changes. A form of modifying them is to offer information by means of Sexual Education. It is possible to change the attitudes toward the Sexuality of one person, but it is not easy to produce such changes. For it is necessary to work in the cognitive, affective and behavioral components. To achieve it will depend, fundamentally, on the functions that complete the attitudes for the person and of the psychological techniques that are used for such an end. The change of attitudes toward Sexuality requires of bigger effort and time than the change of sexual knowledge. This study had as objective to evaluate the effectiveness of Module of Sexual, as regards sexual attitudes, in a group of 8 prisoners for sexual crimes. Three observation units were carried out: an initial measure before treatment, when the Module of Sexual Education concluded and, lastly, a third measure one year later. The evaluation instruments used to measure the attitudes were The Scale of Attitudes toward the Sexuality (Fisher and Hall, 1988; adapted and enlarged by Lopez, 1990) and The Sexual Double Standard Scale (Muehlenhard and Quackenbush, 1988). RESULTS Although the interns showed a bigger tendency towards more liberal attitudes after the educational intervention, we don't find significant differences among the mean punctuations obtained before in the Attitudes toward the Sexuality and after the intervention (Friedman's test=3.161; $p > .206$). In The Sexual Double Standard Scale we find significant differences between the evaluation realized between the intervention and the evaluation carried out one year later ($Z = 1.951$; $p < .05$) and among the two later evaluations to the Module of Sexual Education ($Z = 2.214$; $p < .05$). It was after one year, coinciding with the completion the Sex Offender Treatment Program, when the interns achieved the best results, when approaching more equitable standards towards the sexual behaviors of men and women. CONCLUSIONS In the sexual attitudes such an immediate effect has not taken place after the educational intervention, like in the sexual knowledge case. The sexual attitudes change was slower. It is probable that the modification of attitudes requires a more planned intervention and bigger duration.

3302 Proximate Determinants of Domestic Violence: An Exploratory Study on Role of Menstrual Problems and Life Style of Men.

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Introduction: Domestic violence has been taking place owing to husband and wife differences in personal matters and adjustments. In order to understand the determinants of differential perception of wives and husbands about domestic violence this study is undertaken. Main Body / Results: The sample consists of 1046 couples (husbands and wives) belonging to scheduled caste / tribe (SC/ST) and Muslims from Chittoor district of Andhra Pradesh. The findings reveal that both husband and wife in tandem agree that domestic violence has been taking place. Acceptance of this fact was found to be more among adolescents than other age groups of women. Education level of women seems to have partial role in lessening domestic violence. Further, more proportion of Muslim men and women admit about the occurrence of domestic violence than the SC and ST women. Conclusions: Number of members in the family, menstrual problems, and type of marriage, sexual behaviour of husbands have been found to be

causes of domestic violence reported by women. On the other hand men perceive work pattern, premarital and extra marital sex, smoking/ life style and number of members in the house were found to be causes for domestic violence.

□

3303 Age Dynamics of Attitude towards Sexual Violence in TV Programs in Young Persons.

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The factors that have influence on development of sexuality in adolescents and young people has been studied by many researchers, particularly, increased interest of the age group to TV programs with sexual content with violent scenes. Such programs allow to the young people release the "power" of erotic experiences that "embarrass" the young people with which they are not able to deal as a cause of their psychological and cultural are not ready. The paper presents age dynamics of changes in interests to sexual violence in TV programs in teenagers and young persons. 150 young people aged 14-21 years were assessed during one month period with self-monitoring notes recording on watched TV programs, original questionnaire and multifactor questionnaire of R. Kettell 16PF. In the same time we monitor TV programs with sexual violence on leading Ukrainian TV channels. According to age all subjects were divided into three groups: youngest - 14-15 years old, median - 16-18 years old and elder - 19-21 years old. The results demonstrated that peak of interest to sexual violence on TV showed in 16-17 years (38.0 %), the interest was not significantly lower in youngest age group - 34.0 %. Significant decrease of the interest was in elder group 26.0 % ($p < .05$). The interest in youngest group is maximal but without specific interest to sexual violence. In all groups there was a little part of persons whose personality characteristics were dramatically different with average scores. In some young people the crystallization of preferences to scenes of sexual violence is marked with personal features of raised interest to watching of sexual violence. The basic direction of prevention should be grounded (1) in legislative limitation of dissemination of TV- and video production that promotes sexual violence and (2) intensification of sexual education among young people.

3304 Sexual education for sexual criminals in prison: their knowledge about Sexuality.

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The cognitive-behavioral therapies of multimodal nature constitute nowadays the more utilized modality of treatment with sexual criminals. The cognitive-behavioral programs generally work with a group format. They have as objectives to work and to eliminate the cognitive distortions, to acquire appropriate knowledge, to develop social abilities, to learn how to control and to modify the sexual impulses. In this work we analyzed the obtained data for a

sample of eight interns imprisoned for sexual crimes in the Provincial Prison of Pereiro de Ourense (Spain). These interns have participated during two years in a Sex Offender Treatment Program. The Module of Sexual Education, one of the eight modules of the Treatment Program, which consisted of 8 sessions of about 2 hours in duration, and its contents were: concept of Sex/Sexuality, Sexual Anatomy, Sexual Physiology, Sexual Myths, Orientation of the Desire, Affection, Love and Couple Relationship, Sexual Roles, Human Sexual Answer, Sexual Problems and Paraphilias, Contraceptive measures and Sexual Transmission Disease and Sexual Health Criterion. The methodology was active and participative, with the development of different activities, individually, in pair and in big group. All the sessions were given by the same professional. The investigation had as objective to know and to deepen prisoner's sexual knowledge before, after developing the Module and one year after having intervened on the subject of Sexual Education. The evaluation instruments used were a Questionnaire for the Evaluation of Knowledge about the Sexuality and a Drawing about Sexual Anatomy of the Man and the Woman. The results indicated a significant increment after the educational program in the Knowledge about the Sexuality ($Z = 2.536$; $p < .01$) and in the Knowledge about Sexual Anatomy of the Man and the Woman ($Z = 2.527$; $p < .01$). Also, these improvements stayed after one year. The test T Wilcoxon didn't reveal significant differences among the two realized evaluations after the setting in practice the Module of Sexual Education. The obtained data defended, in general, the effectiveness of the Module of Sexual Education to the production of an increment in the sexual knowledge.

3305 Effects of a Module of Sexual Education on the Myths towards Sexuality in sexual criminals.

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INTRODUCTION It is quite frequent that people show that, inside the family nucleus, Sexuality is considered as taboo topic, being able to offer for them incorrect, slanted information, full with myths and provocative of negative feelings towards Sexuality. The heap of informative errors impedes an appropriate sexual behavior. It is possible to think that, the sexual criminal, due to this ignorance of Sexuality, can be able to interpret the signs of the others or the environmental stimuli erroneously inside the sexual context. So, it could adapt any sign to their own sexual desire, acting based on a slanted and subjective reality. All told it is considered fundamental to offer these fellows truthful and scientific information that facilitates a correct valuation of the situations and people implied in the sexual activity. Good information is the indispensable base to help the myths and groundless fears disappear, based mainly on ignorance. That is to say, an appropriate complete Sexual Education is indispensable to be able to live Sexuality without fears, without false expectations and without anguish, favoring the evolution sexual and socially responsible personality. Our investigation had as an objective to value the effectiveness of a Module of Sexual Education in a group of 8 prisoners for sexual crimes. Three observation units were carried out: an initial measure before the treatment,

when concluding the Module of Sexual Education immediately and, lastly, a third measure a year of having concluded the Module. We use as the evaluation instrument the interview and the Questionnaire of Identification of Myths (composed by 48 articles). RESULTS We have verified that the Sexual Education that the prisoners have received through their lives has been faulty and inadequate, or even nonexistent. These subjects have not obtained any type of specialized information. On the contrary, their sources of sexual information in the childhood-adolescence have been fundamentally the partners' group reference. The study results indicated a significant decrease in the myths and false beliefs after the Module of Sexual Education ($Z = 2.524$; $p < .01$) and, also, these improvements stayed one year after the educational intervention. CONCLUSIONS The obtained data defend the effectiveness of the Module of Sexual Education to the reduction the myths and false beliefs.

3306 Sexual Violence and the Sexual Double Standard Scale.

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OBJECTIVE: To know the relation between the sexual violence and The Sexual Double Standard Scale. MATERIAL AND METHODS: It is a descriptive transversal study made with a diana population of universitarias students, of 1st (2977), 3rd (1609) and 5th/6th (450) course, of the University of Vigo, thanks to a plan of investigation conceded for aforementioned university. All made a structured, voluntary and anonymous questionnaire to know socials and sexual violence variables (NHSLs) and The Sexual Double Standard Scale. We made the analysis of data with SPSS 11 / Windows. RESULTS: The half age is 20,72 years (SD= 2,61). The 40,6% is man. The 59,1% is doing 1st (&xover;=19,61 years; SD= 2,17), 31,9% is doing 3rd (&xover;= 21,95 years; SD= 2,08) and the 8,9% is doing 5th/6th (&xover;= 23,79 years; SD= 2,61). The 34,58 studied Humanities-Politics-Socials, the 63,31% Scientifics-Technicals and the 2,28% Fine Arts. The 5,4% had been victims of indecent assault, the 6,1% of sexual harassment and the 1% of rape. There is not significative association between the indecent assault, the sexual harassment and the rape and The Sexual Double Standard Scale. CONCLUSIONS: Is necessary to make Promotion of Sexual Health and Prevention of Sexual Risks for the victims of sexual violence and for the sexual aggressive persons.

3307 Sexual Attitudes and Violence.

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OBJECTIVES: To Know the relation between the attitudes towards sexuality and violence. MATERIAL AND METHODS: It is a descriptive transversal study realized plan conceded for aforementioned university. Al made a structured, voluntary and anonimus questionnaire to know the sexual attitudes and violence. The sample to made up for 4910, after removing those questionnaires

that presented blanks items. We did the data analysis with SPSS. RESULTS: The half age is 20.72 years (SD=2.61). The 59.3% is woman. The 59.1% is making 1st (X=19.61 years; SD=2.17), the 31.9% is making 3rd (X=21.95; SD=2.08) and the 8.9% is making 5th/6th course (X=23.79 years; SD=2.61). 1938 people make studies of Humanities, 3548 studies of Sciencies and 128 estudios of Fine Arts. The 5.4% had been victims of indecent assault, the 6.1% of sexual harassment and the 1% of rape. There is not significative association between the attitudes towards sexuality and indecent assault, sexual harassment and rape. CONCLUSION: The Education for the Sexual Health is unique way for improving the quality of the sexual life of all people, specially of the more youngers (victims and sexual aggressive person).

3308 Epidemiological Profile of Household Violence in Merida, Yucatan, Mexico.

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Introduction. - Household violence has been studied from different perspectives and disciplines, the approach from the point of view of a health problem is recent hence the importance of knowledge on the topic. Objective. - To determine the epidemiological profile of household violence in Merida, Yucatan, Mexico. Materials and methods. -An epidemiological study from November 2003 to October 2004. A questionnaire was applied on household violence, which consisted of 8 sections in 124 homes chosen in a multistage regional random sample. Results. -61% of the conflicts were solved violently (emotional abuse, intimidation or physical abuse), in more than half the cases the mother and father were involved, the mother having the role of victim in 45% of the cases. 51% of the interviewees recognized the mother as the most aggressive person. The degree of freedom for decision taking in the home, the wife only decided in the shopping (58 vs. 11%) the man dominated in everything else. The manifestation of household violence was: 38% emotional abuse, 12.8% intimidation, and 5% physical abuse. Sexual abuse was reported in 3%, the woman being the victim 100% the woman. Only 8% went for help to the police, the Department of the Public Prosecutor, the church or the relatives but any person of the health team. Conclusions. - In our environment violence manifests itself in several forms the most frequent being emotional abuse. It is notable that when the victims look for help they did so in different place but they did not go to the Doctor. So it is important that the population recognizes household violence in its early forms and can be able to receive help in different institutions in our city, and for this, a multi-disciplinary approach is fundamental.

3401 Youth and how the community responses to reproductive health and sexuality in developing country.

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Issues: Like many developing countries, Nepal has facing difficult problem to youth knowledge, awareness, behavior and attitude on their reproductive health and sexuality. But, on the other hand, today's nepalese youths are more tolerant toward premarital sexual relations. The youth reproductive health services is

then directed to assist youth to possess knowledge, awareness, behavior and attitude of responsible reproductive health through promotion by information, education, and communication, counseling, services for youths particularly those with particular problems, and supporting positive activities for youths. **Methods:** This paper aims to examine the result of the youth reproductive health services in nepal through explore the realty of their knowledge, awareness, behavior, and attitude of sexual and reproductive health from 2002 to mid 2004. To examine this reality this paper using the data from the Survey of High Risk Behavior of Adolescent Including Sexuality and HIV / AIDS Prevention with Implication on Reproductive Health which interviewed 4156 youths in 5 districts; 310 school and colleges. The data were edited and analysed by EPI info software program. **Results:** The summary of the result found that the reality of the knowledge, awareness, behavior, and attitude of sexual and reproductive health is still low. For the knowledge of reproductive health: most (53,6 percent) do not know basic meaning of reproduction, 78 percent of female in rural do not know the cycle of menstruation period, 64.8 percent never discussed reproductive health and even, 51 percent never discussed it with family, and 64.6 percent didn't getting family planning lesson. But, on the other hand, there are 49.1 percent kissing, 45.8 percent embracing/hugging, and 2.6 percent having sexual intercourse during dating. **conclusion:** This reality implicated on enhancing effort to create and promote more attractive program in informing sexuality and reproductive health information and launching friendly service concern to the youth. Conflict resolution, critical thinking, life skills, decision making and communication, improves their self confidence and ability to make informed choices such as postponing sex until they mature. Parents, families, community, national policy are critical in guiding and supporting young people to make safe choices about their health and well being. Studies has shown from mass media that consistent, positive, emotional connection with caring adult help young people feel safe and secure, allowing them to develop the resiliency needed to manage the changes in their lives without social stigma denial, and discrimination.

3402 Use of Paroxetine for treatment of premature ejaculation.

*Germanico V. Zambrano, Consuelo R. Camacho and Lourdes S. Munoz.

OBJETIVES: Pharmacotherapy using SSRI (PAROXETINE) to fixes doses for men with primary and secondary premature ejaculation. **MATERIALS AND METHO:** Forty male outpatients . All men where either married or in stable relationship, had no other sexual disorders and ejaculatory interval time < 3 minutes. Each patient was treatment with fixes doses of paroxetine 20mg daily for 4 weeks. None of the men received any formal psychosexual therapy. **RESULTS:** All take medication for 4 weeks, neither had dropped. The mean ejaculatory interval increased to 7 minutes in 34 patients. □

3403 Investigation and Analysis for 250 Soldiers(') Sexual Psychology and Sex Behavior of Some Armed Police.

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Objective: To investigate and analysis for sexual psychology, behavior,

knowledge and attitude toward sex of armed police soldier. Methods: 250 soldiers were investigated by self-developed questionnaire about sex. Results: They are regardful of sex were 42.8% (female) -71.5% (male), they liked to affiliate with opposite sex were 73.9% (female) -86.4% (male), they had girlfriends or boyfriends were 53.7% (male) -62.5% (female), they had sex fantasy were 64.2 (female) - 83.7 (male), they had sex dream were 45.2% (female) -96.3% (male), they had masturbation were 12.5% (female) - 47.8% (male), they accepted sex without marriage were 48.6% (female) - 69.4% (female). Conclusions: There were much common between armed police soldiers and general youth, but there were particularity in soldiers. The sex education of armed police soldiers was imperative under the situation.

3404 Love & intimacy: an experience in communication a cross a stable space in news paper.

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Since march 1999 I have been publishing a weeks page in EL HERALDO, the news paper with most circulation in la costa caribe colombiana, called Love & intimacy which fundamental objectives are: 1 modify the wrong believes and make it easy the right information for the readers a more responsible and pleasure sexual life. 2 describe the reality of sex of the costa caribe colombiana, letting people know information about their lives problems and dudes about sex. Principals sections: 1 Sex in our country & world where show information updated about sex. 2 The opinion of readers when the comments were published of the readers. 3 The letters the week were I answered the question of the readers. 4 Clinic cases of the week were we describe the general characteristics of diagnosis, therapy & therapeutic changes in typical cases in sexual dysfunctions. In this document we present the principal difficulties and goals obtained during this 7 years of continuous publications.

3405 A critical analysis of two texts of the XVIII century about the "harmful effects on health produced by masturbation and sexual excess".

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This study is based on a critical analysis of two texts of the later Eighteenth century: "De l'Onanisme: dissertation physique sur le maladies produtes par la masturbation" (Lausanne,1760) by S.A.D. Tissot and "La Nymphomanie ou traité de le fureur uterine" (Amsterdam,1772) by J.T.D. Bienville,. These books, and especially the first, are considered to be pretty much significant in the history of behaviours and believes concerning sexuality Although their rhetoric strongly recalls moral religious issues these texts are introduced as scientific treatises also addressed to a wider range of public. Their major is to educate people through knowledge and divert them from risky habits that could lead to extremely heavy consequences. Onanism and nymphomania are not treated as morally degrading sexual habits. They are rather assumed to be dangerous activities undermining human health, incurring terrible pathologies such as blindness and progressive paralysis, and leading at least to death. These works were republished until the first decade of the twentieth century as sexual hygiene texts. Because of the

success they had, they contributed to create several fears and discomforts, linked to potential harmful effects on human health produced by masturbation and sexual excesses.

3406 Sex at the Polls: The Invisible Voter.

*Carole Marks. , Canada.

Sexuality, invisible and unmentionable as it is, casts the critical vote at the polls and chooses a leader, solely, according to its wishes. Political issues are viewed, myopically, through its lenses. Issues become virtually irrelevant, in the process. Sexuality, for instance, can decide who will be President of the United States. And it usually does! Sex and Politics are inextricably connected -- within both society and the self. Because conservatives and liberals tend to differ in sexual attitudes and behaviors, we can identify a conservative versus a liberal "sexual style". The manner in which an individual votes and a society chooses a leader makes sexual sense -- both for the individual and for the culture. Although we, generally, are more liberal or more conservative, we can somewhat shift our position to the left or to the right. And, at times, we do. The link, then, between Politics and Sex -- at both the individual and cultural levels -- is not static: It is a dynamic and mutually interactive process. A look back twenty-five years ago. The seventies, due, primarily, to the repercussions of the new feminist movement, was a decade of confusion and turbulence between the sexes in America. Our study* indicated that the country, uncomfortable with this chaotic situation, would defend against it. We concluded that America would become more conservative not only in sex but also in politics. And that's what happened. In 1980, Ronald Reagan, a conservative with traditional, socio-sexual values, won the presidential election -- by a landslide! And America remained conservative throughout the eighties. Past-forward to November, 2004! George W. Bush was voted back in for another presidential term. Why? After 9/11, the country in fear, sought safety, security and protection. Americans expected their leader to be strong, brave, and resolute: ancestral characteristics of the archetypal male. And, of the two candidates for The White House, whom did America perceive as more traditionally masculine? During his campaign, George W. Bush had one message for the country: "I am your man!" And America "bought it"! Once again, Sex --the "determinator" -- pulled its pranks at the political polls! *Findings and conclusions concerning conservative and liberal differentiation -- not only in politics but also in socio-sexual attitudes and reported behaviors -- were the result of a study done of delegates at political conventions, 1980, by Dr. Timothy Perper and myself.

3407 September 11, 2001 - From Ashes Rising: The rebirth of the American Male.

*Carole Marks. , Canada.

What has been happening between the sexes in America, in recent decades? A revolution, I claim. An identity crisis. A dilemma that, fortunately, and with the utmost irony, finally resolved. How and when? At the very moment, two, high-jacked American jets crashed into The World Trade Center, the American male was reborn. A fortuitous blessing, I suggest, arose from a tragic curse. A look back. With the advent of the women's movement, in the late sixties, the

relationship between men and women began to change. Although the metamorphosis was gradual, it was drastic. In the seventies, woman was obsessed with "finding herself". Meanwhile, man didn't know who he was anymore. His centuries-old understanding of himself was evaporating, before his very eyes! After Vietnam, strength, bravery, aggression and protection -- ancestral traits of masculinity -- were irrelevant. As woman was beginning a voyage of self-discovery, man got lost in the shuffle. No one saw it. No one talked about it. Instead man suffered alone -- in complete silence! Since "an earthquake" had occurred between the sexes in the seventies, America longed to return to "the way we were". The country therefore shifted to the right in the eighties. Woman, entering the work force in greater numbers, demanded more political and economic power. Furthermore, she didn't forget who had subjugated her for centuries -- MAN! Man, whether he knew it or not, was in for the battle of his Life. Woman, seeking revenge, was at war with him! The nineties in America, I argue, was the greatest period of male-bashing that the world has ever known! Leaders and heroes were paraded -- one at a time --into televised courtrooms. Innocence or guilt is not the point. This is: The sadistic pleasure America seemed to crave the spectacle of men squirming like worms. And man, apparently, enjoyed the symbolic slaughter of his sex as much as woman did! When would man have suffered enough in America? When would woman have punished him enough? September 11th. In a terrible moment, time stopped and man found himself again. Todd Beamer's heroic, last words: "Let's roll!" became a mantra for masculinity. After three decades, man, finally, was valued -- and valued himself --for all that he had ever been. With this tragedy of terror, is the battle between the sexes finally over? Perhaps so.

3408 Harmfull Prejudices : A Current View of Homosexuality.

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This descriptive-style research, surveyed the myths, prejudices, and stereotypes about homosexuality, held by senior students of the Health Sciences Faculty in a private university of the Colombian Caribbean coast. It intends to explain some disadaptive behaviors among the future health professionals. The objective was to establish the view of students about homosexuality and how it directly influences the quality of attention and the treatment provided to this type of patients. The results reflect a high degree of homophobia, the presence of myths and stereotypes among the male population, and a higher level of acceptance and clearer ideas among women concerning homosexuality. But, equally between female and male senior students in the Health Sciences Faculty Health Sciences, they are against granting equal rights to homosexuals, including the adoption of children

3409 Incidence of Vaginal Infection Among Female Adolescents.

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The aim of the study was to evaluate the incidence of vaginal infections among

sexually active female adolescents. Material and methods: Gynecological examination, microbiology examination, vaginal and cervical smears were performed. Results: Out of 115 female adolescents, 96(83,5%) were sexually active. The commonest vaginal infections was Candida in 50(52%) patients. 46 patients had mixed bacterial infection with Escherichia coli, Gardnerella vaginalis and etc. All sexually active female adolescents were free of vaginal infection. Conclusion: We can conclude that sexual activity increases the incidence of vaginal infections among female adolescents. So regular gynecological examinations are recommended for these patients.

3410 The prevalence of erectile dysfunction in nigerians with diabetes mellitus.

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introduction and objectives: erectile dysfunction (ED) is a worldwide problem which is generally undertreated especially in this part of the world. This is a problem that the sufferers are often not freely able to discuss with their doctors especially in Nigeria because of the problem of stigmatization. Such men are to the uninformed viewed as being "less than men". diabetes mellitus is one disorder that has been associated with this all-important disability. The underlying pathology may be psychological or organic viz arising from vasculopathy and neuropathy just to mention a few. this study sets out to determine the prevalence of this problem in Nigerians with diabetes mellitus. Main body and results: this is a prospective and still ongoing study carried out in the Diabetes Clinic of the Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos, Nigeria. Information was obtained by an interview based approach. Every male with DM seen by me was interviewed one on one regarding erectile dysfunction. A total of 96 men with DM were seen during a period of one year. 33 (34.3%) had ED. Of these 8(24%) had type 1DM while the remaining had Type 2 DM. The mean age(SD) of people with Type 1 DM that had ED was 49.7(8.9) while for Type 2, it was 61.2(0.97). In all the age range was 32-82. Only two percent of all affected persons were on treatment (testosterone replacement and herbal medications.). Results: ED is a fairly common complication of DM in Nigerian males. It is a condition that has been largely unaddressed.

3411 Sexuality & health.

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abstract: sexuality & health introduction: it is wise saying that health is wealth. spouse sex relation ship keeps sound and happiness. but illicit and multi sexual relation ship makes miserable life and it leads to dangerous and cruel disease what is known as aids, aids cruelty has spreader in almost each countries of the world. aids attacked patients ensures ones death. objectives : our origination child and woman rights society cwrs takes the measure how to aware the people free from this disease. prevention is better than cure. confined to spouse sexual relationship this short of disease causes from polygamy, polyandry and with different mail and female professional women known as sex workers generate this cruel disease. main body : cwrs has taken program to make awareness about

the aids. some the pros quarter and met some of the aids attacked women. we advice for spouse sex relationship not with others. if necessary, condom can be used. i can point out from a study, 13000 people aids patient till now and most of them died without treatment as out of shame. they did not come to doctor. results : health workers of cwrs went to some neighboring pros quarter and met 4 victim women. 1. they have taken profession as sex workers to keep body and soul together , 2. generate employment , 3. awareness about cruel disease hiv / aids and attacked people has no probability for life expectancy, 4. prevent from pregnancy so that new born child may free from aids aids patient. conclusion : we will have to shouting slogan for consciousness to prevent from aids and in our country as well as global world.

3412 Erectile dysfunction, Impotence and Psychopathology: a psychoanalytic perspective.

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The objective is to study psychopayhological aspects in subjects with symptoms of psychogenic erectile dysfunction (ED) from a psychoanalytic perspective. Method: Evaluation and psychotherapeutic treatment on 85 men in Brazil with diagnosis of psychogenic ED, carried out at psychiatric and urologic out-patient clinic. Results: For these men the fears associated with sexual failure reveal insecurities regarding their own masculinity, based psychically on their erection rather than on their subjectivity. Psychoterapy showed that these men's masculinity, as symptom, uses activity with erect penis as an imaginary banner of 'phallic' potency. The onset of ED raises the issue of masculinity, affecting the men's basic being and confirming the 'impotence'. We were able to observe the close correlation between sexual symptoms and their counterpart in the constitution of masculine identity associated with aspects of hysteria's paradigm. Our purpose is rather to open up a field of dialogue of the 'pathos, the patient's psychic suffering and symptomatic expression.

3413 "Learning to Live" - a successfull experience in educators' training on preventing pregnancy and STD/Aids in teenagers.

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Since 2001, Instituto Kaplan, along with Pifzer Labs and the Government Social Fund for the State of São Paulo (Fundo Social do Governo de Estado de São Paulo), is doing a health and sexual responsibility project with teenagers, by training educators who work in beneficent institutions among adolescents, with the objective of introducing actions of prevention using the game "Learn to Live" - a board game that contains challenge, question and risk situation cards, and provide information about sexuality, pregnancy, contraception, STD/Aids and prevention. **Objective:** to research the efficacy of training and game using in educators' actions among adolescents, parents and other educators from his own institution. **Methods:** appliance of a multiple-choice questionnaire, by phone, in the beneficent institutions that participated in the project between years 2001 - 2003. The evaluation was done with the 56 institutions that answered our questionnaire, of the 105 total that participated in the project (53%) **Results:** 90%

of the participants are developing prevention actions using the game. 85,7% said that it contains enough information for working on sexuality. From 0 to 10, the medium grade attributed to the game was 9.28. The game was used mainly with teenagers (93%), followed by other educators (62.5%) and parents (30%). Among the themes worked by the game, vulnerability and condom negotiation were drawn in first place (82.1%), followed by teenage pregnancy and contraception (78.5%), life project and drug abuse (64.3%). Besides the themes provided by the questionnaire, some of the interviewed said that homosexuality, prejudice and group/friendship influence were also themes dealt by the game. **Conclusion:** The game could show its huge potential as an information provider; it allowed the educators the discussion of polemic themes in sexuality, showing how important is the use of a joyful and didactic material to ease the prevention actions. Besides, it provides to the players a continuous renewal of the action, sustaining the interest on itself.

3414 Cerebral activity zones on the background of neuromodulation of the intimate muscles and visual erotic stimulation in peroral and intracavernous induction of erection.

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Objective: To determine the cerebral structures participating in the central regulation of the erectile function, and to evaluate the impact of certain vasoactive inducers of erection on these structures. **Materials and methods:** We examined a total of three patients (mean age 46 ± 10.5 years) with the generalized form of erectile dysfunction. In order to reveal any possible organic lesions and functional disorders in the cerebral structures responsible for realization of erection, the patients were subjected to functional magnetic resonance tomography (fMRT) of the brain using the tomograph Siemens Symphony Maestro class, with the magnetic field voltage of 1.5 teslas. The first stage of the studies included a series of tomograms taken in the patients at rest. The second stage was electrostimulation of the mm. ishiocavernosum, bulbocavernosum by modulated current using the Bio bravo device with an amplitude of 6 mA, frequency 30 Hz and pulse width 200 msec. The third stage was visual erotic photostimulation on the background of sildenafil citrate administered at a dose of 50 mg 1 hour before the study. The fourth stage consisted in the intracavernous test with prostaglandin E at a dose of 10 μ g. Each stage of the study was accompanied by performing fMRT. **Results:** Carrying out the first session of fMRT revealed in one patient a 4-mm pathological focus in the brain trunk on the left, with no focal alterations in the cerebral tissue being detected in the rest of the patients. The second session of tomograms revealed excitation foci in the areas of the truncus cerebri, cerebellum, hypothalamus and temporal areas, being registered by the functional programme in stimulation of the intimate muscles participating in formation of the rigid erection phase. The third-session tomograms turned out to reveal excitation foci in the visual occipital, olfactory frontal and temporal areas, registered by the functional

programme in erotic photostimulation by means of the patient-chosen picture. The stage-four tomograms revealed excitation foci most pronounced in the temporal regions responsible for inhibition of erection (in one patient), as well as in the hypothalamus, optic and olfactory cortex of the brain, registered by the functional programme after the intracavernous test. **Discussion:** Hence, we draw a conclusion that erectile dysfunction (ED) in one patient was probably caused by discoordination in the function of the cerebral zones responsible for erection activation and detumescence, in another one – an organic lesion to the cerebral trunk. The third patient showed a general decrease in the activity of the cerebral zones responsible for erection activation. **Conclusions:** With the insufficiently informative value of the standard procedure of examination of the patient with ED, the diagnostic algorithm should also include an additional method of neurovisualization, i.e. fMRT, making it possible to detect both organic and functional lesions to the cerebral areas responsible for realization of erection.

3415 Condom use self-efficacy, personality, and body image in male and female American and British students.

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Introduction/Objectives. Condom use plays a crucial role in preventing HIV/STD transmission and in preventing unwanted pregnancy. Condom self-efficacy is one predictor of condom use. Identifying personality and mental health factors that predict condom self-efficacy can help in the design and implementation of prevention programs targeting HIV/STD transmission and unwanted pregnancy. **Methods/Results.** American (n = 187) and British (n = 142) male and female college students of various racial/ethnic backgrounds completed a condom self-efficacy scale (CSES); a health behaviors inventory (HBI); the instrumentality and expressiveness scales of the Personality Attributes Questionnaire (PAQ); an eating disorders inventory (EDI) that included subscales for constructs including body dissatisfaction, bulimia, drive for thinness, and others; and a measure of caring and overprotectiveness in parental relationships. American and British students did not differ on the CSES, and neither did persons of different racial/ethnic background (European, African, or Asian). However, females had lower condom self-efficacy than males, $t(269) = 3.7, p < .001$. Correlational analyses showed that for males, condom self-efficacy was associated with higher expressiveness scores on the PAQ and with less body dissatisfaction, drive for thinness, distrust of others, fearfulness, ineffectiveness, and bulimia-related behaviors, from the EDI. For females, condom self-efficacy was associated with higher scores on the HBI (more positive health-related behaviors in general), higher masculinity on the PAQ, and with the same relationships as males on all EDI scales. The parental relationship measures were not related to condom self-efficacy for either group. **Conclusions.** Condom self-efficacy is consistently associated with some psychological or personality constructs for both men and women. Both sexes have higher condom self-efficacy when they are less dissatisfied with their body image; have less desire for thinness; have fewer characteristics of bulimia; are less distrustful of others; less fearful; and feel more effective in general. However, both sexes also showed

relationships that the other did not; condom efficacy was associated with greater expressiveness for males and with greater instrumentality for females, while pursuit of health-related behaviors in general was related for females but not males. Prevention researchers may benefit from considering the similarities and differences between males and in females in the predictors of condom self-efficacy.

3416 Sources of information about sexuality and the relationship of knowledge to behavior.

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Low levels of sexual knowledge may lead to irresponsible or risky sexual behavior. Thus, it was thought important to identify sources of sexual knowledge among college students and to determine if (1) some source were associated with greater knowledge, and (2) greater knowledge levels were associated with more responsible sexual behavior. Undergraduate college students (n=462) from a university located in the southeastern United States participated in the study. All participants were single and under the age of 25. Students voluntarily completed an anonymous questionnaire while they were in a regular classroom setting. The questionnaire included 21 true/false knowledge questions dealing with various sexual topics, including the sexual/reproductive system, fertility and pregnancy, masturbation, menstruation, contraception, homosexuality, sexually transmitted infections, and sexual response. Data regarding sources of information were elicited using 15 five-point likert-type statements regarding various sources of information (mother, father, sibling, books, etc.) that asked participants to rate degree of source helpfulness, the extent to which the source discussed or welcomed the topic, and level of influence of the source. Students showed limited sexual knowledge; over 50 percent of the students answered six of the 21 items incorrectly and over 20 percent of the students answered 11 or more of the 21 items incorrectly. Females had significantly ($p=.001$) higher knowledge scores than males. In addition, results indicated that knowledge differed by six of the source items: (1) whether or not the participant had taken a college level sexuality course, (2) the degree of influence from mom, (3) the degree of influence from dad, (4) the degree of sibling influence, (5) degree of open sexual communication in the home, and (6) degree of influence from television. Results of multiple regression analyses indicated that source items accounted for 16.35 percent of the variation in knowledge for females and 22.62 percent of the variation in knowledge for males. There were also significant gender x behavior interactions with sexually experienced females recording the highest knowledge scores and sexually experienced males recording the lowest knowledge scores. Results should be useful to sexuality educators who want to help students gain accurate information about sexuality.

3417 Intra cavernous injection of PGE1: Tolerance and quality of life among long-term treated patients.

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Backgrounds: nowadays in France more patients received intracavernous injections for erectile dysfunction (ED) ; Within 4 years , the number of treated patients significantly increased . However lots of doctors and patients still hesitate to take this treatment or postpone it Objectives: the aim of this study is to evaluate the facility of use, tolerance and quality of life of patients treated by IIC in France Methods: 5000 questionnaires were given to GP or specialists for patients who have received PGE1 IIC for at least three months; 695 questionnaires were returned. Questions related patients features and medical history, the use of the IIC and their effectiveness, the impact on life and satisfaction felt by the patient and the partner. Results: The mean age of the patients was 62,4 years. 77% were "Married or living together as husband and wife". The patients were suffering from treated prostate cancer or in the course of treatment for 39%, arterial hypertension for 32%, cholesterol excess and / or triglycerides for 28 % and diabetes for 24%. The patients had presented ED for 60,5 months,. They used IIC for 33 months on average. The 10 microg dose was used by 45 % of the patients, and in 54% 20 microg was the effective dose; these IIC were used at least twice a month for 92% . Injection and erection pain were evaluated on an analogical visual scale and regarded as negligible to weak. The IIC were always effective for 57% of the patients and more than once out of two for 81%. Most of the patients were satisfied with the time of action onset (85%) and durability (81%) of the IIC. While using IIC, 81% of the patients felt more confident to have sexual relation, and 74% thought that the partner was satisfied with the treatment; only 8 % of the partners wished to stop the treatment. Since the beginning of the treatment, 70% felt that their sexual life was rather better, and 91% that the relation with the partner was rather better (50%) or unchanged (41%). Finally 50% found their moral improved . Conclusion: this survey demonstrates that a regular use of treatment by IIC of PGE1 fully satisfy the patients in term of effectiveness, facility of use, tolerance and improvement of sexual life and life of the couple. These results must encourage the doctors and patients to use these treatments , particularly in second intention after failure or contraindication of PDE5 ©±

3418 Sexuality and mental illness in Casablanca. Morocco.

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Objective: to explore sexual dysfunction of patients with mental illness. Methods: The criteria of sexual dysfunction were those of DSM IV. Seventy patients have been recruited and men represented 65.7% of the sample. Results: The mean age was 31.63 years +9.02. 28.6% were married. Patients with schizophrenia represented 37.1% and 40% were depressive. Patients took psychotropics during one year and more in 72.1% of cases. More than half of the sample didn't have any sexual partners in the 6 months preceding the survey. The mean time of sexual intercourse (without preliminary) was 12.97 min +6.90. Data of sexual dysfunction collected were as following: 37.1% achieved orgasm before illness vs. 5.7% after; 91.7% had a decrease of their sexual desire and 12.9% had a sexual aversion that started after illness in 77.8% of cases. For men, 17.1 % had erectile dysfunction with 93.3% after illness and 17.1% had ejaculation dysfunction.

Ninety per cent of patients having sexual dysfunction thought that it is secondary to the illness. Conclusion: An important decrease of sexuality was noticed among mental illness patients. The sexuality should be evaluated carefully to the first consultation and regularly during the follow-up.

3419 A Research to Male Sexual Behavior Related Trauma in American-Chinese in New York.

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Objective: To analysis and research to types, risk factors, prevention and treatment of male sexual behavior related trauma in Chinese in New York. Methods: The medical records of 58 cases of male patients with sexual behavior related trauma that was admitted to 3 hospitals was reviewed. Results: Age of patients is 18-39 years old, medial age is 24.6 years old. 23 cases with married, 29 cases with single 9 cases with widower. 5 cases with college education, 53 cases with middle school and lower education. In the 58 cases, 18 cases with rupture of cavernous body of penis, 13 cases with paraphimosis, 9 cases with frenum laceration, 6 cases with urethral contusion or laceration, 5 cases with penis contusion or laceration, 4 cases with incarceration of penis by metallic ring and 3 cases with broken penis dorsal vein. The risk factors included: 23 cases with masturbation, 18 cases with violent coitus, 9 cases with sex of mouth and 8 cases with sodomite (sex of anus). 58 patients was recovery who had been treated at medicament or/and operation. Conclusions: Sexual behavior related trauma in males mainly occurs in the sexual active young men. Risk factors were low education level, scarcity of sexual knowledge, masturbation, violent coitus, sex of mouth and anus. To prevent the sexual behavior related trauma in male, it is necessary to promote healthy sex education and provide sexual counseling service.

3420 What works well in the sexual prevention of AIDS in university students?

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Introduction: The high prevalence of sexual behaviour involving risk among university students has been described in several studies. Nonetheless, little research has been carried out as to which are the most effective preventive strategies for this population. Objective: Our objective is to analyse the differential effectiveness of various preventive strategies in relation to the sexual transmission of HIV in university students. Method: The sample used was 186 Spanish university students. 28% were men and 72% were women. The average age was 22.3 (SD=4,4). All of the subjects were given the Aids Prevention Questionnaire (APQ) by Ballester et al. (2004) before the intervention. The students were randomly assigned to one of seven experimental conditions: (1) informative talk, (2) group discussion of attitudes regarding AIDS, (3) training in skills, (4) intervention of a patient with AIDS, (5) provocation of fear, (6) use of new technologies and (7) control group. Two weeks after intervention, the

students were re-evaluated. Results: Significant differences appeared after the interventions. There was an improvement in all experimental groups compared to the control group. Furthermore, there were statistically significant differences between the various interventions in the subsequent testing. The most precise assessments of the seriousness of AIDS corresponded to conditions 1 and 4; in these groups there was also a greater improvement in the knowledge that oral sex without the use of a condom is a risk activity. The consistent use of condoms in vaginal, anal and casual sex improved particularly in conditions 4 and 6. The improvement in the perceived skill in the use of the condom was greater in groups 3 and 4. Conditions 2 and 6 contributed to a greater degree the enhancement of solidarity towards HIV infected people. Conclusion: Some preventive strategies such as the participation of a person who is HIV positive as a health agent, appear to be highly effective. Nonetheless, it is possible to be quite specific when establishing which are the most effective strategies for modifying various aspects relevant to AIDS prevention. Study financed by Fundacion para la Investigacion y Prevencion del SIDA en Espana (Ministry of Health, Spain). (Exp. 12436/03)

3421 Coital and Non-Coital Hooking-Up Behaviors of College Students.

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Purpose: On college campuses across the nation, hooking up, or engaging in sexual activities in which there is no future commitment, has become normative behavior. The purpose of this study was to examine the relationship of hooking up behaviors relative to religiosity and sexual satisfaction. **Methods:** Data were collected from a convenience sample of undergraduate students ($n = 459$) at a southeastern university. Researchers utilized SAS programs to complete the data analysis. Data were analyzed using frequency counts, univariate analysis (chi-square and ANOVA) and logistic regression. **Results:** Findings revealed 53.17% of college students had ever hooked up. Of the females who reported hooking up, 25% engaged in sexual intercourse every time or most of the time. Of the males who hooked up, 51% engaged in sexual intercourse every time or most of the time. Chi-square analyses revealed that males (64.24%) were significantly more likely than females (47.22%) to have hooked up ($p < .001$). Hooking up was found to be not independent of religious attendance or religious feelings, with those who attended worship services less frequently and those who were not as religious significantly more likely to have hooked-up, than those who attended more frequently ($p < .001$) and those who were more religious ($p < .001$). To examine differences in sexual satisfaction, as a function of gender and hooking up, a two-way analysis of variance was performed. Results of the ANOVA indicated a significant main effect for ever hooking up and sexual satisfaction scores ($p < .0001$). Logistic regression revealed sexual satisfaction for females made a unique contribution to distinguishing between those who had hooked up and those who had not ($p < .0001$, percent concordant = 61.6). For males, sexual satisfaction and religious commitment each made unique contributions relative to hooking up behavior ($p < .0001$, percent concordant = 75.5). **Conclusions:** Results indicate sexual satisfaction and religiosity may determine involvement in casual high-risk sexual encounters which place college students at risk for sexually transmitted infections and unintended pregnancy. Results should be of

value to college level sexuality educators and considered by those involved in sexual health programming on college campuses.

3422 Sexual dysfunctions in a sample of schizophrenic outpatients.

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Introduction Sexual dysfunctions are common among schizophrenic patients. They may be due to many etiologies, mainly medication, and can also contribute to the quality of life impairment of these patients. **Objective** The aim of this study is to determine the prevalence and the different types of sexual dysfunctions among schizophrenic patients. It is also in search of the correlations of these dysfunctions with clinical characteristics, treatment side effects and quality of life. **Material and Methods** It is a transversal descriptive study concerning a group of male and female patients attending psychiatric outpatient unit of a general hospital. The including criteria are: -diagnosis of schizophrenia following the DSM IV criteria -neuroleptic medication since at least 6 months -patients agreement to be interviewed Patient recruitment was done between July and September 2004. They were interviewed by the psychiatrists of the unit. The studied variables were assessed by: The Brief Psychiatric Rating Scale (BPRS) The Scale of Assessment of Positive Symptoms (SAPS) The Scale of Assessment of Negative Symptoms (SANS) The UKU side effect rating scale The Heinrich Quality of Life Scale (QLS) J.Cottraux Male and Female Sexual Dysfunction Scale **Results** 64 schizophrenic patients were assessed (49 males and 15 females). 43 of them had, at least, one sexual dysfunction (37 males and 6 females). The most important disorder in males was erectile dysfunction. It showed significant correlations with SAPS ($p = 0.045$), UKU ($p = 0.042$) and QLS ($p = 0.031$) scores. Female dysfunctions were predominated by desire and arousal disorders, with no significant correlations. **Conclusion** Sexual dysfunctions are very common in our sample and some of them are correlated with the patients clinical characteristics and the quality of life. Further studies are required to determine the respective implications of the disease features and the treatment side effects.

3423 Perceived barriers and advantages in the use of the condom in spanish university students.

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Introduction: The sexual transmission of the HIV infection among young people continues to increase alarmingly in that each year there are several million newly infected subjects. Far from being sufficiently informed and aware of the potential risk of AIDS, university students manifest a high prevalence of sexual activity involving the risk of HIV infection; using condoms could reduce this risk. **Objective:** Our objective is to show the degree of use of the condom in various

sexual practices and what may be the barriers and advantages perceived by Spanish university students in its use. Method: The sample was made up of 186 Spanish university students. Of the total sample, 28% were men, 72% were women. The average age was 22.3 (DT=4,4). All the subjects were individually given the AIDS Prevention Questionnaire (APQ) by Ballester et al. (2004). Results: Only 48% of the students always used a condom in vaginal sexual intercourse. The percentage is barely 14% in anal penetration and only 3% in oral sex. The main barriers or inconveniences in the use of the condom were: loss of sensation (37%), fear of a possible breakage or the poor condition of the condom, (33%), interruption of the sexual act (30%), difficulty in obtaining them (not carrying them when needed, being far from where they are sold..) (25%) and their price (18%). The main advantages indicated were their effectiveness at preventing HIV infection and other STDs (93%), the prevention of unwanted pregnancies (81%), the fact that they are easy to obtain (51%) and the absence of side-effects (47%). Conclusion: It is important to continue research into the reasons why university students do not use condoms in their sexual activities. In the preventive interventions it is of prime importance to combat some erroneous beliefs which augment the perceived inconveniences associated with the use of the condom. There is a need to highlight its potential advantages. Furthermore, health policies should help to diminish barriers such as the price of condoms and make them more readily available. Study financed by Fundacion para la Investigacion y Prevencion del SIDA en Espana (Ministry of Health). (Exp. 12436/03).

3424 Sexuality and marital life in pathological gambling.

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Various studies indicate a relation between marital and sexual factors and various psychopathologies. Though the direction of this relation is not always clear, several authors think nevertheless that this interaction is important and perhaps a factor to be considered in the evaluation and the treatment of these psychopathologies. It was shown in particular that a marital intervention can prove very useful in treatment and relapse prevention of several psychological problems such as the depression, anxious disorders and alcoholism, a problem frequently associated to gambling. Consequently, the establishment of a relation between marital and sexual life and pathological gambling would allow to evaluate the relevance of marital intervention in order to help the pathological gamblers. However, no research until now seems to study in depth the relation between marital and sexual functioning on the one hand and the pathological gambling on the other hand. It is the main goal of the present research program entitled "Marital life and pathological gambling" to study marital and sexual functioning of 120 couples meeting the following criterias: between the age of 20 and 75 years, living together for at least one year or if the couple is separated, separation must be related to gambling. Several questionnaires making it possible to study marital and sexual functioning are used. Workshops of one day or a weekend on marital and sexual life are offered to participants as a reinforcer for their participation to the research. The objective of these workshops is to acquire tools to learn with better communication, management of conflicts and

improve sexual functioning and satisfaction. Preliminary results of this research will be presented.

3425 The experimentation of the IIEF among psychiatric patients.

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INTRODUCTION Sexual dysfunctions are common in psychiatric patients, especially among schizophrenic and depressive ones. Their assessment is difficult considering the lack of standardized instruments. **OBJECTIVE** This study aims to report a preliminary trial of using IIEF as an instrument to assess sexual dysfunctions among psychiatric patients. **MATERIEL AND METHODS** 30 male patients were recruited from the psychiatric outpatient unit of the Farhat Hached general hospital. This sample contains 15 patients with major depressive disorder and 15 patients with schizophrenia following the DSM IV criteria. Patient interview was done during summer 2004 (July and August) by the psychiatrists of the unit. The assessment concerned : The sociodemographic profile Clinical characteristics Therapeutic characteristics IIEF-15 subscores and global scores **RESULTS** The IIEF-15 scores showed many sexual dysfunctions in both groups. Depressive patients seem to have a higher level of comprehension for the questionnaire items. Further more their answers were more specific and exact then schizophrenic patients. The latter often expressed unnecessary and an inadequate commentaries. It appears difficult, for both groups, to find out the respective implications of an eventual previous disorder, the actual psychiatric symptoms and the treatment side effects. **CONCLUSION** This preliminary study shows some of the difficulties that clinicians can face in the assessment of sexual dysfunctions among psychiatric patients. These difficulties explain the lack of studies concerning these dysfunctions and justify the need for more adequate instruments of assessment.

3427 Learning to Live Board Game - Assessment of the Sexual Education Instrument Used by Adolescents.

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From 2000 to 2002 Instituto Kaplan, along with Pfizer Labs and the Government Social Fund for the State of São Paulo (Fundo Social do Governo de Estado de São Paulo), performed an AIDS prevention work that moved 546 students from an Institution called "Casa da Solidariedade". Those adolescents were invited to join the project by workshops and received the game "Learn to Live" as a present. The objective of this project was to disseminate the information about prevention to their friends and family through this educative game. It is a board game - a game that contains challenge cards, questions and presents risky situations which provides information about sexuality, pregnancy, contraceptive methods, and prevention of STD/ AIDS. **Project Objective:** to assess the efficacy of game through the adolescents motivation to play it with their friends and family **Methodology:** we applied a multiple choice questionnaire on 186 students from 8 to 18 years old, of which 74 (46%) were men and 87 (54%) were women.

Main Results: 90.2% used the game at least once and we obtained an usage average of the material of 8.3 times. The place where the game was most played was their own house (89.2%), and there was an average of 5.2 people playing the game, of which 76.6% were friends, 54.5% were brothers and sisters, and 28.1% were parents. "Fun" was the greatest motivation to play the game (65.3%), followed by "The will to learn more about the subjects concerning the game" (53.9%), and "Friends learning about sexuality and AIDS/STD prevention" (34.7%). **Conclusion:** This game showed to be motivating for both sexes and in all researched ages, proving its efficiency as an instrument that is able to provide fun, education, and facility to disseminate the information to a considerable amount of people. Also, this educational instrument showed to be very family acceptable, and capable of stimulating the communication between parents and children about sexuality, however yet in a discrete way.

3428 Attitudes Towards Sexuality and First Control Birth Method.

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OBJECTIVES: To know the relation between the attitudes towards sexuality and the first protector method used. **MATERIAL AND METHODS:** Descriptive transversal study with a diana population of universitarias students, of 1st, 3rd and 5th/6th course, of University of Vigo, thanks to plan of investigation conceded for aforementioned university. All made a structured, voluntary and anonymous questionnaire (NHSLs). We dis the data analysis with SPSS 11/Windows. **RESULTS:** The half age is 20,72 years old (SD=2,61) and the 59.4% is woman. The 23,5% studied in Ourense, the 64.4% in Vigo and the 12,1% in Pontevedra. The 48,2% of the sample started the intercourse at the half age of 18,24 years old (SD=2,0). There is significative association between the attitudes towards sexuality and the first protector method used ($X^2=16,108$; $p=.013$). There is not significative association between the attitudes towards sexuality and the others contraceptive variables investigated. **CONCLUSION:** Scarcely there is significative association between the attitudes towards sexuality and the first protector method used.

3429 Connaissance en sexologie des étudiants en médecine et leurs usages d'Internet.

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Objectif : investiguer les relations entre les connaissances de base d étudiants en 4ieme année de médecine dans le domaine de la sexologie et leur usage d Internet. **Methode :** l ensemble des étudiants de 4ieme année de médecine (n = 102 ; age median 21 ans, ET 1,7 an) de notre faculté ont répondu a 15 questions de base de sexologie (connaissance pratique et limite entre normalité et desordre) ainsi qu a 4 groupes de questions sur leur modalité d emploi d Internet (type de connexion, nombre d heures de connexion, type et fréquence d usage a des fins sexuelles, stress lié a l usage). Nous avons corréle leurs performances au questionnaire de sexologie avec le temps et l usage d Internet par des tests de Pearson s ou par des comparaisons de moyennes (Student). **Resultats :** l usage d

Internet a des fins sexuelles semble peu important dans ce groupe. L usage le plus frequent est le chatte auquel s adonnent occasionnellement ou frequemment 42.7 % des etudiants, 11,2 % vont sur des sites a caracteres sexuels, 2.2 % ont consulte des sites de sexologie. Les etudiants se disent avoir ete deranges par des images a contenu sexuel avec une intensite de 3.6 / 10 (VAS). Il n y a globalement pas de relation entre le nombre d heures passees sur Internet et les connaissances en sexologie. De meme, l usage d Internet a des fins sexuelles n influence pas le score au questionnaire de sexologie si ce n est dans la capacite de connaitre les limites de la normalite pour le triolisme. Les etudiants qui emploient le plus Internet le week-end se revelent etre aussi ceux qui en font le plus grand usage a des fins sexuelles. Conclusion : l usage d Internet a des fins sexuelles dans ce groupe est limite, n apporte, sauf exception, aucune competence supplementaire et n entraine pas l acquisition de fausses notions sur la sexualite. Toute la question est de savoir si l on peut etendre ces conclusions aux autres adolescents et jeunes adultes.

3430 Affective and Sexual Education Program at Francisco Arruda School in Lisbon.

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In a previous work we presented the results of a detailed questionnaire of attitudes, conducts and basic sexual information of a group of 33 students of both sexes (aged 14-17 years) , with nine years of education (compulsory education) at Francisco Arruda School in Lisbon. As the findings showed high levels of preconceptions and unclear ideas about sex we decide to implement a Sex Education Programme (SEP) named " Crescer Com Alegria" with the support of the Executive Committee of our school, and in the absence of a National Programme of Sexual Education. The SEP project is an integrated effort of several partners and has the purpose of evaluate a group of 13 students,beginning at 7 level of education,aged ranging from 12 to 14 years,(9 boys and 4 girls) during three years using qualitative and quantitative methods. An evaluation of the opinions of parents and students before initiate the project was quite positive and we will discuss the advantages and limitations of this project on the basis of our experience.

3431 Impact of Specific Treatment of Erectile Dysfunction on Quality of Life . A Survey Among Adirs Members Patients .

Alexandre Benjamin and *Lemaire Antoine. adirs, France.

Adirs is a french association whose aim is to inform public about sexuality and its different related problems and their treatments . Many surveys have been performed by the association. The last one was related to the acceptation of specific treatment for erectile dysfunction . 900 questionnaires have been sent to patients members of the association in mid november 2004 and within 6 weeks 300 questionnaires were received (answer rate: 30%) . Population : mean age of the respondents was 64 years . 68% lived in couple . 89% was heterosexual and 4 % homosexual .67% received a specific treatment for erectile dysfunction (56%

oral treatment , 23% local treatment). Results : 29% received a treatment for more than 1 year and 55 % for, more than 2 years . In 90% of the cases , it was the patient himself who decided to take a specific treatment and in 8% the partner asked the patient to be treated. Different satisfaction criteria have been proposed ; among them , it appeared that firmness of erection , on demand intake and easy use are the 3 most frequently described criteria . Delay of action and presence or not of secondary effects are not considered as important . Drug is systematically taken 2 hours before sexual attempts in 63% of the cases. In more than 2/3 of the cases , it is taken less than 1 hour before . Only 21% of the patients take the drug more than 2 hours before intercourse Benefits of treatment are a better sexuality in 78% , improvement of marital relationship in 72% , a privileged dialogue in 69% , restored self esteem in 68% . This survey confirms efficacy and tolerance of specific treatment of erectile dysfunction. When compared to patients receiving intracavernous injections , these last ones described better improvement of sexuality than patients receiving oral treatment . Conclusion : this survey confirm the fact that most patients actually still take drug before sexual attempt despite different explanations they have :in 78% of the cases , the medical doctor give information and chemist in 18% of the cases .

3432 Vaginal Infections and Treatment.

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The goal of the study was to evaluate the frequency of vaginal infections among patients attending Dispansery for women in Prilep. Material and methods: Gynecological examination, microbiology examination, vaginal and cervical smears were performed. Results: A total of 869 women were examined within the study period. Of these 554(64%) had vaginal infections. 365(66%) were diagnosed to have acute and 189(34%) had chronic vaginal infection. Half of the sexual partners of our patients were examined and treated for STIs. We registered in 511(92%) patients remission and the rest of the patients experienced infection with different infective agent and were additionally treated. Conclusion: Gynecological examination is important for diagnose and treatment of vaginal infections, but regular check ups prevent their chronicity.

3433 First Protector Method and Sexual Double Standard.

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OBJECTIVE: To know the relation between the first anticonceptive method and the sexual double standard. MATERIAL AND METHODS: Descriptive transversal study with a diana population of 5036 universitarias students, of 1st, 3rd and 5th/6th course, of the University of Vigo (Spain). All made The Sexual Double Standard Scale and a structured, voluntary and anonymous questionnaire for evaluating socials variables and last sexual practices. We did the data analysis with SPSS/Windows. RESULTS: The half age is 20,72 (SD= 2,61) and the 59,4% is woman, the 59,1%, 31,9% and 8,9% is making 1st, 3rd and 5th/6th course, respectively, in the specialties of Humanities-Politics-Socials (1938), Scientifics-Tecnicals (3548) and Fine Arts (128). The 48,2% of the sample started the

intercourse at 18,24 years old (SD= 2,0) and the half punctuation obtained in The Sexual Double Standard Scale were of 5,2741 (SD= 5,4205). There is significative association between The Sexual Double Standard and the first protector method used ($X^2= 12,925$; $p= ,044$), problems with this birth control method ($X^2= 8,894$; $p= ,012$) and who propose it ($X^2= 23,333$; $p= ,000$). There is not significative association between the Sexual Double Standard Scale and the others variables investigated. CONCLUSIONS: This results have of to bear in mind in the contents of any educational programme.

3434 Sexual Practices and Death Attitudes in The Adolescence.

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OBJETIVES: To know the relationship between the sexual behaviors and the Death Attitude Profile-Revised (DAP-R). MATERIAL AND METHODS: Descriptive traverse study with a population of 595 girls and 533 boys, until 19 years old, students in public and private schools of Galician (Spain). They made the DAP-R and a structures, voluntary and anonymous questinnaire about social data and sexual behaviors. We made the analysis of data with SPSS 11.1 for Windows. RESULTS: Half age is 17.16 years old (SD=1.047). 595 is woman. 96.5% is single. 60.3% studies in public school, 17.4% in private school. 529 began sexual practices. 7.4% started the coitus after 18 years old. In the last year 15.5% had coitus 3 or more times/a week and 14.9% had two couples. 8.69% used pill/IUD. We studied the significant differences between sexual risk and death attitudes: Fear to death (Factor 1), Evitacion of the death (Factor 2), Neutral acceptance (Factor 3), Acceptance of approach (Factor 4) and Escape acceptance (Factor 5). We find significant differences between the age of the first coitus ($p<0.01$), the used protection method($p<0.01$) and total puntuation DAP-R. CONCLUSIONS: These results should be considered in any program about General and Sexual Healt that we develop with adolescent.

3435 Sexual Risks and Death Anxiety.

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OBJETIVES: To know the relation between the death anxiety and practical sexual of risk. MATERIAL AND METHODS: Descriptive, traverse study with a population reveille of 1128 students (until 19 years od) of Galician (Spain). They made a structured, voluntary, anonymous and autoadministred questionnaire about sexual risks and the Death Anxiety Scale (DAS). We made the analysis of data with SPSS 11.1/Windows. RESULTS: Half age is 17.16 years old (SD=1.047). 52.7% is women and 96.5% is single. 46.2% began the coitus. 30.6% has started the coitus among 13-15 years old. In the last year, 20.03% had coitus 1-2times/a week and 20.9% had three or more couples. 3.96% did not use protection methods. We investigated the significant differences between sexual practices (age of the first coitus, coitus frequency, number of couples in the last year, anticonceptive methods and frequency method use) and death anxiety. There is significant difference in the variable age of first coitus ($p<0.01$). CONCLUSION: These results should be considered in any program about Sexual risk and Death

Attitudes with adolescents.

3436 Sexual Practice and General Health.

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OBJETIVES: The objective of this work is to know the relation between the sexual practices and the general health. **MATERIAL AND METHODS:** Descriptive, traverse study with a population reveille of 1128 students (until 19 years old) of public and private schools of Galician (Spain). They made a structured, voluntary, autoadministred and anonymous questionnaire with social (age, sex, studies, religious,..) and sexual behaviours variables and the General Health Questionnaire (GHQ-28 Items). We use SPSS 11.1 / Windows for analysis of data. **RESULTS:** 33.9% is 16 years old; 30.5%, 17 years; 21.5%, 18 years and 14.2% is 19 years. 47.3% is man. 50.6% lives in the urban means, 29% in the rural means. 529 began sexual practices. 62% has started the coitus among 16-18 years old. In the last year, 50.1% had coitus 1-3 times / month and 59.7% had one couple. 83.4% used the condom and 72.2% always use protection methods. We investigated the significant differences between sexual practices (age the first coitus, protection methods, frequency use methods, coitus frequency and number couples) and the four factors or GHQ-28 Items: A (somatic symptoms), B (anxyety and insomnio), C (social dysfunction) and D (severe depression). **CONCLUSIONS:** We have not found psychiatric significant differences in function of the sexual practices investigated.

3437 Knowledge, attitude, behaviour and practice of community groups towards sex, sexuality and HIV.

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Objective: To know the awareness level for HIV / AIDS among teachers. **Methodology:** A structured proforma relating the Knowledge, Attitude and Practice about HIV / AIDS was given to teachers of secondary and higher secondary schools of Ahmedabad at their meeting with the objective to know their knowledge regarding AIDS. **Study design:** Cross-sectional study **Setting:** Meeting of teachers of secondary and higher secondary school teachers of Ahmedabad city. **Study group:** Teachers attending the meeting **Sample size:** 182 **Statistical analysis:** Mean, Standard deviation, Proportion, Chi-square test using statistical software Epi-info. **Results:** 182 teachers were assessed, 68% were males and 32% were females. 88% knew that AIDS could be transmitted by having multiple sex partner. 79% knew about risk of HIV by infected blood transfusion and use of contaminated needles. 19% of males and 8% of females believe that AIDS can be transmitted by kissing to an AIDS patient. 12% of females and 20% of male teachers believe that an HIV patient must not be allowed to do any job or business. This shows the level of social stigma towards the people leaving with HIV / AIDS among such highly educated study group. Only 67% of respondents knew that AIDS could be prevented by proper use of condom. Many more variable regarding spread, prevention, treatment, mode of information for AIDS were assessed among this study group. **Key words:** AIDS,

knowledge, awareness, condom, sexual intercourse

3438 Pre-Morbid and Present Sexual Dysfunction in People with Parkinson's Disease.

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Objectives: To investigate present and pre-morbid sexual dysfunction of people with Parkinson's Disease (PD). **Design and Methods: Subjects:** Seventy five (32 women 43 men) non demented non depressed consecutive PD patients, age 31-83 **Questionnaires:** Assessment by Israeli Sexual Behavior Inventory (ISBI) (Kravetz 1999), including eight scales: sexual satisfaction, intimacy, sexual drive, health perception, anorgasmia, dyspareunia, erectile dysfunction, premature ejaculation (PE). Stage of PD, duration of disease, present pharmacological treatment, associated illnesses- obtained by clinical examination and medical records. **Statistical Analysis:** Pearson correlation coefficients and student t-test, paired or unpaired assessed associations between variables. Best subset regression identified explanatory variables for changes in each sexual scale. Stepwise regression was performed with combined variables and explaining model was constructed. SPSS was used with 0.05 level significance. **Results:** PD patients report sexual dysfunction in all scales: 68% ED, 41% PE, difficulties to reach orgasm- 75% women, 40% men, sexual dissatisfaction- 37% women, 65% men. Pre-morbid low desire, intimacy and sexual satisfaction, orgasmic difficulties and dyspareunia contribute to cessation of sexual activity along PD. Stepwise regression demonstrated that medical factors explained sexual deterioration: associated diseases, use of medications, stage of PD among men and use of L-dopa among women. Treatment with L-dopa and dopamine agonists had independent negative effect on erectile function and desire. ED may be an autonomic disturbance, additional to other autonomic disturbances in PD, which can be worsened by chronic dopaminergic treatments (slower gastric emptying time, orthostatic hypotension). Decrease in desire can be explained by lack of motivation and self initiation, following abnormalities at the prefrontal cortex and its subcortical connections, frequently associated with abulic syndrome in PD patients. Additional psychological factors may contribute to low desire. **Discussion** Prevention of multi sexual dysfunction in PD patients demands early evaluation and treatment adjacent to diagnosis of disease.

3439 Development and evaluation of a.

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Purposes: The purpose of this research was to develop, implement and evaluate an educational workshop to improve health-care providers' information and skills to deal with female cancer patients' sexual health needs arising from their cancer treatment. **The Workshop:** The one-day workshop developed by the authors included lectures on the female sexual response, sexual complications arising from various cancer treatments, special issues regarding gynecological and breast cancers, a role playing exercise based on scenarios found in clinical settings, and a group discussion on the practicalities involved in creating clinical settings that support patients' sexuality related treatment needs. Thirty three health-care providers (10 medical doctors and 23 nurses) participated in the workshop which took place in April, 2003. **Method:** A three-panel questionnaire survey was conducted 1 week before and 1 month and 3 months after the workshop in order to evaluate changes in participants' knowledge and attitudes towards sexuality and cancer, and self-efficacy in dealing with patients' sexual issues. **Results:** The evaluation found that participants' knowledge as well as their self efficacy were significantly improved after the workshop. In relation to attitude, participants put more importance on the need to address sexual complications during cancer treatments and indicated less embarrassment to talk about sexually related matters with patients after participating in the workshop. The participants also noted the extreme importance in establishing a sustainable network for participants to exchange information on cancer and sexuality and to share experiences in the clinical setting. **Conclusion:** This seminar was revealed to have a positive effect in improving nurses' and doctors' knowledge on sexuality and cancer and self efficacy in dealing with sexual issues. The seminar also had some effect in changing their attitudes toward survivors' sexuality. Future plans include: 1. To improve the contents of the seminar by reflecting on feed back from the participants, 2. To develop new programs that cater to participants' specific clinical experience and backgrounds, and 3. To refine the evaluation tools.

3440 Haemstospermia: Where Does It Come From; How Serious is This Symptom?

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Objective: to assess haematospermia in literature compared with results of own study, and to clarify whether this symptom represents a particular or serious case. **Material and Methods:** Retrospective analysis of our 502 cases within the last 10 years till Mid 2004. Age: 28-71 (med. 52 years), in terms of characteristics, aetiology, pathogenesis and diagnostic procedures (history, DRE, PSA and lab, cytological smears, Tuberculosis-diagnostics, uro-sonography incl. TRUS, bacteriology incl. specimens of ejaculation and cystoscopy). Our data were compared with previous publication by literature review. **Results:** 22% of the patients were younger than 45 years (N=111), 78% were older. 502 cases of Haematospermia were analysed! About 57 % of our group suffered from the idiopathic & refractory haematospermia. Mainly in men over 45 (78%) living sexually abstinent for quite a long time. 66% of the mentioned cases reported of haematospermia directly after masturbations without accompanying resp. secondary symptoms. Most of these cases are complicated by urethral stenoses or prostate stones. **Conclusion:** • Haematospermia is alarming for those affected

- but normally harmless • An urological graduation-diagnostic is advisable in refractory haemospermia • The main reason of the refractory cases is masturbation after long sexual abstinence

3441 Does have long-acting testosterone injection (Nebido,§) an impact on DHT ?

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Objective: To evaluate the impact of long-acting testosterone injection on DHT level in serum in our clientele comprising 61 patients under Nebido,§ i.m. in a three-month period. Material & Methods: A retrospective analysis of 58 patients under Nebido,§ i.m. in a three-month period. Patients received injections according to the therapy protocol on day 1 and week 6. Three patients with primarily elevated DHT level over 600 ng/ltr. were excluded (DHT normal range: 36 ÷ 573 ng/ltr., Architect Abbott). The 58 patients underwent blood controls for total testosterone and DHT in week 6 and week 12 under Nebido,§ i.m. Results: Level of total testosterone were within the normal physiological values in the whole patients in week 12 between 4 and 8.6 ng/ml (Architect Abbott). DHT level in these patients was measured in week 6 and 12 varying between 86 and 511 ng/ltr. (normal range: 35.7 ÷ 573 ng/ltr., Architect Abbott). Conclusion: In this short period of time we did not notice any increase or elevation in the DHT level exceeding the physiological threshold. All patients are still under usual follow-up three-monthly. Integral reports would follow. We put the other three patients with primary elevated DHT under Nebido,§ i.m. in combination with DUTASTERIDE for prostate protection.

3444 Sexual Educational Games in the Science Museum.

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Universum, Science Museum of The National University of Mexico has twelve rooms of different disciplines of the science. In particular, the room of Health and Human Biology has shown a great interest and participation since its opening. It has promoted warnings and educational measures to have a complete integral health. The room supports its self of written information, electronics equipment, multimedia, speeches, workshop and conferences. The exhibition talks about AIDS, Human Body Health and Human Reproduction. The room has an average of three hundred visitors a day. The teenagers demanded more attention. Thanks to the acceptance of the visitors we have proposed ourselves to keep on with new activities to maintain best results. The objective of this work is to promote Sexual Health, giving Integral Sexual Education. We have worked with different activities to provide basic information that guide to healthy sexuality. The activities we have selected are: Rolando tareas, to boys and girls from 4 to 7 years of age. This is a game where the players recognize and share the homework of the home and the genre rolls. El gato fecundo, for boys and girls from 8 to 15 years of age. This is a game where the players have to learn by competing in teams. Each team answer a list of questions about Human Reproductions, question for advance and beginner players. The Rally de la

sexualidad, for adolescents from 10 to 18 years of age. In this game there is an interchange of knowledge about Sexuality and Reproduction. Prevencion en pareja and Charla interactive are two activities for adolescents and adults. The visitors learn about contraceptive methods. To evaluate the information about sexuality, a survey was made to 200 people between the ages of 12 to 25 years. Some question were: Age, sex, Who do you live with, How many brother do you have, Ages of your brothers, Do you have boyfriend or girlfriend, Have you had sexual relations, Have you seen a condom, Have you use one condom, Do you have information about sexual transmissions disease, Have you had any speech about sexual education, Do you think that the school gives enough information about sexuality. At the same time we have worked and completed the activities, they use to apply inside or outside the Museum. Like complement to all this activities we are working in a game of lottery about sexual transmissions disease to give complete information about Warning of Sexual Education.

3445 Exploratory study that aimed to explore the role of pharmacists in sexual health promotion and in the accessibility of emergency oral contraceptives without prescription.

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The present project is an exploratory study that aimed to explore the role of pharmacists in sexual health promotion and in the accessibility of emergency oral contraceptives without prescription. The study's objective was to initiate a first reflexion as to the possibility to elaborate specific training in sexology for pharmacists. The following elements were considered: sexual problems met, ways of conveying information, barriers linked to the roles exercised, attitudes, women's preoccupations and knowledge level in regards to emergency oral contraceptives, pharmacists' training and the relevance of continued education in sexology. This study used a qualitative methodology based on anchored theorization. Ten interviews lasting approximately one hour, were conducted with pharmacists from the Estrie region. Qualitative data reveals the main themes related to sexology discussed by the clientele: erectile capacity and other by-products, pregnancy tests, contraception namely emergency oral contraceptives, and preservatives. Moreover, it is evident that pharmacists may take on different roles in sexual health and accessibility of emergency oral contraceptives such as referring clients, prevention, education, transmitting information, prescription as well as answering specific questions. In the exercise of their roles, pharmacists are satisfied in regards to their implication with the clientele when the topics are related to sexual health and emergency oral contraceptives. Participants identified two main benefits: a fast, available and accessible service, and the established relationship with the clientele. Barriers identified referred to the difficulty to identify confidential sites in the pharmacy setting, lack of time and the limited power of prescriptions. Participants expressed their satisfaction regarding the training they received about oral emergency contraceptives. They feel the training was complete and helpful. In fact, participating pharmacists did not show any interest for continued training on sexual health and oral emergency contraceptives unless innovative products

are placed on the market. However, if continued training was offered, they would appreciate that problematic situations that can emerge in their consultations, be discussed. They also showed an interest for developing collaboration between health professionals.