



26th Congress of the
WORLD ASSOCIATION FOR SEXUAL HEALTH
2-5 November 2023 • Mirage Park Resort Hotel
Antalya • Türkiye

BRIDGING THE GAPS

SEXUAL HEALTH, RIGHTS, JUSTICE, AND PLEASURE FOR ALL





**MESSAGE FROM THE CHAIRS OF THE WAS SCIENTIFIC COMMITTEE:
BUILDING THE SCIENTIFIC PROGRAM OF THE 26TH WAS CONGRESS (2023)
Erick JANSSEN, Kristen MARK, & Terry HUMPHREYS**

The program of the 26th WAS Congress in Antalya, Türkiye (November 2-5, 2023) was developed with the help of a wide range of scientific and professional partners from all around the world, representing the full scope of disciplines and specialties that together make up the multifaceted field of human sexuality, sexual health, and sexual rights.

We would like to thank the members of the WAS Scientific Committee and the International Scientific Committee who helped evaluate the many proposals that were submitted for presentation at the 2023 WAS Congress. Indeed, the program of the WAS congress is based on a rigorous scientific evaluation of the submitted proposals. In addition, experts in the fields of sexual health, sexology, sex research, sexual medicine, sex education, and sexual rights were invited to participate in and contribute to the Congress in the form of, among others, keynote lectures, round tables, and invited symposia. Also, we invited representatives of major international organizations such as UNESCO, UNFPA, WHO, and non-governmental organizations, as well as major research and clinical associations that have been working in this field for many years such as SSTAR, WPATH, FISS, MESSM, ISSM, and ESSM. In addition, several other, national and regional, sexual health associations, including WAS federations such as EFS and FLASSES, contributed by organizing a symposium. The result of these initiatives will provide, we hope, a comprehensive mix of scientific, clinical, educational, and public health research, insights, and perspectives, and last but not least, activities and policy development, advocacy initiatives and projects that reflect a commitment to serve and advance sexual health and sexual rights worldwide.

The WAS congress differs from other, more specialized conferences in sexology, sexual medicine, or sex research because of its hybrid nature and the bridges it aims to build between practitioners, researchers, activists, and government representatives, all of whom are motivated by the desire to ground their work on the most solid data and scientific knowledge available. With all the work presented at this congress, we hope to enrich the activities of the various groups of practitioners, from researchers to policy makers, and to facilitate the dialogue and exchange between people from different disciplines, practices, places, and backgrounds.



WELCOME TO
26th CONGRESS of the WORLD ASSOCIATION FOR SEXUAL HEALTH
WAS 2023

It is with great excitement that WAS (the World Association for Sexual Health) invites you to the 26th WAS Congress that will be held in Antalya, Turkey from 2 to 5 November 2023!

WAS is the preeminent global organisation representing professionals working in Sexual Health and Rights as Healthcare Providers, Activists and Educators. The motto of WAS is Sexual Health and Rights for ALL. In light of the recent publication of the WAS Sexual Pleasure Declaration and the preparation of the WAS Sexual Justice Declaration, the tagline for the congress is: **“Bridging the Gaps: Sexual Health, Rights, Justice, and Pleasure for All!”**

We are hosting this congress at an all-inclusive resort! We do not doubt that the historical sites and charming landmarks of the city will be rewarding - offering history, sounds and tastes that will carry you swiftly to another culture and another time. The captivating surroundings, the hospitality and the high-quality scientific programme will make the difference between an ordinary congress and a truly memorable experience.

If you have ever attended a WAS Congress, you will know that apart from the outstanding scientific content, it is the connections you will make that make it most valuable. In this instance, there will be ample opportunity to connect with your colleagues in a beautiful and relaxing environment, while you take in all the diversity that WAS 2023 offers in terms of topics and attendees.

Please add the dates to your calendar for next year and reserve your place as soon as possible. It is going to be THE sexual health event of the year!

There is limited space available for this exclusive opportunity to connect with colleagues, learn about the latest issues in Sexual Health, Rights, Justice and Pleasure and establish links within a multidisciplinary setting. We are looking forward to meeting you in Antalya!

Dr. Elna Rudolph - South Africa
President of the World Association for Sexual Health

Prof. Mehmet Sungur - Türkiye
President of the Congress

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PRESIDENTIAL LECTURE

PRESIDENTIAL LECTURE

EMBRACING UNCERTAINTY- MANAGING WORRY AND ANXIETY DURING TIMES OF GLOBAL CRISIS

Prof.Mehmet SUNGUR

Istanbul Kent University

President of the WAS Congress

President of EFS(European Federation of Sexology)

President of the TACBT(Turkish Association for Cognitive and Behaviour Therapies)

Executive Board Member of WCCBT(World Confederation of Cognitive and Behavioural Therapies)

We are all passing through times of profound challenges that the whole world has faced due to lots of natural and man-made disasters.The pandemic,earthquakes and man-made disasters such as wars that are going on are not the first tragedies and are not likely to be the last tragedies that humans will face.

Therefore, we all need to learn that there are ways to maintain a positive mindset and resilience in times of a global crisis. Apart from the lives lost and the wide range of human sufferings encountered the saddest thing is that many people of the World are expected to find personal solutions to global problems

This fact do not match with human dignity. Some emerging unmet needs that global crisis have brought should be re-considered. There are issues that become the core components of anxiety. Those components are unpredictability, uncontrollability, and responsibility both at an individual and global level.

Anxiety is an emotional reaction to perception of threat. When people's lives are threatened humans naturally feel anxious. However perceptions are not always the replica of reality. There are factors that increases or reduces perception of risk. This presentation will refer to cognitive factors that increase perception of risk and will continue with discussing the differences between worry and anxiety which are mistakenly used synonymously. It will also emphasize the significance of uncertainty in our lives and human reactions to prolonged ambiguity due to intolerance of uncertainty. It will also discuss how to manage worry and anxiety and emphasize the importance of making peace with uncertainty which is often perceived as threatening.

It will end up with the importance of making better connections and collaborations during times of a global crisis and the significance of compassion in our lives.

GOLD MEDAL LECTURES

LOOKING FORWARD, LOOKING BACK: REFLECTIONS ON A HALF CENTURY AS A SEXOLOGIST

Rev. Dr. Debra W. Haffner, Unitarian Universalist Fellowship in Huntington

The Rev. Dr. Debra W. Haffner, one of this year's Gold Medal awardees, will review her learnings from our 48 year career as a sexologist. She will share her career highlights -- including her beginning teaching gynecological self help, her day with Surgeon General Koop in Hollywood, to her presentation on abstinence education to the British House of Lords and her work in 13 countries -- and the lessons she learned on how to transform conversations about healthy sexuality and sexual justice. She will lay out principles for creating a lifetime career in sexology and look to the future of our field.

THREE DECADES POST ICPD LESSONS FROM ‘POSITIVE DEVIANT COUNTRIES’ IN THE GLOBAL SOUTH ON ELEVATING SCHOOL BASED SEXUALITY EDUCATION

*Venkatraman Chandra-mouli*¹, A Gogoi¹, V Nair¹⁴, M Ziauddin¹⁴, S Hadi¹⁴, A Ijaz¹⁴, U Esiet¹⁴, K Chau¹⁴, E Corona¹⁴, E Rubio- Auriolles¹⁴, L Gomez Garbero¹⁴, P Lopez Gomez¹⁴, M Temmerman¹⁴, K Michielsen¹⁴

World Health Organization, Sexual And Reproductive Health And Research, -India¹

Objective/Purpose: Brief background and aim of your talk

Background:

Despite recognition of the need for Comprehensive Sexuality Education (CSE) and growing acceptance that it is a right; evidence of its effectiveness and cost effectiveness; availability of tools to advocate, plan, monitor and evaluate programmes; and inclusion of CSE in international declarations and regional/national plans of action, progress in implementation of school-based CSE has been uneven. Yet, a small number of low- and middle-income countries (LMIC) have scaled up, sustained and enhanced their CSE programmes

Objective:

To identify factors that enabled some LMIC – including those in conservative and resource-constrained contexts - to secure political support for scaling up school-based CSE programmes, and to translate this support into programmes delivered at scale, sustained, and enhanced over time, when so many others have not been able to do so.

Methods: Design, participants, procedures, and variables involved

Candidate case studies were identified through review of publications, as well as conversations with individuals and organizations working on CSE. They were short-listed using a validated checklist. Six case studies were developed using three tested and widely used analytic frameworks. The six case studies were distilled and lessons - both common and individual - were teased out.

Results: A summary of your key findings or main points

The study identified six LMICs that had scaled up, sustained and enhanced their SE programmes (India, Pakistan, Nigeria, Senegal, Mexico, and Uruguay). These countries had diverse religious, economic, social and cultural contexts. The study found that SE was truly a political priority in these countries. A combination of transnational advocacy combined with concerted domestic advocacy using strategic windows of opportunity contributed to placing SE scale up on national agendas. All six countries studied, planned, and managed their respective scale up efforts with care. All countries identified stakeholders and placed them in a spectrum of supporters and opponents, and their level of potential influence. Some did this more systematically and thoroughly than others. All used a mix of methods to target their stakeholders, to build their support and/or to overcome their resistance.

Conclusion: The implications and relevance of your talk to the field

SE scale up cannot be done as a ‘turn-key’ project by well-intentioned external experts, it cannot be done quickly using a cookie cutter approach, and it is not a smooth road. In every country that has scaled up, sustained and enhanced its SE programme, it has been led by individuals who learned by doing, and learned from others (including external experts and other countries) as and when they needed to, and grew and developed in the process.

The study points to what needs to be done better/more energetically and what needs to be done differently in terms of research, programme support-tool development, and policy and programme support.

HAPPINESS AND SEXUALITY: AN OBLIGATORY PROPOSAL? LET'S OPEN THE DEBATE.

Cristina Tania Fridman

SASH- FLASSES- WAS

The emphasis on happiness as the goal of human existence is so widespread that it becomes necessary to ask what that goal “hides”. Happiness is something that is produced and consumed and that accumulates value as a specific form of capital. The success of therapeutic cultures and self-help discourses has also done its part.

One of the fascinating speech acts is “all I want is for you to be happy”, who doesn't remember it! And in recent times, we also want to be happy now, immediately and permanently.

There is an International Day of Happiness. There is a happy planet index. Happiness has become a more genuine way to measure progress.

Academic studies on happiness are flourishing based on different disciplines, including history, psychology, architecture, social policy and economics, and sexuality.

There are various instruments for measuring happiness, such as the hedonometer. There is also research on the distribution of happiness, its predictions and the identification of its indicators. There are thousands of stories, songs, and poems, created by humans about being happy.

We promote happiness as a “must-be.” This includes psyches, some bodies, sexually active life long, androcentrism, co-produced identities, carnal art, sexual diversities, pandrogynia, practical transhumanism, pleasure enjoyment, the seriality of pleasure, its emphatic chronometry, the competition between well-being and happiness, the problems of erotism and the recipes of clinical sexology, the concern for the non-disappearance of desire, and the trivial happiness.

Research on happiness, contemplative life and non-productive sexuality, Artificial Intelligence; dataism, species reengineering, the differences between happiness and pleasure, chemical hormones, the robots of happiness, survival versus enjoyment. So many questions!

**INVITED
PLENARY**

BRIDGING THE GAPS IN SEXUAL HEALTH, RIGHTS, JUSTICE AND PLEASURE IN AFRICA: THE IMPERATIVE FOR ERADICATION OF FGM

Uwem Esiet

The global quest for ensuring sexual health, rights, justice and pleasure is most laudable and very desirable. However, each continent has peculiar challenges thus there is the need to galvanize efforts and initiatives to respond to specific continental challenges. One of the most devastating socio-cultural practices that impedes and violates sexual health, rights, justice and pleasure is the heinous practice of Female Genital Mutilation (FGM). Africa is home to over 1.4 billion persons of many diverse ethno-cultural backgrounds, but regrettably the continent has the highest number of countries where FGM is practiced.

An estimated 55 million girls under the age of 15 in 28 African countries have experienced or are at risk of experiencing FGM thus accounting for about 80% of all FGM cases worldwide. The countries include.

Benin	Ethiopia	Niger
Burkina Faso	Gambia	Nigeria
Cameroon	Ghana	Senegal
Central African Republic	Guinea	Sierra Leone
Chad	Guinea-Bissau	Somalia
Cote D'Ivoire	Kenya	Sudan
Djibouti	Liberia	Tanzania
Egypt	Mali	Togo
Eritrea	Mauritania	Uganda

The risk of FGM practice has also become a major ground for seeking Asylum. Despite the fact that eradicating FGM has been a major SRHR agenda of the African Union Commission since 2006 as stated in the Sexual and Reproductive Health and Rights Continental Policy Framework, this has remained a mirage. Thus, to guarantee sexual health, rights, justice and pleasure in Africa, new innovative approaches at eradicating FGM become imperative.

SEX AND MINDFULNESS

Lori Brotto

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

Objective/Purpose: To review the literature on mindfulness as a treatment for sexual dysfunction and vulvovaginal pain in women **Methods:** Analysis of 20 years of studies carried out in the UBC Sexual Health Research Lab, and a review of key meta-analyses on the topic of sex and mindfulness

Results: Overall, there is consistent, converging, and compelling evidence that mindfulness-based interventions improve sexual desire, sexual distress, vulvovaginal pain, catastrophizing, and other facets of quality of life in women with sexual dysfunction and vulvovaginal pain. **Conclusion:** The findings suggest that mindfulness should be considered as a feasible and effective treatment approach for many populations of women seeking treatment for sexual dysfunction. **Keywords:** sexual desire, provoked vestibulodynia, sexual distress, mindfulness

WHOSE BODY IS IT ANYWAYS CULTURALLY COMPETENT & TRAUMA INFORMED APPROACHES IN SEXUAL HEALTHCARE

Jennifer M. Gómez¹

Boston University, Boston-United States¹

Purpose. Given the prevalence and impact of intersectional oppression and sexual violence against Black women and girls in the U.S., culturally competent and trauma-informed sexual healthcare is vital. **Methods.** In this plenary address, I will first review the literature on cultural betrayal trauma theory and sexual violence. Next, I will define institutional betrayal, institutional courage, and dreamstorming, with specific foci on how each are relevant for sexual healthcare. **Results.** From my book, *The Cultural Betrayal of Black Women & Girls: A Black Feminist Approach to Healing from Sexual Abuse*, I will share an excerpt of a U.S. White woman doctor's sexual violence and negligence against a Black women patient. Within this example, I will identify the institutional betrayals, institutional courage steps to remedy the harm, and dreamstorming of a world in which all doctor's visits could be culturally competent and trauma-informed. **Conclusion.** Finally, I will close with how we can translate our dreamstorming of a better world into transformative action that results in needed peace, health, and equality.

**INVITED
KEYNOTES**

Category : 2. Social & Behavioral Sciences

1335 - SEXUAL CONSENT

*Terry Humphreys*¹

Trent University, Psychology, Peterborough-Canada¹

Introduction: For the last decade, sexual consent has been the focal point of research, education, and prevention efforts regarding sexual assault on university/college campuses and prevention efforts. Much of the messaging in sexual consent prevention campaigns remains changing sexual norms to incorporate new ways of clearly communicating sexually.

Methods: I will review the research literature to date on (1) how university/college students communicate consent to a partner, (2) how students read consent cues from a partner, and (3) attitudinal research and compare and contrast the research with educational campaigns

Outcomes: This research will highlight the complexities of understanding sexual consent in the university/college context including limited knowledge about sex, sexual double standards, alcohol, distinctions between consenting and wanting, ambivalence, and uncertainty. It is clear that student's positive attitudes toward obtaining sexual consent tend not to match their current behaviors when negotiating sexual consent with a partner. Numerous factors influence sexual consent negotiations including gender, relationship status, and sexual precedence.

Discussion: A complex understanding of the normative ways in which college/university students comprehend and behave with respect to sexual consent is the starting point on which to develop any programming or prevention measures. Recommendations for future research/education will be provided.

6 KEY INGREDIENTS FOR A LIFETIME OF LOVE

Sara Nasserzadeh, PhD

We are so often taught and told that 'love is blind', "you will know when you meet the one" and love should be 'unconditional'. However, Dr. Nasserzadeh argues that we've been given the wrong handbook for love.

Based on more than two decades of clinical research and in-person work with couples around the world, Dr. Nasserzadeh offers a thought provoking, mind shifting talk about a new paradigm of love; The Emergent Love Model. A dynamic, ever-growing model of love that could be created and cultivated by anyone and not just a lucky few. She invites the audience to re-examine their beliefs that are mainly shaped by what she calls The Submergent Love model which is a static and haphazard traditional Western idea of romantic love.

Built around six evidence-informed critical ingredients (mutual trust, shared vision, being loving, mutual respect, mutual attraction and mutual compassion), Dr. Nasserzadeh invites the audience to unlearn what they thought they knew about love to provide them with an entirely new perspective and language to begin designing the love they desire.

Keywords: emergent love, relationships, couples. Relational science, love.

ORGASMIC ANHEDONIA-PLEASURE DISSOCIATIVE ORGASMIC DISORDER PDOD IN WOMEN

Johannes Bitzer

Prof em University Hospital Basel

Women who have orgasmic anhedonia (OA) or pleasure dissociative orgasmic disorder (PDOD) know they are having an orgasm but do not have the ability to experience pleasure from the orgasmic reactions of the body

OA can be considered on a continuum of the qualitative experience of orgasm from highly pleasurable to indifferent or even negative (aversive reaction)

The prevalence in women seems to be rare but is difficult to establish because the this subjective experience of not satisfying orgasmic experience can be part of other sexual dysfunctions and thus be more frequent especially in women.

PDOD may be caused by psychologic issues such as depression or drug addiction, or by physiologic issues such as high levels of prolactin, low levels of testosterone, use of medications such as SSRI antidepressants and oral contraceptives, or chronic medical problems such as spinal cord injury and chronic fatigue syndrome

Descriptive diagnosis is mainly based on the reporting of the patient and explanatory diagnosis should follow the biopsychosocial model

Psychoeducation focusing on empowerment and reducing the pressure to perform and reducing cultural myths, treatment of associated sexual dysfunctions and affective disorders including depression, anxiety, post traumatic experiences, body awareness training, couple communication-interventions, mindfulness are part of the holistic treatment approach.

Drug therapy is until now not well studied and is based on the neurobiology of the reward system including dopamine agonists, oxytocin, phosphodiesterase type 5 inhibitors and alpha-2 receptor blockers such as yohimbine hydrochloride.



FEMALE SEXUAL DYSFUNCTION

Faysal El Kak M.D. M.S.

World Association of Sexual Health

Female sexual dysfunction is an evolving domain that is being strongly linked to sexual reproductive health and rights, SDGs2030, community demands, clinical services, and research among others. FSD includes a range of phases reflecting disturbance in sexual functioning in one or more phase of the sexual response cycle, in addition to sexual pain. Essential to FSD implementation is a clear and simple classification that serves clinical and research purposes. In this respect, classifications are still an ongoing work towards better understanding and practice, but they emanate from two historic systems used for diagnosis: Diagnostic and Statistical Manual of Mental Disorders (DSM), by the American Psychiatric Association, and International Classification of Diseases and Statistics (ICD), supported by WHO. As both systems are perceived as short of providing a comprehensive, individual- based, and specific information, other international organizations (WAS, ICSM, ISSWSH) provided consultations, based on growing evidence, to assess and redefine the nomenclature of FSD, in order to account for the everchanging standards in clinical care for women with sexual problems, that are community and culturally specific. Efforts will continue to engage more health care providers in sexual health assessment and integrate sexual health services, including FSD, across life span and in variety of clinical services.

CHEMSEX, DEFINED AS THE USE OF ILLICIT DRUGS TO ENHANCE SEXUAL EXPERIENCES IN MEN WHO HAVE SEX WITH MEN (MSM), IS AN EVOLVING PHENOMENON THAT IS OF INTEREST FROM VARIOUS PERSPECTIVES, RANGING FROM SOCIOLOGICAL TO PUBLIC HEALTH ASPECTS.

Filippo M. Nimbi

PhD, PostDoc, Lecturer, Psychologist (PsyD), and Psycho-Sexologist (ECPS)

This lecture will analyze the contexts, patterns of substance use, first experiences of chemsex, and harm reduction practices among MSM engaged in chemsex activities in Italy and abroad. The presentation will also include the results of qualitative-quantitative studies conducted between 2019 and 2023.

Noteworthy peculiarities have surfaced in Italy due to sociocultural factors, with chemsex primarily occurring in private settings during couple and group sexual activities. Most participants attended chemsex sessions 1-2 times per month, often coinciding with men-only club events. Substances such as freebase cocaine, gamma-hydroxybutyrate/gamma-butyrolactone, crystal methamphetamine, and mephedrone were commonly consumed, and there was a noticeable rarity of injected substances compared to other European Union countries. Phosphodiesterase type 5 inhibitors were widely used due to high rates of erection problems, and noncoital sexual activities were preferred.

Early chemsex experiences, facilitated by geolocation-based dating apps and sexual partners, were generally positive but accompanied by some negative post-session consequences. Attendance at international gay events was identified as a factor facilitating first chemsex experiences, and some MSM practiced chemsex discreetly abroad or in other cities to avoid recognition in their everyday environment.

Despite methodological limitations, the study underscores the need for tailored harm reduction programs and greater scientific and public attention to address the specific characteristics of chemsex, while emphasizing the importance of approaching this easily stigmatized topic with appropriate sensitivity.

Category : 6. Public Health and Public Policies

1434 - PROTECTING TRAFFICKED PERSONS PROTECTING SEX WORKERS LOOKING FOR WIN WIN SOLUTIONS

Tim Sladden¹

Unfpa Apro, , Bangkok- Thailand ¹

Trafficking in persons (TiP) and modern slavery affect all regions, economies and ethnicities. An estimated 49.6 million people are in some form of modern slavery – either forced marriage (22 million), or forced labor (27.6 million). Approximately 23% of forced labor is regarded as being for commercial sexual exploitation (CSE). Governments, civil society actors, the private sector and other partners mount various responses to TiP with variable success. Covid, conflict and climate change all exacerbate the situation.

Sex work also occurs globally, involving consensual sale of adult sexual services. A primary concern of the sex worker community is conflation of sex work and trafficking. Sex workers are sometimes enmeshed within anti-trafficking efforts, being detained, sometimes charged or extorted, and foreign sex workers deported. Anti-trafficking efforts are not always intelligence-based and may rely of broad sweep “raid and rescue” approaches that detain trafficked persons and sex workers alike. At best, sex workers are affected collaterally, but on occasions anti-trafficking efforts may be used to suppress sex work. Criminalisation of sex work increases risk for both trafficked persons and sex workers, making all sale of sex more hidden and reducing access to health and protection services.

One community-led, rights-based anti-trafficking program has been mounted by Durbar Mahila Samanwaya Committee (DMSC), a sex worker collective in Kolkata, India. Local sex workers participate in “Self-Regulatory Boards” (SRBs), with the primary goal of dissociating sex work from criminal activity. Women who are underage or forced/coerced into selling sex are diverted to receive social, educational and economic support services. In partnership with law enforcement actors, this diversion enables women who choose to sell sex, to work without harassment, arrest or extortion.

Successes of the DMSC SRBs will be presented. Anti-trafficking programs worldwide would benefit from such partnerships with sex worker collectives.

Category : 2. Social & Behavioral Sciences

1321 - THE CONTINUUM OF CHEMSEX AMONG GENDER AND SEXUALLY DIVERSE PEOPLE (GSDP) IN DHAKA BANGLADESH EXPLORING THE DEGREE AND INTENSITY OF INVOLVEMENT

*Dr. Sharful Islam Khan Islam Khan*¹, Golam Sarwar Sarwar¹, Pritom Kumar Das Kuma Das¹, Tasnim Rahman Nira Rahman¹, Sudipta Das Gupta Gupta¹

Icddr,b, The Program For Hiv And Aids, Health System And Population Studies Division, Dhaka-Bangladesh¹

Background:

Chemsex, a phenomenon of gay culture, is not always an addictive, sexual, or mental health problem, but can contribute to co-morbidities, side effects, and negative social, professional, sexual, and familial implications. The European model of “Problematic chemsex journey”, which is predictive but not deterministic, characterizes chemsex as a metaphorical journey and has been applied in a recently popularized harm reduction approach of preventing individuals from progressing in their chemsex journey. A Bangladesh-based study revealed concerns about methamphetamine use among GSDP, yet stages along the line of chemsex progression, in Asian contexts, remain unknown. This study has investigated the potential stages and linkages of the chemsex spectrum and described their engagement and associated contexts throughout different phases of the chemsex journey.

Method:

Twenty in-depth interviews were conducted with feminine males (kothi) and transgender women (hijra), engaged in chemsex, recruited through snowball sampling. Data were thematically analyzed, focusing on factors initiating chemsex engagement and contributing factors to the chemsex continuum.

Findings:

We gained insights on stages between two polarities and a pre-involvement phase consisting of syndemics of factors facilitating the initiation of chemsex. The factors of pre-involvement included gender-related isolation, entering community culture, prominence of drug-using culture, and economic dynamics. The four identified stages include initiation of chemsex which is reinforced by the factors of pre-involvement phases; recreational chemsex; maintenance of chemsex cycles which is influenced by economic, gender-related, and psychological factors; and problematic chemsex, if these factors are intensified, could detrimentally affect their lives.

Conclusion:

Feminine men and transgender women in Bangladesh pursued distinct pathways, in contrast with the six-staged problematic chemsex journey developed in the European context. This chemsex continuum considers stages between the two extremes. Furthermore, findings indicate cultural determinants that influence this journey's progression which may be unique to Asian contexts and can be translated to culturally sensitive harm reduction approaches.

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ARTIFICIAL INTELLIGENCE AND SEXOLOGY: OPPORTUNITIES AND RISK

Eusebio Rubio-Aurioles MD PhD

The availability and power of artificial intelligence (AI) has made its appearance and sexology professionals must be vigilant.

A survey was conducted among contacts of WAS. 48 responses were received, and a relatively simple analysis will be presented. In general, between 25-30 % of participants revealed little knowledge and understanding of the workings of AI and expressed concerns about the possible negative consequences of these developments. An initial analysis of this survey is presented.

The presentation will include the nature of AI, the health applications, and the eventual ethical and academic problems that might result from the generalization of the use of AI tools.

The rapid appearance of services for researchers, clinicians, and educators is also reviewed and synthetically presented.

The author concludes that the integration of AI into our professional and personal lives is both desirable and unavoidable. This has created new opportunities and obligations to deal with the risks that it encompasses.

INFIDELITY: IS IT POSSIBLE TO REBUILD TRUST FOLLOWING INFIDELITY?

Prof. Mehmet Sungur

Istanbul Kent University

President of the WAS Congress

President of EFS(European Federation of Sexology)

President of the TACBT(Turkish Association for Cognitive and Behaviour Therapies)

Executive Board Member of WCCBT(World Confederation of Cognitive and Behavioural Therapies)

Many things in life catch our eyes, but only a few of them catch our hearts and souls such as infidelity. Only a few things in life may be as painful as encountering infidelity. Infidelity is the violation of the standards and expectations of the relationship that emerges as the consequence of an emotional or physical relationship with another person(s).

Being unfaithful is a choice people make and deception comes as the consequence following infidelity. Most of the spouses perceive infidelity as a major threat to the continuation of the relationship and report that their marriage would be over if they ever face infidelity. However, in real life a considerable amount of couples continue their marriage despite the affair. Can these couples rebuilt trust and intimacy following the trauma of the infidelity. The answer depends on the perception of the affair both by the injured and participating (the one who was unfaithful) partners and how they manage the stages following the discovery of the affair. This keynote will be a presentation to address the stages that the couple are likely to go through if they choose to stay together despite the pain of infidelity. Rebuilding intimacy and trust is a painful path that requires to pass through three stages. The initial stage is about the steps to be taken to cope with the crises that emerges immediately after the discovery of the affair. The second stage is giving a meaning to the affair to improve understanding that made the relationship vulnerable to infidelity and the final stage is how to move forward to get beyond the hurt to rebuild trust again.

We appreciate the warmth only if we have experienced the cold, the light only if we have experienced darkness and therefore sometimes the beauty and wisdom of happiness can only be appreciated through the experience of misery. Sometimes the misery of infidelity may be the driving force for future happiness.

SEXUAL HEALTH, WELLBEING AND QUALITY OF LIFE: A REVIEW OF SCIENTIFIC EVIDENCE AND NEW DATA

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Sexual Health is defined by WHO (2002, 2017) as: “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity”. Moreover, “sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”. Despite this important conceptualization of sexual health as a multidimensional phenomenon, away from a disease focused approach, most of the research and global attention related to Sexual Health is still primarily directed to prevent or deal with problems and diseases (e.g., STI’s including HIV, unwanted pregnancies, sexual violence, sexual dysfunction, etc.). Topics such as Sexual wellbeing, sexual pleasure, sexual satisfaction and its association with global health and wellbeing, quality of life, and life satisfaction are still relatively understudied and away from global public awareness and public policies.

This keynote lecture will review the existing evidence on the role of sexual health and well-being in predicting health in general as well as global wellbeing and quality of life. Moreover, it will present preliminary findings of the Portuguese implementation of the WHO Sexual Health Assessment of Practices and Experiences (SHAPE). A population-based study with a randomly selected sample of 2010 participants who completed a mixed Online/telephone interview assessing several dimensions of sexual health and sexual behaviours (e.g., sexual health, sexual biography, sexual practices, social perceptions and beliefs, identity and rights, and sexual problems) as well broader dimensions of global health, quality of life, and life satisfaction. Overall, the findings support the important role of sexual health and sexual well-being dimensions in determining global health and well-being and quality of life.

Keywords: sexual health, global health, well-being, quality of life, life satisfaction

Funding Sources: Portuguese Research Foundation (FCT)

THE DUAL CONTROL MODEL OF SEXUAL RESPONSE

Erick Janssen

The Dual Control Model of Sexual Response proposes that sexual arousal and related processes are dependent on the balance between sexual excitation and sexual inhibition, and that individuals vary in their propensity for these processes. Sexual excitation is triggered by sexual cues, anything one might see, hear, smell, touch, taste or imagine that acts as a ‘turn on’. In contrast, sexual inhibition is triggered by potentially risky or dangerous stimuli, including physical, emotional, or social threats. To measure individual differences, questionnaire scales have been developed that mostly show a close-to-normal distribution of scores in sexual excitation and inhibition. This supports the idea that the middle range of each scale reflects typical, adaptive response tendencies, with the high and low ends of each scale being less common and associated with certain risks. For example, individuals with high inhibition are more vulnerable to developing sexual problems, such as sexual arousal problems. And those with low inhibition, possibly combined with high excitation, are more likely to engage in different forms of risky sexual behavior. The Dual Control Model was originally introduced with the goal to help us better understand the determinants of sexual dysfunction and sexual risk taking but is now increasingly applied to other topics, including asexuality, hypersexuality, and sexual aggression. In this presentation, I will give an overview of the model and a brief description of findings and applications, based on a recent review of over 150 articles that have been published on the model. Findings suggest that sexual excitation is particularly relevant to sexual desire and responsiveness and predictive of asexuality and hypersexuality. Sexual inhibition plays a role in sexual dysfunction, sexual risk taking, and sexual aggression, although often in interaction with sexual excitation. Clinical applications and implications as well as suggestions for the further development of the model will be discussed.

Category : 1. Sexual Rights & Ethics

1403 - SOCIAL DETERMINANTS OF SEXUAL HEALTH

*Koray Başar*¹

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The conditions of living condition through diverse stages of life, which are shaped by sociopolitical factors, contribute to the health of individuals and populations. Often referred to as social determinants of health, these factors are proposed to have significant associations with health inequities. This framework has been used for various domains of health since its introduction. The area of “sexual health” would benefit from a critical adaptation of the construct of social determinants in its education, research, and practice. Sexual concerns, problems, and dysfunctions have long been associated with factors beyond the anatomic and physiological features of the subjects involved. Even these features are known to be related to resources and opportunities socially allocated to individuals or groups and social factors shaping the interactions among them. Considering sexual health as a state not limited to simply the absence of disease, its attainment requires a positive, respectful, non-judgmental approach. Further to this, the possibility of having pleasurable and safe sexual experiences—free of coercion, discrimination, and violence, should be achievable. Social determinants of sexual health include factors that are also associated with general health, such as poverty and socioeconomic status, education, race and ethnicity, social isolation, violence, gender norms, public policy and the law, and access to culturally appropriate health services. The framework will be introduced, and some social determinants will be elaborated further in light of the research findings. This formulation will lead to recommendations for public policy developers and individual sexual healthcare professionals.

MALAYSIA STANDS AS A CULTURALLY DIVERSE NATION, CONSISTING OF THREE PREDOMINANT ETHNIC GROUPS: THE MALAYS, CHINESE, AND INDIANS.

Prof. Madya Dr. Rosediani Muhamad

MD (USM); MMED Fam. Med (USM); PhD Public Health (LA TROBE)

Malaysia stands as a culturally diverse nation, consisting of three predominant ethnic groups: the Malays, Chinese, and Indians. The religious practices and beliefs in Malaysia are closely intertwined with the respective ethnic backgrounds of its population. The level of acceptance towards the LGBTQ+ community remains relatively low, highlighting a potential necessity for research and educating about sexual and gender minorities (SGM) in the Malaysian community. Given the stigmatization of individuals with SGM in Malaysia, it remains uncertain what proportion of this population is right now. This session aims to provide additional insights into the daily realities of individuals belonging to SGM communities in Malaysia. It will delve into the mental health challenges they often face as a result of their SGM status and the ramifications of societal non-acceptance. It will also explain how these individuals respond to the challenges and explore potential actions that can be taken to provide further assistance. Additionally, the presentation will share information about programs that have been implemented to support their holistic well-being.

Category : 1. Sexual Rights & Ethics

1292 - SEX TECH FOR HEALTH RIGHTS AND JUSTICE

*Zahra Stardust*¹, Kath Albury², Jenny Kennedy³

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Forecast to become a US\$122 billion industry by 2024, the business of sexual wellness is on the rise. Sex tech includes a diverse range of products from sex therapy apps, sex education chatbots, dating apps, sexual entertainment platforms, smart vibrators, teledildonics, menstrual tracking apps, virtual companions and AI-powered sex robots. Despite substantial media buzz around the potential profits to be made from sextech, less attention has been paid to questions of equity, inclusion, and public interest associated with these intimate technologies. In an age of surveillance capitalism, where intimate user data is extracted and monetised at scale, there remain risks for marginalised, stigmatised and criminalised communities.

In 2022 we held a Public Interest Sex Tech Hackathon, bringing together communities and technologists to explore how sex tech could be used to enhance rather than hinder access to sexual health, rights and justice. We coordinated a three-day hackathon in collaboration with global software developers Thoughtworks and SexTech School, an online training academy for sex tech entrepreneurs. The Hackathon brought together designers, technologists and communities to workshop how sexual technologies can be designed and governed in ways that prioritise public interest benefit.

We sought to inspire and energise participants via educational panel presentations, and access to industry mentors over the 3-day period. On the third day, panellists competed to 'pitch' their idea to a panel of judges with broad expertise in sextech, and public interest technologies. Panelists represented marginalised communities disproportionately impacted by the collection, regulation, aggregation and commercialisation of sexual and/or intimate data – including people living with HIV, people with disabilities, First Nations people, sex workers and LGBTQ+ people.

Throughout the hackathon, panellists (and activist participants) focused on local, collective approaches and/ or political outcomes – such as responses to policing, cultural protocols, counter-surveillance and building community partnerships. In contrast, other participants prioritised opportunities for commercialisation and global scalability, through supporting individual (and often medicalised) experiences of sexual health, sexual pleasure and wellbeing. Despite the friction between these approaches, all of the small groups participating in the event proposed novel and innovative technologies. These ranged from a proposal to reduce waste in sextech manufacturing by developing sustainable algal lubricants, to a prototype chat interface to assist neurodivergent people to establish comfortable communication on dating apps.

We observed that the process of designing sex tech – and indeed, the hackathon process itself – stirs up contradictions, tensions and rifts between the market demands of start-up cultures and the more collective and communally focused approaches by activists and stakeholders from marginalised communities. Our panelists challenged anyone interested in designing 'better sextech' to learn more about the ways that existing laws and policy governing online content (and commerce) have resulted in exclusion, de-platforming and censorship of sex workers – and the flow-on effect this has for other forms of sexual content.

SYMPOSIA

Category : 1. Sexual Rights & Ethics

1333 - DEVELOPING A SEXUAL JUSTICE FRAMEWORK

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Developing a preliminary definition of Sexual Justice

Following the publication and dissemination of the WAS declarations: WAS Sexual Rights Declaration (1997-2014) and the declaration on Sexual Pleasure (2021), WAS is proposing a new declaration on Sexual Justice.

This declaration is based on a thorough analysis of existing theoretical documents, and of the various initiatives already undertaken by a number of international organizations, non-governmental organizations and activist groups in the field of sexual and reproductive health and rights. It is also based on consultation with representatives of groups representing individuals and communities facing exclusion, discrimination and limitations to their sexual and reproductive rights on the basis of their social, economic, political, religious or demographic situation (age - young and old) or their gender identity, sexual orientation or relationship style.

In a context marked simultaneously by the emergence of issues related to sexual justice, reproductive justice or erotic justice, and by the development of attacks on sexual and reproductive rights and “anti-gender” campaigns, WAS is engaged in working to define and implement sexual justice, putting sexuality at the center of its attention, i.e. considering that life and reproductive rights are a component of health and Sexual Justice (and not the other way around: sexuality is not a component of health and reproductive rights).

The articulation between Justice and sexuality is problematic, and represents a new perspective based on sexual rights approaches. It is important first to define the links and articulations that are being established between social justice and sexuality, before examining the fundamental principles that guide this new association between justice and sexuality, and the modalities and areas of application.

The primary objective of this new initiative on sexual justice is to develop new instruments designed to act directly on the structures and institutions that govern people’s “very lives”, and that contribute to the limitations of their citizenship, emancipation and well-being.

Alain Giami : WAS / Inserm / Paris France

On gender identities and sexual dissidence in the Mexican indigenous context

On gender identities and sexual dissidence in the Mexican indigenous context, a proposal for the investigative construction of an ethnocartography through knowledge of their gender identity, health, sexuality and human rights. The objective of this project is focused on the generation of knowledge and socio-historical and anthropological record of the ancestral indigenous gender identities of three social groups in Mexico; Muxhe's in the Isthmus of Tehuantepec (Oaxaca), Trans Mayan Identity (Yucatan) and Trans indigenous Amuzgas (Guerrero).

The rationale for this project is that little is known about these realities, as historically the American Indian is always the other who writes about them. Indeed, the refusal to speak and write about oneself as an Indian is not a product of chance, it is a product of the colonising process, of those who assume themselves to be literate, about the colonising processes and their view of the Indian body in Mexico and Latin America, this Indian body was expropriated and repressed, together with its own sexual and generic culture, This dispossession was parallel to the denial of the right to autonomy of the groups to organise themselves, which of course brings us back to the inherited colonising ideas and thoughts that today generate silence, denials, guilt and surprise when talking about sexual diversity within and outside the indigenous peoples in Mexico.

There are four fields of knowledge that we want to share in this global WAS conference. On the one hand, gender identity as a device for cultural resistance and the survival of our own ways of life. On the other hand, gender identity as a device for cultural resistance and the survival of one's own ways of life, as well as its context and experience in terms of health, its contributions and current needs. On the other hand, the experience and exercise of their sexuality as an intrinsic part of their being and their disjunctions for its full exercise; finally, the barriers and opportunities for the full exercise of their human rights.

Amaranta Gómez Regalado Secretariado Internacional de Pueblos Indígenas frente al VIH/sida

Sexual rights and sexual justice: Where are we with these concepts in the life of key populations (KPs)*

We are currently implementing two projects. One is dedicated to establishing a surveillance system for the sexual and reproductive health and rights (SRHR) of key populations (KPs) in the context when most work with KPs globally are dedicated to HIV and AIDS. In addition, we are conducting another study to explore the rights of transgender women (locally known as hijra) in the context where they were recognized as a separate gender category by the Government of Bangladesh (GoB) in 2013. For both studies, we have administered quantitative surveys which pose questions on sexual rights and sexual justice. As both studies adopt mixed methods approaches, we not only provide numerical expressions of sexual rights and justice, but also will be providing an in-depth understanding of the quantitative information through the qualitative approach. Preliminary findings are expected to be ready by November 2023. As part of these studies, we circulated the questions to the organizations who work with KPs with an aim to see how these organizations currently handle sexual rights and sexual justice in their ongoing work. Thus, we expect the findings of these studies will generate insights and understanding of their sexual rights and justice, and the innovative way forward.

Sharful Islam Khan; Masud Reza; Samira Dishti Irfan and Niaz Morshed Khan
Program for HIV and AIDS, Health Systems and Population Studies Division
icddr,Dacca / Bangla Desh

Toward a Genealogy of Global Sexual Justice Movements

Mapping the contemporary landscapes of struggles for sexual justice requires paying careful attention to how these struggles have emerged and evolved over time as well as to the ways in which they intersect with other important justice movements in the present. This presentation examines the roots of the global sexual justice movement. It highlights important contributions that have come from feminism and women's health movement, from queer theory and LGBTQI+ movement, from HIV and AIDS activist movements, from sex worker and transgender rights movements (linked to, but also qualitative distinct from broader feminist and LGBTQI+ movements), and similar forces working on historical sexual justice battlefields – as well as the challenges that exist for building broader analysis/advocacy alliances between these diverse movements. But it also recognizes the force and power of 'counter-movements' emerging from the extreme right-wing conservative mobilization that has taken place in recent decades, such as anti-gender campaigns, anti-trans and anti-LGBTQI+ mobilizations, and similar reactionary campaigns and initiatives that have been growing globally. Finally, it focuses on the ways in which global sexual justice movements intersect with other contemporary justice movements – such as struggles for racial justice, environmental justice, health justice and global (North/South) justice. It highlights the 'history of the present' and the 'extended-case method' as methodological approaches for developing a genealogy of global sexual justice movements. Drawing on these approaches it seeks to identify key challenges for the future in seeking to defend sexual justice – as well as to articulate some of the most important ways in which WAS might be able to make important contributions to this broader project.

Richard Parker (Brazil, USA)
Sexuality Policy Watch (SPW), Associação Brasileira Interdisciplinar de AIDS (ABIA), and Columbia University

Digital Sexual Justice

What does sexual justice look like in digital space? This presentation shares reflections on how a sexual justice agenda intersects with tech regulation and platform governance. It considers how digital technologies and infrastructure can be put to the task of ending systems of oppression and violence and supporting sexual health, decision-making and equity.

Platforms have pre-emptively shut down spaces that have been safe havens for systemically marginalised communities and actively shadowbanned, demoted, de-monetised, suspended and deplatformed groups as diverse as sex workers, Indigenous peoples, people of colour, LGBTQIA+ folk, disabled people, fat activists, women and sex educators. While over-policing sexual content, platforms still lack a holistic response to addressing harassment, image-based abuse, malicious flagging, sexual racism, theft of sexual content and the unethical scraping of sexual databases.

The presentation builds upon a Manifesto for Sex Positive Social Media, developed at the 2021 RightsCon Summit on Human Rights in the Digital Age, which brought together community organisations, advocates, and academic experts for a Community Lab on Alternative Frameworks for Sexual Content Moderation. This group considered how social media platforms could better understand sexual content, responding to platform policies that restrict or prohibit consensual sexual communication, expression, and representation. It also draws upon provocations from a 3-day Public Interest Sex Tech Hackathon that brought together designers, technologists and communities to workshop how sexual technologies can be designed and governed in ways that prioritise public interest benefit. Lastly, it uses data from interviews with platforms that host sexual content about how they navigate regulatory obligations and financial barriers, including accessing payment processors, digital identity verification, tagging sexual content, non-consensual material and algorithmic curation.

Because dominant platforms see sexual content as a source of data, profit and surveillance, and simultaneously see the removal of it as a means to political capital, a sexual justice approach requires structural and systemic changes to the current assemblage of power, labour and value, as well as changes to regulation, ownership and infrastructure.

Zahra Stardust - Postdoctoral Research Fellow | Centre of Excellence in Automated Decision-Making and Society | Digital Media Research Centre | Faculty of Creative Industries, Education and Social Justice | Queensland University of Technology

Reshaping the narrative on sexual reproductive rights as foreign to Africa

Challenging and debunking myths perpetuated by conservative anti-rights movements from the Global North

Resistance and a push-back to sexual reproductive health and rights, such as the provision of comprehensive sexuality education in Africa, access to abortion, and the rights of LGBTIQ+ persons often uses the rationale that these rights and programs are foreign and “un-African”. However, research has shown how this pushback is fueled by anti-right movements from the Global North, who set up offices in Africa and appoint local spokespeople to push back on the gains that many academics and activists have fought hard to secure over the years. They have created a dominant narrative that positions them as decolonial, anti-West infringement on cultural rights and pro-family.

As we advance our collective work to attain sexual justice and address the systemic and structural impediments to sexual health and rights, how ought we counter this dominant narrative and challenge it in the context of the kind of pushback s currently witnessed in Uganda? Part of the work of attaining sexual justice is to dedicate resources to study the nature of their activities, their strategies and to reflect on aspects of the work of rights-based organizations and activists that may need rethinking in order to successfully counter this narrative. This should include examining the strategies that are currently used by rights-based organizations, how they can be strengthened to become effective in countering these narratives. It should also include and analysis of some of the partnerships that will need to be formed within cultural and religious groups in order to effectively challenge these anti-rights narratives and challenge their claims of being African. This reflection should also consider the impact that misinformation gets spread through social media and how rights-based activists can engage with these new platforms.

Lebo Ramofoko

Sexual and Reproductive Justice Coalition (South Africa)

Category : 2. Social & Behavioral Sciences

1088 - HUMAN SEXUALITY STIGMA AMBIVALENCE & ART

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Human Sexuality, Stigma and Language

Food, water, shelter and reproduction are essential for survival of a species. Reproduction in the plant and animal worlds is influenced by climatic and other natural changes and has none of the stigma and taboo often experienced by humans. Even in the 21st century, sexual matters can still create a great deal of anxiety for patients, carers and professionals. At a time of mass media and globalisation, on the one hand, 'sex sells' and on the other, it remains a taboo subject, due to ignorance and value judgements based on idiosyncratic beliefs rooted in cultural norms, including those of religion. Whilst we have come a long way in overcoming the stigma once associated with some physical illnesses and disabilities, we still struggle with the stigma associated with psychological conditions, especially matters relating to sex.

We begin with a discussion of the process of stigmatisation and the use of language in the context of human sexuality. This includes some examples drawn from recent media which reflect our discomfort and may unwittingly exacerbate our ambivalence.

Human Sexuality, Ambivalence, Art & Dialogue

As a psychiatrist and therapist (trained in Median Groups), I have come across many patients who are struggling not only with issues relating to sexual dysfunction and orientation but also to the consequences of inappropriate exposure to sexual events. When assessing and treating them, it is essential to remain impartial and careful not to impose, either consciously or unconsciously, one's own judgments on their experiences. Therapies based on the CBT model and structured groups e.g. AA, NA, tend to address intra-personal and inter-personal conflicts, and do not usually deal with the social aspects.

Some cultures use art (music, images, artifacts etc.) as a means of reconciling themselves with conflict and ambivalence related to sexual diversity. Discomfort occurs when different values and norms collide. These values are socially determined, so this symposium enables participants to engage in a Median Group experience based on dialogue thus addressing issues at individual and group levels. To stimulate the subsequent group dialogue, some challenging examples of artefacts from different cultures are presented, illustrating the diversity of human sexuality and social responses. They include a humorous calypso by Harry Belafonte, to whom this symposium is dedicated. This session will be an experiential group dialogue, based on the principles of Median Groups, in order to address the social/cultural aspects and contribute to the process of demystifying and destigmatising human sexuality.

Category : 2. Social & Behavioral Sciences

1195 - LAUNCH OF A WHO GLOBAL SURVEY INSTRUMENT TO ASSESS SEXUAL PRACTICES BEHAVIOURS AND HEALTH RELATED OUTCOMES

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World Health Organization, Sexual And Reproductive Health And Research, Geneva-Switzerland ¹

Ideas to action: Addressing priorities through crowdsourcing and global research

To date, there is limited data on sexual practices and behaviours globally; existing data has come mostly from surveys in high-income country settings or are not high quality or representative of a general population. Robust population-level data on sexual health are needed to ensure appropriate and responsive health services are available for all persons across the life course. To this end, WHO/HRP initiated a consensus building process to: identify the core elements and content areas necessary for inclusion in a global survey; develop a core tool to assess the prioritized content areas; and, finally, test comprehension and acceptability of the tool using cognitive interviewing. Through a collaborative effort between global partners, brought together through the HRP Alliance, experts and partners from the global sexual health community were able to submit ideas for inclusion in the tool, respond to an open call for country-specific testing of the tool, take advantage of resources offered through the HRP Alliance for research capacity strengthening, and lead on new methodologies and analyses. Sexual health research capacity strengthening and research collaborator network building were key priorities throughout this multi-stage, multi-year process.

A hackathon, modified-Delphi technique, and two open calls resulted in a collection of draft survey items that was subsequently tested across 19 high, middle, and low income countries through over 600 cognitive interviews. The entire process was supported by four HRP Alliance hubs and reflects the collective effort of hundreds of researchers. The findings from this process have resulted in a survey instrument aimed at collecting population level information on sexual practices, behaviours, and outcomes at the global level such that it is comparable across countries.

Sexual health behaviors, experiences and beliefs in Thailand: qualitative findings

Thailand was one of 19 countries participating in the WHO Cognitive testing of a survey instrument to assess sexual practices, behaviours, and health-related outcomes (COTSIS) Study. CoTSIS used cognitive interviewing, a qualitative method in which researchers conduct in-depth interviews while participants move through a survey instrument. These interviews investigate participants' thought processes as they encounter and develop a response to a survey question and can identify possible sources of response error, for example due to: complex design; suboptimal wording, response options and/or order; translation error; or interpretation differences across contexts.

In Thailand, after translating the instrument, researchers used cognitive interviews to establish the instrument's acceptability and appropriateness among participants representative of the general population. In doing so, researchers collected detailed qualitative data to feed into global-level revisions of the instrument. Additionally, interviews provided rich qualitative data around participants' sexual practices as well as their attitudes and beliefs around relationships, sexual behaviours, and sexual norms. This session will share findings from Thai participants' experiences responding to survey items about sex and sexuality across the life course.

WHO survey instrument for sexual practices, behaviours, and health-related outcomes

Between 2019-2023, WHO/HRP engaged in a multi-stage process to develop, test, and refine a global survey instrument to assess sexual practices, behaviours and health-related outcomes. This presentation will formally introduce the finalized instrument, its potential uses, and points where further development is needed. The final instrument is relevant to general population survey research targeted for ages 15 years and above. Measures are standalone with no scales or indexes included.

While the instrument provides a common core set of measures, testing in 19 countries has underscored the importance of localization of certain items, particularly those which assess certain demographic characteristics as well as sexuality-related identifiers (including sexual orientation and gender identity).

The instrument is intended to be a resource to researchers and public health policymakers worldwide. It is envisioned for use in two ways. First, for general health behavior surveys and/or demographic and health surveys, this instrument becomes the sexual health behaviours module. Second, for research focused on sex and sexuality, or sexual and reproductive health and rights more broadly, this module provides a global, 'common core' set of measures. Future research can further improve the instrument by establishing key implementation considerations including typical completion time and completion rates.

Using the WHO survey instrument in Portugal: real-world implementation experiences

In summer 2023, researchers at the University of Porto, Portugal became the first to use a version of the WHO global sex survey instrument in a general population sex survey. The objective of this research was to assess sexual health indicators and its association with global health and well-being. The study engaged 2000 participants and was conducted primarily online (70% of participants), with a supplementary phone outreach (30%) to ensure that segments of the population with limited access to the web (elderly populations, for example) were reached. Recruitment took place through a list of randomly selected internet users in Portugal. The instrument used was the Version 17 draft of the WHO Sex Survey. A Brazilian Portuguese version was provided to the researchers at the University of Porto, who modified language and certain demographic indicators for the Portugal context and added additional questions related to sexual functioning and sexual pain.

Researchers also tracked data on key implementation measures relevant to the WHO Survey. These included survey engagement and completion times and rates when the module is implemented as both a self-completed web survey and an interviewer-administered phone survey.

The data collected through this population-based survey provides critical insight into the real-world usability of the instrument and important information for future researchers looking to include the instrument in their own research.

Category : 2. Social & Behavioral Sciences

1377 - BISEXUALITY AND SEXUAL HEALTH

*Jessie Ford*¹

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Feasibility and acceptability of at-home HIV/STI testing for bi+ youth

Sexual minority youth are at increased risk for HIV/STI, but rates of testing are low in this population. At-home testing can overcome barriers to in-person testing for youth, but the feasibility and acceptability of at-home testing for sexual minority youth are unknown. Further, bisexual, pansexual, and queer (bi+) male youth are underrepresented in research on HIV/STI prevention despite their increased risk. Therefore, the goal of the current study was to examine the feasibility and acceptability of at-home HIV/STI testing for bi+ male youth. As part of a pilot RCT of an online HIV prevention program for bi+ male youth (aged 14-17; N = 60), participants were offered the option of completing at-home HIV/STI (urethral and rectal Chlamydia and Gonorrhea) testing. In addition, participants completed a survey about their testing experiences or their reasons for completing the testing. Out of 60 participants, 25 agreed to complete the at-home HIV test and 20 completed it. All 20 self-reported a negative test result, which was confirmed via a picture for 19 participants. Fifteen participants agreed to complete the at-home STI tests; 12 self-reported that they completed them, but only eight returned their samples to the laboratory, all of whom received negative test results. Participants reported high comfort completing the tests and low anxiety waiting for the results. The most common reasons for not completing the tests were not being sexually active and not wanting parents to find out. Results provide preliminary support for the feasibility and acceptability of at-home HIV/STI testing for bi+ male youth, especially those who are sexually active. Providing a more discrete way to receive tests may increase acceptability. Having to send self-collected samples to a laboratory for testing may be a barrier for some youth.

Exploring the gender and sexuality characteristics of bisexual women associated with sexual assault

Bisexual women are one of fastest growing sexual minority demographic groups in the US yet research consistently documents disproportionately high rates of sexual assault among bisexual women. Much existing research has attributed high sexual assault rates among bisexual women to individual characteristics, such as substance use and poor mental health. Yet, this work overlooks some distinct gender and sexuality characteristics related to being a bisexual woman that may be associated with sexual assault. Using data from 165 bisexual women in the Chicago Health and Life Experience of Women (CHLEW) study we found that bisexual stigma (bi-stigma), younger bisexual identity development, gender discrimination, and a less masculine gender presentation are associated with a higher risk of having experienced sexual assault, including rape. Bisexual women occupy a distinct position as both sexual minority people and women whereby they may experience stigma related to both bisexuality and gender. We argue that this position has been overlooked and has important implications for bisexual women's sexual health.

A Qualitative Examination of the Nature and Effects of Bipositive Experiences among Plurisexual Women

While disparities in physical and mental health and wellbeing have been sufficiently documented between plurisexual women and monosexual women and men, research on plurisexual-specific positive, protective factors remain largely unexplored. Two studies to date have examined the protective factor of bipositivity among plurisexual women, but more research is needed to gain an in-depth understanding of the nature of plurisexual women's (including both cisgender and transgender women's) bipositive experiences, and their perceived effects, to the extent that others (e.g., community organizations, clinicians, friends, mentors, family members, and romantic partners, media makers) may intentionally foster impactful bipositive experiences for plurisexual women. In this study, I recruited 25 plurisexual women from the local Lincoln, Nebraska U.S. area to complete in-person, in-depth interviews, which included questions regarding participants' experiences of bipositivity. In the current work, I used reflexive thematic analysis to identify themes across participant descriptions of the interpersonal and internal bipositivity they experienced. This analysis resulted in identification of one theme regarding internal experiences-viewing media representations of Queerness-and four themes regarding interpersonal experiences: (1) "me too!" bonding over shared queer identity, (2) bonding over shared experiences, (3) showing up: support and solidarity from others and for others, and (4) "ports in the storm." Social and psychological effects of bipositive experiences permeated all experience types and is evidence throughout each theme. Implications regarding research, clinical practice, community care, allyship, and media are discussed.

Category : 3. Clinical Sciences & Therapy

1047 - CLINICAL APPROACH TO INFIDELITY

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Infidelity in the diversity of couples

For both lesbian and straight women and gay and straight men, emotional infidelity is more distressing than sexual infidelity. While sexual infidelity arouses anguish and anxiety, emotional infidelity causes anguish and anger. Traumatic reactions caused by infidelity lead to emotional, psychological, and cognitive dysregulation, including the development of low self-esteem, a lack of confidence in oneself and others, and a strong fear of abandonment in future romantic relationships.

Emotional reactions to infidelity

Specific emotional manifestations of cheating-based trauma include feelings of jealousy, extreme anger, betrayal, insecurity, anger, shame, guilt, sadness, betrayal, paranoia, loneliness, confusion, envy, and resentment, as well as PTSD. Infidelity victims report persistent somatic symptoms such as insomnia, weight loss, difficulty concentrating, and lack of appetite and loss of libido immediately after experiencing romantic betrayal.

Eight variables related to the motivation for infidelity:

1. High conflict due to the behavior of the couple
2. Sexual dissatisfaction due to low frequency
3. Lack of intimacy and affectivity
4. Low commitment to the relationship
5. Desire for greater autonomy
6. Lack of good communication
7. Feeling mistreated or neglected
8. Desire for a greater number of sexual partners

Clinical Approach: Challenges for Therapists Treating Infidelity

Four factors in couples that negatively affect recovery from affairs: continued infidelity while the couple is in therapy, unwillingness to commit to therapy, guilt, and ongoing unforgiving resentment.

Factors that can prevent effective therapy: learning to manage one's countertransference reactions, knowing how to deal with trauma and managing emotional reactivity, having clinical experience, and balancing the needs that arise in the therapy process.

HETEROSEXUAL COUPLES: MANAGING OF INFIDELITY

In management of infidelity, the sexologist must: 1) have an empathic and unprejudiced approach; 2) clarify the specific motivations for the infidelity, but keeping the focus on what the couple wants for their future; 3) guidance so that infidelity is not made public, avoiding opinions of other people; 4) help the couple to establish an explicit pact on the sexual issue more within the reality desired by both people. 5) Clarification about: what is the current concept of fidelity between the couple?; 7) the explicit agreement must include what sensual or sexual practices are accepted for the other to carry out in relation to a third party. The implicit agreement on infidelity is what has not been discussed in which fidelity is supposed. The sexual exclusivity or the release of the other to have sexual relations is something that must be discussed. THE SEXOLOGIST SHOULD ADVISE THE EXPLICIT PACT. Advantages of the explicit pact:

1) clarify the issue:

2) help people to take responsibility and measure their attitudes towards likely new sexual partners.

Outside the online universe BREAKING OF THE CONTRACT ON SEXUAL AND MARITAL INTIMACY can mainly occur through: 1) paid sex; 2) consensual sex;

3) Sexual violence; 4) erotic games (including masturbation); 5) Exposure of conjugal life and/or intimate sexual life to another person. We know that infidelity, even if it remains secret, diverts focus and energy that could be channeled into the official bond. Fidelity is a rational choice, a conscious and thoughtful act. Fidelity requires a few minutes of pause for reflection, before an extramarital sexual opportunity. If we follow the sexual instinct and the exaggerated satisfaction of the ego, infidelity is the rule.

Online infidelity

Online infidelity implies an act or actions that are erotic, affective or both carried out online by a person within a committed relationship, these actions generate a breach of trust and/or a violation of agreed norms. There are different forms of online infidelity, for example, joking, chatting about the day, complimenting, flirting, exchanging sexually explicit material, cybersex, caring about someone, etc. Actions that do not involve communication with another person such as viewing pornography, placing a personal ad to find a partner, or searching for the personal ads of others are also considered acts of infidelity. Multiple online communication channels have facilitated access to erotic-affective interaction with other people, it is easier to flirt, cheat, have sex online, as well as establish affective relationships and fall in love.

Internet is exciting, it generates an experience of control and freedom to express what would not be done in face-to-face contexts. In the flirting phase, people are more easily disinhibited, they share more intimate communication. The fantasies, thoughts, desires, idealization of the person play a relevant role. The complications it generates are couple conflicts, separation, divorce, negative emotional impacts such as depression and anxiety. The discovered infidelity also impacts the morality that condemns extramarital relationships and assumes that it is one of the greatest threats to the well-being of couple relationships; it is judged as dishonesty.

The reasons that maintain online infidelity are:

Possibility of carrying out fantasies, freedom to express them, adopting roles or stereotypes that are not possible in everyday life. There is a sense of control. The wellbeing it provides makes it easier to reduce couple conflicts. The emotional impact is similar to other forms of infidelity; If the couple cannot resolve the conflict on their own, psychotherapeutic intervention is recommended.

Category : 3. Clinical Sciences & Therapy

1079 - WHAT'S NEW IN COMPULSIVE SEXUAL BEHAVIOR DISORDER

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Conceptualization and international context of Compulsive Sexual Behavior Disorder

Compulsive Sexual Behavior Disorder (CSBD) is a recent clinical entity that was included in 2018 in ICD-11. Some years before, there were some attempts of categorization that did not end up being fruitful such as Hypersexual Disorders, Sex Addiction or Cybersex Addiction among others. Since this categorization of CSBD, there are many dilemmas and contrasting positions in the scientific world. Being categorized within impulse control disorders, researchers, and clinicians question whether this pathology has an impulsive or compulsive etiology or whether it could behave similarly to a behavioral addiction. In different studies the prevalence of CSBD varies between 3-10% of the population, being more present in men than in women. CSBD includes a wide range of sexual behaviors (pornography use, compulsive masturbation, cybersex, chat rooms or webcams, infidelity, or prostitution), which leads to different patient profiles. Some recent neurobiological studies show alterations in the brain structures of those patients with CSBD supporting the addictive hypothesis in its conceptualization. Other research has emphasized the importance of the variable religiosity in categorizing CSBD. The Moral Incongruence Model has strong scientific support for categorizing CSBD in people of different religions. Also, CSBD has been associated with different consequences and impacts on the life of the person and his or her environment. For example, affecting social life and isolation; affective-sexual life; couple relationships; economic and legal environment, in short, different dimensions that are important for the person. This presentation will explore the different models that conceptualize CSBD as well as an update of general data at the international level.

Assessment instruments in Compulsive Sexual Behavior Disorder and associated variables

One of the great challenges in the field of the study of Compulsive Sexual Behavior Disorder (CSBD) is the assesment of this pathology in those patients who demand help in this regard. For many years the instruments to evaluate CSBD have been limited. The main problem resided in the conceptualization difficulties that made it even more complex to measure this pathology since the constructs were different for each nomenclature. However, since its inclusion in ICD-11, different instruments of interest have proliferated. The most recent include: the Compulsive Sexual Behavior Disorder 19 (CSBD-19 scale) and the Compulsive Sexual Behavior Disorder-Diagnostic Inventory (CSBD-DI), the latter validated in different languages such as English, German, Hungarian and Polish. In addition, in the last decades tools focused on another conceptualization have been validated in different languages such as the Sexual Addiction Screening Test (SAST) or Hypersexual Behavior Inventory (HBI). There are also some specific tools to measure the Problematic Pornography Use (PPU) as the Problematic Pornography Consumption Scale in its long version (PPCS-18), in its short version (PPCS-6), and adapted to adolescents (PPCS-A-6). In addition to the psychometric instruments, several psychological and psychiatric variables are of interest when assessing CSBD. For example, personality traits and disorders that may be associated with CSBD, where sensation-seeking or impulsive personalities may have a greater tendency to develop CSBD. Attention Deficit Hyperactivity Disorder (ADHD) has also been shown to be a prevalent pathology in CSBD sufferers. In addition, other variables such as anxiety, depression, obsessivity, addictions and emotional regulation will be explored.

Treatment of Compulsive Sexual Behavior Disorder: an integrative approach

As a recently developed pathology, the approach and treatment of Compulsive Sexual Behavior Disorder (CSBD) have not yet been explored in depth. However, there are different interventions and treatments that have proven to be useful to help reduce the symptoms of CSBD as well as the associated pathologies or those that are a consequence or origin of CSBD. In recent years, randomized clinical trials that have shown greater efficacy in the treatment of CSBD are based on Cognitive-Behavioral therapy (CBT). These therapies focus on strategies related to motivation to change, behavioral triggers, modification of biased thinking, behavior modification strategies and management of emotions that lead to sexual behavior, among others. There are also other therapies that have demonstrated partial efficacy in case series or single clinical cases. Mindfulness-based therapy, which in its different formats focuses on the reduction of stress and anxiety, the development of compassion or relapse prevention. It also highlights the Commitment Acceptance Therapy that can help the management of thoughts, strengthen the person's self-esteem, train cognitive defusion and set goals for the achievement of the person's objectives. In addition, it is of interest to consider group therapies, as they have proven to be useful for CSBD. Of special interest are groups such as Sexaholics Anonymous that have some qualitative studies where positive experiences of patients are reported. Other group therapies have shown efficacy such as cognitive-behavioral, mindfulness-based or psychoanalytic group therapies. There are also some pharmacological treatments that can help to work with the comorbid symptoms of CSBD.

Category : 3. Clinical Sciences & Therapy

1095 - PORNOGRAPHY USE AND ASSOCIATED FACTORS IN ADOLESCENT AND ADULT POPULATIONS

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Emotion Regulation in the Context of Problematic Pornography Use

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Abstract

Pornography may be used by individuals to regulate unpleasant emotional states or to cope with stressful life events. Although this may provide immediate relief, difficulties in emotion regulation and dysfunctional coping strategies could constitute potential risk factors for the development of problematic pornography use (PPU). This study aims to review the literature addressing emotion regulation in the context of pornography use and PPU.

To obtain an overview of current knowledge on this topic, we reviewed studies addressing: 1) the assessment of pornography use motivation related to emotion and coping; 2) the associations between difficulties in emotion regulation/coping and PPU; and 3) the treatments for PPU focusing on interventions to improve emotion regulation/coping. Literature searches were conducted in several databases, including PubMed, Scopus, and Google Scholar. Case studies and studies unrelated to the subject of the review were not included.

The assessment of pornography consumption motivations related to emotions has been investigated on individuals from different cultures, ages, gender, and religious orientations. The main instruments used for the assessment included ad hoc questionnaires or surveys. The Pornography Use Motivations Scale has been validated in a large sample of the general population and differentiates between motivations linked to avoidance of boredom, emotional distraction and suppression, and stress reduction.

Regarding the PPU, findings are presented and discussed to explain its association with general difficulties in emotion regulation, experiential avoidance, and motivation to use pornography for emotional purposes. A final section addresses the treatment of PPU with interventions to improve emotion regulation and/or coping, suggesting that mindfulness-based interventions are promising in this field. Limitations of current studies are discussed, along with future directions and recommendations for understanding emotional regulation in the context of PPU.

Loneliness, pornography use and problematic pornography use

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Abstract

Loneliness is one factor that in the past few years has been suggested to be associated with both pornography use and problematic pornography use. The present study aimed to conduct a literature review of all studies that had explored: (a) the association between loneliness and pornography use; or (b) the association between loneliness and problematic pornography use. Bibliographic searches were made in PubMed, Psycinfo and Google Scholar. We included all articles with the following characteristics: (a) articles written in English or Spanish; (b) empirical studies with more than 5 participants; (c) studies that assessed both pornography use/problematic pornography use and loneliness quantitatively and using validated items/subscales/questionnaires; (d) studies focused on women and/or men of any age range; and (e) studies that explicitly analyzed the association between loneliness and pornography use or the association between loneliness and problematic pornography use. The present study discusses the main findings derived from the studies included in the present review, as well as their associated limitations and clinical implications.

Parenting, differentiation of self, and pornography use among adolescents

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Abstract

Introduction and objectives: Both parenting and differentiation of self (DoS) may be associated with pornography use among adolescents. Our objective was to assess whether parenting styles (specifically parental warmth and parental control) and DoS (specifically emotional cutoff and emotional reactivity) are associated with pornography use among adolescents Spanish-speaking countries.

Methods and sample: An online questionnaire was responded by 6,346 adolescents from Argentina, Chile, Ecuador, Spain, Mexico, and Peru. The questionnaire assessed the frequency of pornography use, the parental style (reduced version of the Family Education Scale), the DoS (Spanish Differentiation of Self Inventory for Adolescents) and some sociodemographic variables.

Results: Among both males and females, a higher differentiation in the “reactivity” dimension was associated with a lower frequency of pornography use, while the “distance” dimension showed no associations. Parental control among males, and parental affection among females, were associated with a lower frequency of pornography use.

Conclusion and recommendations: Differentiation of self (and specifically its “reactivity” dimension) seems to be a relevant predictor of pornography use. Regarding parenting dimensions, predictors differ across sexes. Causal paths among these variables need closer examination.

Associations between Pornography Use and Adolescents' Sexual Self-Concept: The Importance of Pornography-Related Sexual Scripts

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Abstract

Adolescence is a key period in the development of the sexual self-concept – which contributes to shaping the experience of sexuality throughout life. While sexual socialisation and experiences are known to be associated with the development of the sexual self-concept (i.e., sexual self-and body esteem, sexual anxiety and sexual self-efficacy) (Hensel et al., 2011; Horne & Zimmer-Gembeck, 2006), its association with pornography use has scarcely been examined. Studies with adolescents highlight that sexual outcomes related to pornography use can vary considerably. Studies with adolescents highlight that sexual outcomes related to pornography use can vary considerably underscoring the need consider both inherent factors connected to pornography consumption and its outcomes, as well as factors that might influence these associations (Peter & Valkenburg, 2016). This study assessed the sexual self-concept of adolescents, contrasting those who engaged with pornography against those who didn't. Furthermore, it examined, among the subset of adolescents who had used pornography, whether the frequency of use and pornography-related sexual scripts (i.e., sexual expectations, gender-biased sexual stereotypes) were associated with their sexual self-concept. A total of 1584 Canadian adolescents aged 14 to 17 years (49.3% girls; 49.3% boys; 1.4% gender diverse) were included in the study. Results revealed that adolescents engaging with pornography had lower sexual body-esteem but higher sexual self-efficacy than non-users. In addition, the relationship between pornography use and both sexual anxiety and sexual esteem was associated with gender-specific patterns. Among adolescents who had used pornography, those who reported higher pornography-related sexual expectations reported higher sexual anxiety and lower sexual body-esteem, while those who adhered to gender-biased sexual stereotypes reported lower sexual self-efficacy. Overall, these findings suggest that pornography use in general may not unavoidably be detrimental to positive sexuality development and underscore the importance of acknowledging the diverse ways they behaviorally and cognitively interact with such content.

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1314 - CLINICAL SEXOLOGY RESEARCH AND THEORICAL UPDATES FROM ITALY. FISS SYMPOSIUM

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Bring the Gaps? Build bridges : Reproductive health in satisfying sex life.

World Health Organization defines “reproductive health a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when, and how often to do so”. Based on this writing, two fundamental aspects can be highlighted. The first concerns the decline in global birth rates, The second aspect relates to the increasing difficulties in procreation. The WHO estimates that 10-12% of couples worldwide suffer from infertility. These intertwined factors indicate that the experience of parenthood and family, and the various ways in which they can be realized, are more influenced by desires, choices, and sometimes necessity in modern times.

Reproductive health is therefore a globally relevant issue that concerns not only cisgender heterosexual couples but also same-sex couples, single individuals, and transgender people. It encompasses young couples and older couples, people who desire “in their present time” parenthood, and those contemplating future parenthood. There are an increasing number of individuals who rightfully demand visibility, even from institutions, in their desire to form and be recognized as families beyond traditional norms. These are couples and families that are not afraid of accessing medical interventions, who contemplate ethical constructs, and who consider capacity and biographical limits as fundamental variables rather than purely biological factors.

Reproductive and sexual health, therefore, goes hand in hand with human rights and is inherently associated with a broader value of public health.

Phosphodiesterase-5 expression in the vaginal epithelium of premenopausal women with genital arousal disorder

Introduction and Objectives: Few studies have investigated the role of the Phosphodiesterase 5A (PDE5A) isoenzyme in female genital tissue disorders, exclusively taken from cadavers, as well as the epigenetic mechanisms responsible for the regulation of PDE5A levels. To study the in vivo association between microRNA (miRNA) expression and the expression levels of PDE5A in women with female genital arousal disorder (FGAD) compared to healthy women.

Methods and Sample: Premenopausal women affected by FGAD (group cases) and sexual health women (control group) underwent microbiopsy of the peri-clitoral anterior vaginal wall for the collection of tissue samples. Computational analyses were preliminarily performed in order to identify miRNAs involved in the modulation of PDE5A by using miRNA-mRNA interaction prediction tools. Differences in the expression levels of miRNAs and PDE5A were finally investigated in cases and controls by using the droplet digital polymerase chain reaction (ddPCR) amplification system and stratifying women considering their age, the number of pregnancies, and the body mass index (BMI).

Results: The experimental analyses were performed on 22 cases (43.1%) and 29 controls (56.9%). Two miRNAs with the highest interaction levels with PDE5A, hsa-miR-19a-3p (miR-19a) and hsa-miR-19b-3p (miR-19b) were identified and selected for validation analyses. A reduction of the expression levels of both miRNAs was observed in women with FGAD compared to the controls ($p < 0.05$). Moreover, PDE5A expression levels were higher in women with FGAD and lower in women without sexual dysfunctions ($p < 0.05$). Finally, a correlation between BMI and the expression levels of miR-19a was found ($p < 0.01$).

Discussion and Recommendations: The results of the present study indicate that the modulation of selected miRNAs could influence PDE5A expression in genital tissues in healthy women or in those with FGAD. Such findings further suggest that treatment with PDE5i, as a modulator of PDE5A expression, could be indicated for women with FGAD.

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ORGASM AND ANORGASMIA IN CONTEMPORARY WOMEN

Orgasm is a central, complex and delicate issue of female sexuality. Women differ greatly from one another in terms of their tendency and capacity to experience orgasms. The inability to reach the climax (anorgasmia) does not reflect an inability to have sexual arousal or enjoyment and is actually fairly common.

Women and men also differ in the extent to which they reach orgasm. Such substantial gender difference is often attributed to men's higher innate sex drive, sustained by evolutionary perspectives and differences in gender reproductive strategies. The gender gap in the capacity and frequency of the orgasmic experience - in particular during penile-vaginal intercourse - has always been an object of debate and controversy. While some downplay the importance of orgasm for others the most important single predictor of sexual satisfaction for women is orgasm. Today the role of clitoral stimulation is considered crucial in the achievement of sexual pleasure and climax.

In conclusion, the female orgasmic capacity is affected by multiple sources, biological, psychological and cultural - both stimulatory and inhibitory. While the importance and the role of direct genital stimulation (clitoris) have been clarified much more remains to be known in relation to the central imaginative, symbolic, and emotional as well as cognitive and neurochemical components underlying female sexuality and a woman's capacity to access full pleasure and desire.

CONSIDERATION OF FUTURE CONSEQUENCES IN A GROUP OF TRANSGENDER AND GENDER DIVERSE ADOLESCENTS

Introduction and objectives: The WPATH Standards of Care for the Health of Transgender and Gender Diverse People, V.8 highlight the positive impact of gender-affirming medical treatments (GAMTs) on transgender adolescents' lives. It is essential that adolescents participate in their own medical decision-making process and understand implications and long-term consequences. This capacity does not necessarily appear at a specific age, but is related to individual developmental differences. This study examines if younger adolescents report different levels of consideration of future consequences compared to older, and whether such differences are also influenced by mentalization and emotional-behavioral symptoms

Methods and sample: A sample of 36 adolescents aged 12-18 ($M=15.83$; $SD=1.40$) was assessed with the Italian adaptation of the Consideration of Future Consequences-14 Scale (CFC; Nigro et al., 2016), of the Mentalization Questionnaire (MZQ; Ponti, et al, 2019) and of the Youth Self Report (YSR; Achenbach and Rescorla, 2001). Following descriptive and multivariate statistics, the non-parametric ANCOVA (Quade's) test was used to evaluate the differences in the CFC between adolescents aged 12-15 and those aged 16-18, whilst controlling for mentalization (MZQ) and emotional-behavioral problems (YSR Total).

Results: CFC scores were significantly correlated with age ($r=.446$; $p=.02$) and with YSR Externalizing ($r=.37$; $p=.05$); MZQ scores were associated with YSR Internalizing ($r=.399$; $p=.021$). The Quade's ANCOVA confirmed the difference in CFC levels between participants aged 12-15 ($M=56$; $SD=21.19$) and those 16-18 ($M=68.86$; $SD=8.89$), whilst controlling for mentalization and YSR total problems ($F[1,23]=6.893$, $p=.015$). **Discussion and recommendations:** Preliminary results suggest that consideration of future consequences is a complex capacity, related not only to age, but also to mentalizing and emotional-behavioral adjustment. This should be taken into consideration by the health care professional working with transgender adolescents engaged in the decision-making process for the initiating GAMTs.

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Objective: The research aims to investigate family communication regarding sexuality and the possible link between insecure attachment, violence in relationships, and the tendency toward sexual sensation-seeking in a sample of Italian sexual offenders. **Design and method:** We evaluated 29 male sexual offenders in two correctional facilities of Southern Lazio (Italy) (mean age = 40.76; SD = 11.16). The participants completed general questions about their family and sexual education and fulfilled the following questionnaires: Compulsive Sexual Behavior Inventory (CSBI), Sexual Sensation-seeking Scale (SSSS), and the High-Risk Situation Checklist, adapted in Italian, as well as the Attachment Style Questionnaire (ASQ), validated in Italian.

Results: Most of the participants had never talked about sex within their family and perceived a severe or abusive education during childhood. In addition, positive correlations emerged between SSSS and the two scales of the CSBI, as well as between insecure attachment style, CSBI, and sexual sensation-seeking. The participants also reported some critical issues regarding the personal perception of high-risk situations linked to sexual relapse.

Conclusions: Data suggest factors to investigate, such as family education and relationships and the personal perception of sexual recidivism. The results might be effective in treatment and prevention programs among sex offenders.

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1316 - THE WAS YOUTH INITIATIVE COMMITTEE RESEARCH AND INNOVATION ON YOUTHS SEXUALITY

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Childhood Traumatic Experiences and Sexual Well-being: A Case Report

Sexual abuse may not involve explicit violence or injury and could occur without physical contact or be experienced as observers. Sexual abuse can be divided into different categories depending on the relationship between the child and the perpetrator: Intra-familial abuse, peri-familial abuse; and extra-familial abuse. Victims may develop mental health problems, such as affective disorders, suicidal ideas, drug or alcohol addiction, social anxiety, conduct disorder, borderline personality disorder, post-traumatic stress disorder, and eating disorders. The severity, duration, and onset of sexual abuse influence the level of the symptoms. This case study attempts to illustrate the psychotherapeutic path of Sara, a 17-year-old adolescent. Sara developed a BDSM-type sexual addiction, self-aggressive conduct, and alcohol misuse problems after experiencing sexual abuse as a child.

The therapeutic process was divided into 15 weekly sessions. The first step (three sessions) was to focus on the assessment and on establishing a therapeutic alliance. The second (five sessions) and the third steps (four sessions) were focused on sexual violence trauma processing and had the aim of elaborating on the memories related to the trauma and building a new identity. The final step (one session) was based on therapeutic restitution.

During the therapy, Sara elaborated on her trauma, becoming more aware of her resources and her desires, and she learned to manage the sense of guilt and shame associated with the traumatic experience. At the end of the process, Sara normalized her relationship with sex and alcohol, regaining her identity. The case report presented highlighted the importance of exploring the possible connection between childhood sexual abuse and the development of compulsive sexual behavior and BDSM practices in adulthood.

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Understanding Young People's Perception of online Sexually Explicit Material

Sexually explicit materials are often controversial due to their explicit content. Past research on sexually explicit films has shown that they have both advantages and disadvantages. On the one hand, they can provide sexual stimulation, education, and exploration. On the other hand, excessive use of these films can lead, negative impacts on mental health, and distorted views of sexuality. However, these studies have typically grouped all sexually explicit materials into one category, making it difficult to understand which types are more harmful than others. Understanding how young people think about sexually explicit material will help us to develop education guidelines and strategies to assist young people to critically evaluate and engage with sexually explicit material in a positive manner. This symposium will ask young people participants their thoughts and perceptions of sexually explicit material.

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Mentorship program to increase career development

This abstract discusses the future of health resourcing and the role of mentorship in shaping career pathways and opportunities for both clinical and non-clinical professionals. With the growing demand for healthcare services and the ongoing digital transformation of the industry, the need for skilled and adaptable professionals is more crucial than ever. Mentorship programs can provide valuable guidance and support to professionals seeking to advance their careers and develop new skills.

In addition, the healthcare industry is expanding beyond traditional clinical roles, creating new opportunities for non-clinical professionals to contribute to the delivery of healthcare services. From healthcare administration to technology and innovation, non-clinical roles are becoming increasingly important in shaping the future of healthcare.

Overall, the future of health resourcing will require a collaborative effort between clinical and non-clinical professionals, with mentorship programs playing a key role in supporting career development and helping professionals navigate the rapidly evolving healthcare landscape.

Category : 3. Clinical Sciences & Therapy

1325 - VISIBLE AND INVISIBLE VIOLENCE AGAINST WOMEN PREVENTION FROM A COMPREHENSIVE APPROACH

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The patriarchy and the visible and invisible violence against women

In our patriarchal culture, men have been given unquestioned authority over women. Solid cultural principles, social customs and religious norms have traditionally upheld and inculcated the almost absolute subjugation of women to men. This gender socialization has favored the position of power in which men are educated and the internalization of a relationship model based on control and dominance over women.

The abusive man has strongly internalized the traditional values of masculine superiority and uses violence as an effective behavior to dominate and instill fear.

The abuser is convinced that the woman belongs exclusively to him and violence is a strategy to perpetuate inequality.

Violence against women takes many different forms: violence by an intimate partner or ex-partner, rape, trafficking in women and girls, prostitution, violence in war situations, sexual slavery, forced pregnancy, marriages with minors, honor killings, dowry violence, female infanticide and prenatal selection of the fetus in favor of male babies, female genital mutilation and other harmful practices and traditions.

Violence is classified into visible and invisible. The first is direct violence visible in its effects against people. The second is the structural violence that is used in those situations in which damage is produced in the satisfaction of basic human needs as a result of the processes of social stratification. The second form of invisible violence is cultural violence, which refers to aspects of culture that legitimize it through religion, philosophy, and social values. It fulfills the function of legitimizing direct and structural violence.

Prevention of sexual and gender violence from an integral approach

Violence against women, especially that exercised by intimate partners and sexual violence, constitute a serious public health, educational and social problem, in addition to a violation of women's human rights, which cause harmful effects on their overall health and in their daily life.

Although women and young people today are educated under flexible gender roles, they continue to repeat the same unequal patterns, which they learn by imitation and assimilation of models and are maintained due to lack of social rejection.

Normalizing the aspects that are part of gender violence, as well as its associated symptoms, lead to underdetection of sexual and gender violence in all areas: health, social, educational and legal. For example, there is a gender bias that favors the medicalization and psychiatrization of women, or the invisibility of diseases such as endometriosis; the lack of transmission of positive role models in sexuality, especially among the youngest, who access the indiscriminate consumption of pornography at an early age; or the lack of knowledge on the part of some professionals about the current legislation related to such crimes, as well as the well-defined action protocols to be able to detect, accompany, prevent and intervene in cases of sexual and gender violence.

In Spain, we have different laws against all acts of physical, psychological or sexual violence, aimed at developing comprehensive protection measures for women victims, minors and people with disabilities. In this way, we can intervene once the damage has occurred, but we must not forget prevention, which is essential to eliminate this serious problem that we find ourselves in our society. For all these reasons, we want to show a training program, of multifactorial and multidisciplinary intervention, for the prevention of sexual and gender violence.

Category : 3. Clinical Sciences & Therapy

1353 - COMPULSIVE SEXUAL BEHAVIOR DISORDER DID THE INTERNATIONAL CLASSIFICATION OF DISEASES 11 GET IT RIGHT

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Compulsive Sexual Behavior Disorder: Did the International Classification of Diseases -11 Get it Right?

Introduction and Objectives:

For the first time, the World Health Organization's International Classification of Diseases -11 (ICD-11) classified compulsive sexual disorder in the chapter of impulse control disorders in the mental health section (WHO, 2018). A set of diagnostic criteria have now been established in order to guide clinicians in making this diagnosis (WHO, 2022). Previous attempts at recognizing out of control, repetitive patterns of normophilic sexual behavior that negatively affects functioning and relationships were considered by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders failed (DSM-5, 2013 Kafka, 2010)). There has been intense debate about how to classify this disorder and what the diagnostic criteria should be. Is it really an impulse control disorder? Is it a type of behavioral addiction? Is it simply a function of other existing psychiatric disorders? Is it a distinctive psychosexual disorder? How different is it from paraphilic disorders? Should it be listed in the ICD chapter on Conditions Related to Sexual Health? This paper will discuss the history and evolution and research supporting the new ICD diagnosis and review the continuing debatable issues Brand et al. (2020), Gola et al. (2020), and Sassoover and Weinstein (2020).

Discussion and Recommendations:

Diagnosing and treating patients presenting with CSB requires an expertise in clinical sexology, and often an interdisciplinary consultation. Instead of single-theory conceptualizations, a transtheoretical and multimodal approach for better understanding of the nature and providing individualized treatment of variant out-of-control sexual behaviours such as conceptualizations of Braun-Harvey & Vigorito, (2016); Briken et al., (2020); Coleman et al., (2018); Lew-Starowicz and Gola, (2020). Clearly, this disorder should be seen as a psychosexual disorder along with other sexual disorders and dysfunctions. From the sexological perspective, impulsive and compulsive sexual behavior might be seen as identity and intimacy disorder that occurs within nested contexts which constitute an interplay of physiological, genetic, social, cognitive, emotional and cultural influences over time (Coleman et al., 2018). This perspective would better advocate non-judgmental attitudes among clinicians and sex-positive approach, understanding sexual diversity and identifying individual mechanisms that result in loss of control over sexual behavior, related distress and negative consequences (Lew-Starowicz & Coleman, 2022).

Changing Out of Control Sexual Behavior (OCSB): Balancing Sexual Pleasure and Safety within a Framework of Sexual Health Principles

Introduction and Rationale: This sexual health-oriented system looks beyond ameliorating a compulsive sexual behavior mental disorder to center sexual health as the destination for changing out of control sexual behavior (OCSB). Sexual behavior incrementally changes when aligning oneself with their personal sexual health vision within a sexual health principled ethical framework that balances sexual safety and sexual pleasure while ensuring sexual rights. The sexual health OCSB model is a much-needed alternative guide for changing out of control sexual behavior that falls within the range of a sexual problem not a classified disorder.

Project and Population Setting: Since 1993 I have been developing a sexual health based non-diagnostic theory and treatment for cisgender men of all sexual orientations with consensual sexual urges, thoughts and behaviors that feel out of their control.

Outcome: Out of control sexual behavior (OCSB) is a sexual health problem in which an individual's consensual sexual urges, thoughts or behaviors feel out of control (Braun-Harvey & Vigorito, 2016). OCSB is a state of 'being of two minds' conceptualized as competing motivations within a 'dual-process' model of human behaviour. Six principles of sexual health — consent, non-exploitation, protection from STIs and unwanted pregnancy, honesty, shared values, and mutual pleasure — ground men's OCSB assessment, planning for sexual health behavior change and implementing their personal vision of sexual health. OCSB treatment aligns personal boundaries with sexual health principles for regulating OCSB and an ethical map for integrating complex and unconventional erotic desires.

Discussion and Recommendation: OCSB is a non-diagnostic method for regaining sexual behavior control. This sexual health model moves beyond the limitations of a CSBD disorder to include narratives focused on balancing safety and pleasure. OCSB methods accept the ethical responsibility to offer services that distinguish between sexual prejudice and rejection of one's own sexual orientation or erotic nature and treatment methods for a sexual health behavior problem.

Confirming and Expanding the Moral Incongruence Model of Compulsive Sexual Behavior

Introduction and Objectives: Compulsive sexual behavior (CSB) is a clinical syndrome in which repetitive sexual behaviors, urges, or thoughts cause significant distress and impairment. Moral incongruence (MI), or conflict between an individual's sexual behaviors and moral beliefs, is highly associated with self-reported problematic pornography use (PPU), a common behavioral manifestation of CSB. However, it is currently unknown whether MI is associated with other self-reported compulsive sexual behaviors, such as masturbation, sexual fantasy, and sex with multiple partners. Additionally, research on MI has not explored whether emotional responses to sexual cues (i.e., erotophilia-erotophobia) may serve as a moderating variable in the MI model. To address these gaps in the literature, this study aims to examine

Methods and Sample: This study administered an online survey to a sample of N=804 American participants recruited through Amazon's Mturk. The sample was 46.0% women, 84.8% straight, and 77.1% white.

Results: Results confirmed previous research on MI indicating frequency of pornography use is more strongly associated with self-reported CSB at high levels of moral disapproval. This moderation was also replicated with frequency of sexual fantasy and number of sex partners, but not with frequency of masturbation. Results also indicated that self-reported CSB is modestly associated with positive emotional response to sexual cues (i.e., erotophilia) but offered limited support for erotophilia as a moderator in the MI model.

Discussion and Recommendations: Collectively, these findings suggest the MI model can be expanded to several behavioral manifestations of CSB, but that emotional responses to sexual cues may play a limited or more nuanced role in MI. Providers should assess for MI and emotional reactions to sexual cues when assessing and treating CSB concerns.

Difficulties with Emotion Regulation Predict Compulsive Sexual Behavior

Introduction and Objectives:

CSB can be conceptualized as an out-of-control or repetitive pattern of sexual behavior that negatively impacts functioning and relationships (WHO, 2022). An associated feature of CSB is emotion dysregulation (ED; e.g., Lew-Starowicz et al., 2020). Past research on ED and CSB has operationalized ED as a single construct (Cardoso et al., 2022); however, ED has been theorized as a multidimensional construct (Gratz and Roemer, 2004). Individual facets of difficulties with emotion regulation (DERS) differentially relate to other health-related outcomes (e.g., Saxena et al., 2011). ED may also include interpersonal regulation, such as attachment style. The current study examined relationships between CSB and DERS and attachment anxiety and avoidance.

Methods and Sample:

A sample of 915 participants reflecting U.S. demographics was recruited from MTurk. Hierarchical regression was conducted to explore these relationships. Covariates were entered into step 1 (e.g., gender, race, age, religiosity), attachment anxiety and attachment avoidance (Attachment Styles Questionnaire; Polek et al., 2008; van Oudenhoven et al., 2003) in step 2, and DERS subscales (Gratz and Roemer, 2004) in step 3. CSB was measured with the CSBI-13 (Miner et al., 2017).

Results:

The final model was significant and accounted for a significant proportion of CSBI-13 variance: ($F(18, 892) = 63.08, R = .75, R^2 = .56, \Delta R^2 = .18, p < .001$), with specific DERS subscales accounting for most of the variance.

Discussion:

Specifically, impulse-control problems when experiencing negative affect, nonacceptance of emotion states, and lacking clarity of emotions predicted CSB, as did attachment anxiety. The finding that attachment avoidance and some DERS subscales (difficulty with goal directed behavior, lacking awareness of emotions, and lacking strategies) did not predict CSB is in-line with past studies on differential relationships between DERS facets and health outcomes. This study highlights the importance of operationalizing ED multi-dimensionally in research and clinical practice and addressing ED in treatment.

Examining the Role of Sexual Function and Satisfaction in Compulsive Sexual Behaviour

Introduction and Objectives

Compulsive sexual behaviour disorder (CSBD) is recognized by the ICD-11 as a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour (WHO, 2019). One feature of CSBD is engaging in repetitive sexual behavior even when deriving little or no satisfaction from it, indicating potential overlap with sexual function. Previous research has indicated a link between lower sexual satisfaction in men with CSBD (Kowalewska et al., 2019; Vaillancourt-Morel et al., 2017). Additionally, features of CSBD expressed through pornography viewing have been associated with sexual and relationship dissatisfaction (Daspe et al., 2018), decreased sexual function among women and decreased erectile function in men (Burri, 2017), pointing to the role of satisfaction and sexual function. The current study aims to understand how sexual function and sexual and relationship satisfaction are related to compulsive sexual behaviour.

Methods and Sample

Data were collected through mTurk from 915 participants (44.7% women, 54.3% men; 87% heterosexual; 78.6% white; 5.4% Hispanic/Latino; 27.4% single, 67.2% in a monogamous relationship). We collected data on compulsive sexual behaviour (CSBI-13; Miner et al., 2017), sexual satisfaction and sexual function with the Inclusive Sexual Function Index (ISFI; Spencer et al., under review), and relationship satisfaction (GMREL; Lawrance & Byers, 1995).

Results

Multiple hierarchical regression analysis indicated that people with higher scores on CSB have higher sexual desire ($\beta=.28, p<.001$) but lower relationship satisfaction ($\beta=-.10, p<.01$), sexual satisfaction ($\beta=-.11, p<.01$), arousal ($\beta=-.13, p<.01$), and pain ($\beta=-.57, p<.001$). These findings were robust across gender and sexual identity.

Discussion and Recommendations

Satisfaction and relationships are important considerations in CSBD education, research, and clinical care. Sex positive approaches that consider the context within which sexual behaviour occurs are crucial in competent care. Future directions will be discussed.

Category : 3. Clinical Sciences & Therapy

1401 - THE IMPORTANCE & UTILITY OF SEX RESEARCH IN THE PRACTICE OF SEX THERAPY

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Patterns of Genital and Subjective Sexual Arousal in Cisgender Asexual Men

Introduction & Objectives: Human asexuality is often described as a lifelong lack of sexual attraction. Penile plethysmography is a reliable tool to differentiate between sexual orientations, and sexual arousal in response to preferred targets is a strong indicator of sexual attraction. We compared the genital and subjective sexual arousal of asexual men to heterosexual and gay men while exposed to two types of erotic stimuli: erotic films and sexual fantasy. We also explored group differences in arousal by examining sexual excitation (SE) and inhibition (SI).

Method: 67 cisgender men (19 asexual, 26 heterosexual, 22 gay) underwent phallometric testing and completed questionnaires.

Results: There were no significant group differences regarding number of non-responders to erotic stimuli. Allosexual participants showed higher average sexual arousal, both genital and subjective, to their preferred film stimulus compared to asexual men. Asexual men experienced lower than average genital and subjective arousal across film categories, corresponding to their lack of interest. Asexual men did not differ from allosexual men when viewing clips showing their non-preferred sex. All groups displayed similar levels of genital and subjective sexual arousal in response to engaging in sexual fantasy. Asexual participant's lack of SE (but not higher SI) may be driving lower levels of arousal.

Discussion: Asexual men were capable of genital and subjective arousal when engaging with content that was appealing to them suggesting that the cognitive and attentional pathways crucial for sexual responding are intact. Further, the lack of sexual interest experienced in asexuality appears to be the result of a lower level of sexual excitation and a natural variation of human sexuality. Asexual men may be more like allosexual men in terms of fantasy-based arousal than they are in regard to erotic-film based arousal and interest in engaging in sexual activities. Implications in understanding asexuality and working with asexual persons in health care will be discussed.

Sexual and Gender Minority People and Perinatal Healthcare in the US: Mental Health Outcomes and Invisibility

Many births in the US are to sexual minority women (17% based on a nationally representative survey), yet there is little research on perinatal depression screening rates or symptom endorsement among sexual and gender minority (SGM) people. High rates of risk factors for perinatal depression (e.g., intimate partner violence and history of mental illness) among SGM individuals magnify this gap in the literature. This retrospective cohort study reviewed the medical records of all individuals giving birth in 2019 at an urban US hospital (N = 18,244; mean age = 33.8, SD = 5.1; 57.3% of non-Hispanic White race and ethnicity) to examine the prevalence of people with SGM identities and compare perinatal depression screening rates and scores for SGM people to heterosexual cisgender women. The Patient Health Questionnaire (PHQ-9) was used as the perinatal depression screening measure.

Only 1.5% (n=280) of participants were identified as sexual minority cisgender women and 1 individual (0.005%) was identified as gender diverse. Sexual minority women were more likely to be screened for depression during postpartum care (OR = 1.77, p = .002) and were more likely to screen positive for depression during the postpartum period (OR = 2.38, p = .026) than heterosexual women.

In our study, sexual minority women identified in the medical record are highly engaged in care yet are at high risk for postpartum depression. Sexual orientation and gender identity were largely undocumented in the medical record which defaulted to cisgender, heterosexual identities. This clinical practice contributes to the invisibility of SGM individuals in reproductive healthcare. These results highlight the need reproductive mental health research that measures sexual and gender identities directly. Furthermore, clinical protocols for providing validating, non-discriminatory care need to be implemented to ensure SGM patients are getting inclusive and appropriate reproductive mental healthcare.

Patient-Reported Barriers to Accessing Sex Therapy Services

Approximately 40% of 40-80 year old cisgender men experience sexual difficulties. Prevalence rates appear similar across nations and cultures, as is the proportionally low rate of help-seeking. Overall, less than 20% of men seek help for sexual dysfunction. Among those who do, care is typically restricted to a primary care physician or, perhaps, urologist. Regardless of identified medical causes, however, many men who struggle with sexual functioning are excellent candidates for sex therapy to further address maladaptive cognitive, behavioral, and relational patterns that perpetuate sexual difficulties.

This pilot study addressed patient-reported perceptions of, and barriers to, attending a sex therapy consultation following sexual medicine evaluation at an academic urology clinic. Chart reviews were conducted on 106 cisgender men (median age = 43; 81% non-Hispanic white) referred to sex therapy between 2018 and 2021; they were also invited to participate in a mailed survey. Of the men referred to sex therapy, 62 (59%) attended the consultation. Those with at least one prior psychiatric diagnosis were significantly more likely to do so (p < 0.001). Of the 23 survey responders, 6 (26%) did not attend the recommended sex therapy consultation and reported barriers such as shame (n = 2), embarrassment (n = 2), feeling dismissed by the referring urology provider (n = 2), scheduling conflicts (n = 1), and a lack of anticipated benefit (n = 1). Among survey responders who attended the sex therapy consultation, 78% (n = 18) found it helpful and would recommend it to a friend with similar concerns.

Sex therapy is a beneficial modality that can be used in parallel with biomedical treatment, yet many patients are unfamiliar with this option and how it can improve their sexual health. These initial data help us better understand potential barriers in referring cisgender men, in particular, to sex therapy.

Category : 3. Clinical Sciences & Therapy

1433 - MESSM SYMPOSIUM ON VAGINISMUS

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What You Need To Know About Vaginismus

Vaginismus is a frequently overlooked aspect of women's health, often accompanied by limited available data. It can be a distressing condition that may signal underlying issues related to female sexual dysfunction or pelvic floor dysfunction.

Vaginismus is influenced by a range of factors, including physiological, behavioral, social, and cultural elements. Effective evaluation and treatment often require detailed and specific history taking and clinical assessments to rule out coexisting conditions. Treatment is multifaceted and requires a long-term approach, incorporating aspects of urogynecology, pharmacology, psychology, and behavioral therapy. Join us in our MESSM Symposium where we will offer a comprehensive overview of the management and treatment of this challenging condition.

Epidemiological And Etiological Aspect of Vaginismus

Epidemiologically, vaginismus is a relatively common condition, affecting women of all ages and ethnicities. However, due to the sensitive nature of the condition, it is often underreported and underdiagnosed. Prevalence rates vary, with studies suggesting that vaginismus may affect anywhere from 1% to 17% of women worldwide.

The etiology of vaginismus is multifactorial and not yet fully understood. It is believed to arise from a combination of biological, psychological, and sociocultural factors. A significant proportion of women with vaginismus report a history of sexual abuse or trauma, suggesting a psychological or emotional component. Anxiety, fear of pain, negative sexual experiences, and relationship issues can also contribute to the development and persistence of vaginismus.

Sociocultural factors can influence the development of vaginismus through cultural norms, beliefs, and attitudes surrounding sexuality. Stigma, shame, and lack of information or education about female sexual health can contribute to feelings of guilt and anxiety, exacerbating the condition.

In conclusion, while the exact causes of vaginismus remain uncertain, a combination of biological, psychological, and sociocultural factors are thought to contribute to its development. Further research and awareness are needed to improve understanding, diagnosis, and treatment options for women affected by vaginismus.

Vaginismus: management from the psychological, psychiatric and Sex Therapist Perspective

Crumbling under the weight of social conventions, female sexuality has long been a taboo subject in both Western and Arab-Muslim societies. It was considered indecent to talk about the difficulties a woman might encounter in her intimacy. Thereby, despite its high prevalence, vaginismus remains a relatively unknown condition. The prevailing view, when firstly described, was that vaginismus must have anatomical causes. Involuntary spasms of the vaginal musculature were then incriminated. More recently, consideration was given to the psychological aspects that could play a part in this disorder. Vaginismus was initially considered as a psychosomatic phenomenon due to deep-seated fear and anxiety. Fear-based and disgust-based attributions was highlighted. In fact, it seems obvious that psychological, social, cultural and religious components as mainly contributors to this sexual dysfunction.

In this perspective, a multidisciplinary approach including sex education, behavioral and cognitive sex therapy, seems to be more appropriate to meet the needs of these women and couples in suffering. The main aim of this approach is to provide the woman with knowledge about sexuality, and to help her understand and deal with her own sexuality, to reduce anxiety about penetration, so manage to connect penetration to pleasure.

Management of Vaginismus from a Gynaecological perspective:

Vaginismus appears to be more frequent than the literature indicates and can be situational or absolute. An underdiagnosed and inadequately treated condition characterized by painful intercourse.

Women with this disorder cannot tolerate vaginal penetration via intercourse, tampons, vaginal dilators, or gynaecological examinations because of severe pain resulting from involuntary spasm of the vaginal muscles. Prevalence rates vary between 4.2% and 42%. It is commonly diagnosed at both gynaecological and psychosexual clinics.

Its true incidence is unknown because many patients remain silent about this problem. Vaginal penetration is impossible for these women despite their desire to achieve it. Because of inadequate education and training, many clinicians are unable to diagnose and treat vaginismus.

Although gynaecologic experience with vaginismus has been generally limited, the gynaecologist is seen as a potentially ideal therapist for establishing or confirming the diagnosis at the time of pelvic examination. It is crucial to raise the awareness of clinicians about vaginismus.

There is potential for a high rate of treatment success in patients with vaginismus unlike other sexual pain disorders such as vulvodynia and vestibulodynia. Vaginismus is a physical and psychological condition, and both components must be treated. Treatments that have been used to help women overcome vaginismus include Kegel exercises, dilators, physical therapy, sex counselling, mindfulness, psychotherapy, hypnotherapy, cognitive behavioural therapy, and a multimodal program using botulinum toxin A (Ona botulinum toxin A).

Management of vaginismus is multidimensional. Gynaecologists should play a big part in the diagnosis, examination, and management.

Cultural Dimensions & Public Health Awareness About Vaginismus

During the last decades the long-lasting definition of vaginismus have been challenged by several scientific studies and societies so that vaginismus as a sexual disorder does not appear in the DSMV. So either from a scientific point of view or from a cultural one, vaginismus is still a mysterious entity either for the general population or for the healthcare providers. Public health awareness about vaginismus needs to address three populations : the general population through comprehensive sexuality education on the one hand for the young generations but also the traditional and social media campaigns to reach all the population, the health care providers via integrating sexual disorders in the academic curricula, and the sexologists with specific post graduate training programs. These programs have to be community-based interventions that are adapted to the cultural specificities of each population. In fact, vaginismus is associated with several cultural concepts such as virginity, no premarital sexuality, tasfih...

Category : 5. Sexual Medicine

1145 - A FRAMEWORK FOR SEXUALLY HEALTHY FIRST PARENTHOOD

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A sexually healthy (pre-)conceptional start

Introduction & objective:

Many sexual questions, worries and problems can accompany pregnancy. They can start with trying to conceive and continue into young parenthood. They provide fertile ground for later sexual problems, including increased domestic violence postpartum and divorce within two years after the first childbirth. Despite these realities, fertility and pregnancy professionals seldom address sexuality and intimacy. Which preventive steps could we develop to reduce the risk of these problems?

Method:

We searched the literature for attention to sexuality and intimacy in the preconception period.

Findings & discussion:

Among the many topics in preconception care, we could find no attention at all to sexuality and intimacy. There was nowhere attention to the period of trying to conceive, a typical start of sexual problems. Besides, from a preventive perspective, there was no attention at all on addressing the sexual insecurities and worries of pregnancy.

We then described simple strategies for midwives and other pregnancy care professionals to reduce the risk of sliding from confusion and worries via taboo into a vicious circle of sexual and relationship problems.

Recommendations:

- In preconception education, include a detailed explanation of optimal sex for conception.
 - Clarify that getting confused and worried is relatively standard.
 - Proactively address the not-asked sexuality questions in the area of sexuality and intimacy.
 - Consider sexual prehabilitation by improving the couple's communication and sexual skills.
- Anticipating the moments when the woman is no longer in the mood for the common sexual penetrative routine.
- Make clear that investing in good sexual contact ultimately will benefit both couplehood and parenthood.

Reference:

Gianotten WL. Sexual aspects of getting pregnant (conception and preconception). In: Geuens S, Mivšek AP, Gianotten WL, eds. *Midwifery and Sexuality*. Springer 2023 (Open Access)

Dealing with sexuality in complicated pregnancies

Introduction & objectives:

In complicated and high-risk pregnancies, healthcare professionals (HCPs) must carefully balance between sexual restrictions (avoiding damage to pregnancy, mother or baby) and recommendations to continue sexuality and intimacy (aiming at the sexual health of the couple).

Method:

We investigated the literature on how HCPs proactively pay attention to sexuality and intimacy in complicated and high-risk pregnancies. With the literature and knowledge of sexual medicine, we developed detailed recommendations related to specific pregnancy pathologies and sexuality.

Findings & discussion:

For midwifery and obstetric professionals, the literature provides minimal information on how to deal with sexuality and intimacy in complicated and high-risk pregnancies. It mainly addresses the dangerous aspects without paying attention to the variety of sexual behaviour. Besides, it focuses on restrictions without recommending what is allowed.

We separated the various sexual behavioural elements: kissing, hugging, cuddling, woman's arousal, masturbation, orgasm, nipple stimulation, oral sex, vaginal penetration, anal penetration, etc. We then looked at their potential beneficial and potential adverse effects on pregnancy, baby, mother and couple. We applied that knowledge to the various common pregnancy pathologies: threatening miscarriage, early bleeding, hyperemesis, short cervix, painful contractions, premature rupture of membranes, preterm labour, placenta previa, uterine scars, urinary tract infection, vaginal infection, hypertension, fetal growth restriction, and twin pregnancy.

Recommendations:

When dealing with high-risk pregnancy complications, it is vital to proactively address the not-asked questions in the area of sexuality and intimacy. Midwives and other maternity care professionals should explicitly address the dangerous, avoidable sexual practices but also expressly mention the allowed or even recommended ones.

Reference:

Simetinger G, Gianotten WL. Sexual Aspects of High-Risk and Complicated Pregnancy.
In: Geuens S, Mivšek AP, Gianotten WL, eds. Midwifery and Sexuality. Springer 2023 (Open Access)

How to sexually survive the postpartum period

Introduction & objective:

Immediately after the first childbirth, the new parents enter a rollercoaster of physical, emotional, existential and sexual changes. This hodgepodge regularly causes sexual confusion, dyspareunia and mutual distancing and sometimes develops into long-term relationship problems, domestic violence and divorce.

Method:

We searched how the literature addresses sexuality and intimacy in the postpartum period. And we tried to delineate relevant explanations and solutions for typical postpartum sexual disturbances.

Findings & discussion:

When sexuality gets attention, the literature focuses nearly always on function (dyspareunia). There is very scant attention to sexual pleasure, sexual bonding and the sexual stress of the partner.

Common relevant realities of the new mother are a high need for intimacy, fatigue, low testosterone levels, low arousability and a worn-out vulva. The common reality for some male partners is the need for sex, including orgasm, as their way to deal with stress.

The ultimate challenge is mixing these two realities into practical and realistic recommendations.

Recommendations:

- In antenatal education, pay ample attention to the prepartum and postpartum importance of sexuality for long-term healthy couplehood and parenthood.
- Develop and implement sexual prehabilitation, anticipating the mother's prepartum and postpartum low sexual desire and the partner's postpartum need for sex to handle stress.
- Familiarize yourself with intimate masturbation: pleasure-focused cuddling till the low-desire person is satisfied, after which the high-desire person masturbates, embracing the partner with the other arm.
- Learn how to proactively address such intimate masturbation (f.i: "You could consider that to increase your sexual leeway!").

Category : 5. Sexual Medicine

1331 - SEXUAL HEALTH IN SOUTH INDIA

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NEW TREATMENT MODALITY FOR PEYRONIE'S DISEASE - NEW STUDY

Objective :

Peyronie's disease is the development of fibrous plaques inside the penis. This condition often causes curved, painful erections. Optimum medical therapy for Peyronie's disease has not yet been identified. New therapeutic option, along with selected portions of the guidelines, are explored in this study. The objective is to describe the new ultrasound therapeutic treatment for Peyronie's Disease

Material and Methods :

In our hospital patients with Peyronie's disease are being treated with ultrasound therapy for 10 years. In this study we have studied 214 Peyronie's disease patients. By using a meticulously developed protocol, patients treated with 3MHz frequency ultrasound for 15 minutes per session .The total number of 20 sessions. During the sessions we encompasses objective follow up of plaque changes as well as quality of life .We managed to document positive effects of this non-invasive method of treatment. The size of the plaques decreased and disappeared at the end . This ultrasound therapy equipment is 3 MHz ultrasonic machine.

Result :

We have treated total 214 Peyronie's disease patients with above protocol. Out of 214 Grade I (≤ 0.3 CM) is 96 (45%) , Grade II (>0.3 to ≤ 1.5 CM) is 97 (45%) and Grade III (>1.5 CM) is 21 (10%). Other Factors Diabetes - 17%, Hypertension - 5%, Obesity - 9%, Smoking - 18%, Alcohol - 12%. This therapy method is very good , cost effective and non invasive. Failure rate is less than 10%.

Conclusion :

The purpose of our paper is to highlight the possibility of using ultrasound therapy in the treatment of Peyronie's disease.



SEX @ 40

Sexual Health :

According to WHO, “Sexual Health is a state of physical, emotional, mental and social well being related to sexuality, it is not merely the absence of disease, dysfunction or infirmity.

Sexuality :

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

Sexual health is important because it enables people to take charge of their reproductive health, and their emotional well-being surrounding their intimate relationships.

Sex is a topic usually discuss behind closed doors with partner or during lunch with closest friends. But if noticed as we gotten older that sex isn't the hot lunch topic it used to be. That's no surprise, considering how the activity that once consumed us now has to fit into the patchwork of lives that also includes work, kids, aging parents, and, oh yes, glorious sleep. But it does make us wonder about the future. Is there a time when sex will no longer be on the agenda? And can we—should we—change that?

Many couples want to know how to get back to the sexual arousal and activity levels they experienced in their 20s, 30s and early 40s. Instead, find ways to optimize your body's response for sexual experiences now. Ask yourselves what's satisfying and mutually acceptable.

Conclusion :

Awareness of the sexual needs of these age people is an important quality of life issue. Health care providers need to be open to discussing sexual needs of these people. Provide treatment where appropriate Education of society in general and increased awareness of sexuality among these people is a key component of sexual health in future.

Female Sexual Dysfunction among South Indian PCOS Women - A Clinical Study

Aim

Studies have shown sexual dysfunctionality in 20-25% of infertile couples. Polycystic ovarian syndrome(PCOS) is the most common hormonal disorder among women of reproductive age and is a leading cause of infertility. Infertility may alter a woman's sexual expression by causing or exacerbating sexual problems as a consequence of the diagnosis, investigation and treatment of infertility. Adequate sexual function can contribute to the success of fertility treatments. This study aims to assess sexual function in infertile and PCOS women in relation to their age, body mass index and duration of infertility. The prevalence of female sexual dysfunction (FSD) and PCOS in infertile women and its correlation with infertility was also evaluated. And to find the relationship between female sexual dysfunction and testosterone levels in women with polycystic ovary syndrome (PCOS).

Method

This cross-sectional study includes 301 infertile married women recruited from the infertility Department of Aakash Fertility Centre and Hospital from March 2013 to April 2014. PCOS was diagnosed based on Rotterdam criteria. Sexual function was assessed using the FSFI questionnaire and scores were calculated using cut off values. Descriptive analysis was done using chi-squared test and ANOVA was tested. A total of 185 women diagnosed with PCOS based on Rotterdam criteria, for these patients difference between FSD and absence of FSD was assessed using t-test. Cutoff value was determined using ROC curve to find the sensitivity and specificity of the test.

Result

In General Infertile Group

Among the general infertile group, the age has a statistically difference with FSD among all sexual dysfunction except satisfaction.

In PCOS Infertile Group

Among the PCOS infertile group the age has a statistically difference with FSD among all sexual dysfunction except arousal.

In Non PCOS Infertile Group

Among the Non PCOS infertile group the age has a statistically difference with FSD among all sexual dysfunction except Desire.

Conclusion

The Prevalence of FSD among PCOS infertile women is more than in the general infertile women. PCOS has a strong relationship with Female Sexual Dysfunction. Age does play a role in various sexual dysfunction domains. Among the PCOS Group the Duration of Infertility has a Statistically Significant difference with the FSD Domains except the Arousal, Lubrication and Pain. Definite leading sexual dysfunction questioner must be asked to all infertile women who are under fertility treatment. Correcting sexual dysfunction improves the natural pregnancy rate. Periodic evaluation of sexual function of infertile women is must. PCOS women with sexual dysfunction showed decreased levels of testosterone compared to women with no sexual dysfunction issues.

Pelvic ring injury is associated with sexual dysfunction

OBJECTIVES: The purpose of this study was to describe sexual function in men and women after pelvic ring injury.

DESIGN: Prospective collection of functional outcomes data.

Goal:

Incidence of Erectile Dysfunction after Pelvic Trauma
Pathogenesis of erectile dysfunction after pelvic trauma
Management
Case Study
Conclusion

Incidence:

10% of Traumatic injuries constitute Pelvic Injuries.
5% of pelvic injuries have Erectile dysfunction.
42% of pelvic injuries associated with Urethral injuries have Erectile dysfunction.

Case study:

Number of patient's - 44
Age group 20-40
Mode of Injury - RTA
Place of the study –
International ortho and trauma centre, Chennai, INDIA

Result:

Total number of cases 44.
Cases with pelvic fracture and PFUI injury -14 (6-ED)
Cases with pelvic fracture – 30 (3-ED)

Conclusion:

Erectile dysfunction after Pelvic fracture is more common with Pelvic trauma associated with urethral injury.
8% of pelvic fracture alone have ED, whereas it increases to 44% in pelvic fracture + PFUI.
It could be arteriogenic, neurogenic or venogenic or a combination.
Management should be tailor made.

Category : 5. Sexual Medicine

1345 - UNIQUE SEXUAL DYSFUNCTIONS

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Anodyspareunia

It can be defined as recurrent and persistent pain in the receptive partner during anal sex. The pain that occurs during anal intercourse in male homosexuals was first reported by Rosser et al. According to Rosser et al. in a study conducted in 1997 to investigate sexual dysfunction (SD) in gay men, they noticed that about 16% complained of pain during anal sex, and they tried to define this complaint as a SD (1). Diagnostic criteria have been tried to be established with the assumption that anodyspareunia may be a new SD that can be defined in the DSM system. Damon and Rosser asked the participants to rate the pain they felt during anal sex between 1-7 in order to define anodyspareunia, and 25% of them described it as 1-2 (never-very rare), 63% as 3-5 (rare mild-frequent mild-moderate), 12% as 6-7 (recurrent-constantly severe). In the same study, it was reported that causes such as insufficient stimulation of the anal region before sexual intercourse, general medical problems of the anal region, lack of lubrication, condom use, psychological factors, penis size, position may cause pain (2). Hollows, on the other hand, criticized the diagnosis of anodyspareunia, suggesting that pain during sexual intercourse in the anal region may be a symptom beyond diagnosis, pain in the oral cavity, such as the anal region, then specific definitions for this area or breasts may need to be introduced, pain may be the leading symptom of external hemorrhoids that may occur in the future (3). Yessick et al. found an association between control cognitions and pain intensity in anodyspareunia and pointed that sexual flexibility might be a potential point of intervention for those who experience sexual distress due to anodyspareunia (4).

These studies have generally been conducted in educated gay men and their generalizability is controversial. However, as with vaginismus and dyspareunia, the frequency of pain during anal sex is significantly higher, and more comprehensive research is needed on this issue.

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Sexsomnia

Sexsomnia, characterized by sexual behavior during sleep, is a type of parasomnia that predominantly occurs in non-rapid eye movement (NREM) sleep, with or without obstructive sleep apnea (1,2). These behaviors can vary from sleep masturbation to sexual moaning and vocalizations, to fondling and full sexual intercourse with a bed partner. In reported cases, the sexual behavior is usually not remembered after awakening. Sexsomnia is part of an overlap syndrome that is often combined with other parasomnias such as REM behavior disorder, confusional arousals, sleepwalking and sleep terrors (3).

Sexsomnia is more common in men and in their thirties and forties. As in other parasomnias, psychosocial stressors, alcohol-substance and drug use, fatigue and insomnia are predisposing factors in sexsomnia (4). The fact that the diagnostic criteria are not well known yet, physicians other than sleep medicine specialists do not question the symptoms specific to this disease when taking history, and the fact that patients or partners do not share the symptoms with shame due to sexual symptoms makes it difficult to determine the true frequency of this disease. Considering this diagnosis; It is necessary to detail the anamnesis, and to reveal the presence of parasomnia with all-night PSG examination supported by 18-channel EEG (5).

Various treatment modalities have been described in sexsomnia. Successful treatment results with hypnosis and cognitive behavioral therapy have been reported. Most data and experience based on currently published literature relate to the use of clonazepam. Other drugs that have been used with limited success include trimipramine, lamotrigine, olanzapine, carbamazepine, clomipramine, fluoxetine, escitalopram, and duloxetine (3).

Serious psychosocial problems may develop due to sexsomnia and may lead to forensic events. We planned to make this presentation to raise awareness about a little-known issue and to create an approach plan for the patients who are likely to be seen.

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Persistent Genital Arousal Disorder(PGAD)

Persistent genital arousal disorder (PGAD), also known as persistent sexual arousal syndrome (PSAS), is a relatively recently described sexual disorder, defined as “spontaneous, intrusive, and unwanted genital arousal (tingling, throbbing, pulsating) in the absence of sexual interest and desire” and causes marked distress, embarrassment, and shame (1,2). PGAD differs from hypersexuality in that PGAD occurs in the absence of desire (2). Symptoms may worsen with stress, anxiety, visual stimuli, or physical stimuli (2). Early literature described PGAD as a disease in the female population; however, more recent published data indicate that this disease affects men, as well (3).

Epidemiological studies show that the prevalence of PGAD in the population may reach 1-4%. The etiology of PGAD is not clear, and vascular, neurological, hormonal, psychological, pharmacological, dietary, mechanical factors or a combination of these factors are presumed causes (4).

PGAD can be defined as a separate sexual dysfunction, or as part of a cluster of conditions related to fine fiber neuropathy (restless genital syndrome), a subtype of vulvar pain, and/or problematic evaluation of spontaneous genital sensations (5).

There is no standardized treatment algorithm for PGAD due to the lack of evidence-based clinical studies. Recommended treatment modalities include pharmacotherapy, psychotherapy, electroconvulsive therapy, hypnotherapy, botulinum toxin injection, pelvic floor physical therapy, administration of anesthetic agents, reduction of identifiable factors that aggravate symptoms, and transcutaneous electrical nerve stimulation (4).

The knowledge about PGAD is still not disseminated among primary care physicians and specialists in various medical fields, including urologists, gynecologists, psychiatrists, and neurologists. Due to the nature of their symptoms, patients may feel embarrassment and discomfort during the examination and may even delay reporting their symptoms to the specialist. Therefore, it is important to increase the awareness of this disease by physicians in order to enable PGAD patients to be diagnosed and treated earlier.

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Female Ejaculation (Squirting)

Although female ejaculation is a phenomenon defined by many scientists throughout history, it is still a controversial issue. Some women experience involuntary excretion of varying amounts of fluid during sexual stimulation and orgasm. Although the amount of this liquid varies, there is no consensus on its source. The excretion of a significant amount of squirting fluid is called 'squirting'. In this panel, researches done in this field from past to present will be reviewed and female ejaculation and 'squirting' phenomenon will be discussed.

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Category : 5. Sexual Medicine

1426 - ONCOSEXOLOGY FOR SEXUAL HEALTH PROFESSIONALS

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Oncosexology aspects of female cancer will follow

Oncosexology aspects of cancer in the couple

The response to the diagnosis of cancer varies greatly between individuals and their partners. Partners have to deal with life threatening illness to their loved ones and are expected to offer both practical and emotional support. The partner's anxiety may be linked to the patient's anxiety, which may affect disease outcome, including coping with depression and symptom management. Interventions that address both partners are therefore crucial. Strategies of collaborative coping and mutual support, can help couples adjust better to the new challenges.

In this short talk, the consequences of cancer on couple relationships and approaches to dealing with these, will be presented.

Oncosexology aspects of male cancer

Male cancer patients often experience a range of physical, psychological, and emotional changes due to the disease and its treatments. These alterations can significantly impact their sexual well-being and intimate relationships. Physical effects stemming from cancer treatments (i.e. surgery, chemotherapy, and radiation therapy) can lead to hormonal imbalances, erectile dysfunction, and diminished libido. These challenges pose substantial hurdles to maintaining a satisfying sexual life and necessitate tailored interventions to address each patient's unique needs. Psychosocial factors also play a crucial role in the sexual health of male cancer patients. Body image concerns, anxiety, depression, and fear of recurrence can contribute to sexual distress. Moreover, communication barriers between patients and healthcare providers regarding sexual issues further exacerbate the problem. It is imperative to foster open dialogues to provide comprehensive support. Finally, emotional dynamics undergo significant shifts as partners navigate the impact of cancer on intimacy and sexuality. Spousal support and understanding are vital during this phase. Addressing the needs of both the patient and their partner through couples' counseling and education can foster resilience and enhance the quality of their intimate relationship.

In conclusion, the oncosexology aspects of male cancer encompass a spectrum of challenges that extend beyond medical treatments. A holistic approach to care must encompass medical interventions, psychological support, and relational counseling. By acknowledging and addressing the sexual health concerns of male cancer patients, healthcare professionals can significantly contribute to their overall well-being and enhance their quality of life. Further research and the development of evidence-based interventions are necessary to continue advancing the field of oncosexology and better serve this unique patient population.

Category : 6. Public Health and Public Policies

**1085 - COMPREHENSIVE PUBLIC HEALTH SOLUTIONS TO SEXUAL INEQUITIES
EXPLORING SYNERGIES BETWEEN SEXUAL JUSTICE SEXUAL PLEASURE SEXUAL
WELLBEING AND SEXUAL HEALTH**

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Introduction

Symposium description:

Purpose: The purpose of this symposium is to bring together four pillars of a comprehensive framework for public health programming in relation to sexuality.

Rationale: The widely adopted definition of sexual health advocated by WHO since 2006 is revolutionary and expansive. It has been instrumental in enabling educators, clinicians and policy makers acknowledge positive sexuality and sexual experiences as key public health outcomes. However, public health approaches to sexuality remain rooted firmly in the medical and biological sectors, focusing largely on adverse health outcomes and concomitant risks. Continued progress in sexual health will require mainstreaming within public health policy, deliberate action against towards sexual justice, and orientation towards wellbeing and pleasure.

Summary: The session will introduce four fundamental and overlapping pillars of public health focused enquiry on sexuality: sexual health, sexual justice, sexual pleasure and sexual wellbeing. It will discuss how Public Health approaches built on all four founding pillars have potential to move beyond risk-focused paradigms and support broader and more inclusive takes on sexuality. Such positive and broader approaches may be more effective in addressing sexual inequities and challenging conceptualisations of 'normal' sexuality.

Format: Following a brief scene-setting introduction by the Chair, four complementary presentations will introduce each pillar in turn, highlighting the interactions between them and explaining how consideration of synergies between the pillars can support progress towards goals within each. This will be followed by a facilitated discussion between presenters, with input from the convenor and delegates.

The sexual Health Pillar

Despite billions of dollars of domestic and international funding for sexual and reproductive health and rights (SRHR) services and programming, 'sexual health' has often been overlooked in favor of reproductive health, and STI/HIV-prevention services. As a result, there has been critical global progress in reducing maternal mortality and expanding access to contraception. As a byproduct however, global services have often focused only on certain populations (e.g. 'women, aged 15-49'), while any mentions of sexual health have been limited to prevention of ill-health and disease. In this presentation, WHO's Department of Sexual and Reproductive Health and Research will look towards the future of sexual health and SRHR services, asking "What happens if we put 'sexual health', that is 'physical, emotional, mental and social well-being in relation to sexuality' at the centre of SRHR services?" WHO will present a conceptualization of an inclusive, holistic, lifecourse approach to sexual health, along with its implications for policymakers and providers.

The Pleasure pillar

Definitions of Sexual Pleasure are challenging, given its subjective, cultural, contextual, and personal nature. However, in 2021 the World Association of Sexual Health attempted to define sexual pleasure as an element of the WAS Sexual Pleasure definition [1].

Public Health has avoided recognition of pleasure as a driver of sexual behaviour, or indeed an outcome of sexual relations instead focusing on the negative consequences of sex or indeed an obsession with bad sex. International development initiatives are equally sex negative and enthralled with 'reproductive tragedy' rather than sexual flourishing, as evidenced by the lack of mentions at sexual health conferences, global agreements or in research [2].

However new evidence shows that any element of pleasure inclusion in sexual health interventions enhances their impact on sexual and reproductive health [3]

The Pleasure Principles [4], draw evidence, policy, and practise into, 'a guide and inspiration to support people and organisations to embark on the journey to a sex positive and pleasure-based approach'. These operational guidelines are clearly based upon a vision and practical implementation of sexual health, justice, and well-being.

The first principle 'Rights First' places sexual justice and rights as the basis to all practise of pleasure-inclusive sexual health. The seventh one 'Love Yourself' encourages people to recognise the trauma and shame they have faced in sex negative cultures, or through negative experiences, and to see the possibilities of love, pleasure, and joy and connect with others in pleasure activism. 'Be Universal' recognises that all humans can feel pleasures if they want to, and to strive towards erotic justices beyond historical hierarchies of privileges. We will discuss how all the major global SRHR delivery agencies, and over 20 others, have now endorsed these principles with clear actions and are implementing services in new ways that centre pleasure.

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The Justice Pillar

Public health is one of the key areas for the application of Sexual Justice. Sexual Justice is both a means of action and a general objective. It aims to go beyond approaches in terms of sexual rights for individuals by shifting attention and action to systems of governance and institutions that control access to citizenship and health. Sexual justice does not aim to sexualise justice, but rather to shift the focus of justice to issues of sexuality, sexual health, reproductive health and gender, which are often neglected in actions towards excluded and stigmatised people and communities. It aims to redress injustices against excluded and stigmatised communities (e.g. LGBTQ+, migrants, sex workers, the elderly and people with disabilities, people in prison, etc.) and to facilitate access to sexual health services for those who are excluded from these services. The SJI developed by the WAS thus aims to elaborate a definition of sexual justice by developing partnerships with the people and communities affected, which will enable intervention strategies to be put in place towards systems of governance. The definition of sexual justice is currently being developed through an analysis of the literature, consultations with communities that are victims of injustice and a survey conducted in the form of a political ethnography. The presentation will focus more specifically on issues of injustice in the field of sexual health/public health.

The sexual wellbeing pillar

Sexual wellbeing is commonly referenced but variously understood. Within sexology it is often used as a synonym for sexual satisfaction; and within public health as a synonym for sexual health. But could the concept of wellbeing contribute something different and unique to our understanding of healthy sexuality? Is sexual wellbeing different to sexual health in the same way that mental wellbeing is different to mental health? Could the concept of sexual wellbeing help us think about public health goals in ways that reorient focus away from risk/adversity and towards positive sexuality? Could a focus on sexual wellbeing help understand links between sexual health and mental health, and between sexual health and violence/discrimination? The potential of this concept to unlock new avenues for public health enquiry in sexuality is only beginning to be realized. As a starting point, we define sexual wellbeing as about the promotion of positive sexual feelings and experiences. This includes feeling safe, respected, comfortable, autonomous and able to work through past trauma. Sexual wellbeing thus encapsulates psychological aspects of general wellbeing relevant to sexuality and sexual experiences. A sense of sexual wellbeing should be relevant to people regardless of whether they are sexually active or in a relationship. From this public health view, an individual's sense of sexual wellbeing is shaped by wider influences such as laws, attitudes in society, and access to information and support. This talk will expand on these ideas, exploring how sexual wellbeing connects with other pillars of justice, pleasure and sexual health, as well as how goals for sexual wellbeing might be incorporated into public health programming.

Mitchell et al. What is sexual wellbeing and why does it matter for public health? *Lancet Public Health* 2021;6: e608–13

Category : 6. Public Health and Public Policies

1260 - PUTTING PLEASURE INTO THE HEART OF POLICY PROGRAMMING PRACTISE AND PREVENTION

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Sexual Pleasure, Sexual Health and Sexual Rights: How to Keep Building the Pleasure Wave

On September 11, 2021, the World Association for Sexual Health ratified a Declaration on Sexual Pleasure in its General Assembly. The WAS Pleasure Declaration represents the culmination of over 40 years of the history of WAS and a bold attempt by WAS to urge all spheres of influence in society to recognize the critical importance of sexual pleasure as a key component of sexual health and sexual rights.

In this presentation, we will review ongoing necessary work to ground pleasure in sexual health work through a discussion of the growing evidence base and the need for new efforts at monitoring and evaluation. With continued threats to sexual rights, there is a critical need to address the importance of pleasure as a key component of sexual health and rights.

In addition, with the increased recognition of sexual abuse and harassment, the pleasurable aspects of consensual sexual activity should not get lost in necessary prevention efforts. We will explore how the Declaration and other combined efforts can help further center sexual pleasure in advancing sexual health and rights.

The case for pleasure in SRHR: Building the evidence base for policy change.

Background

Despite billions of dollars invested into Sexual and Reproductive Health and Rights (SRHR) education and services in order to achieve ambitious global SDG targets, one aspect of SRHR has remained explored. SRHR programming has traditionally adopted an approach which focuses exclusively on disease prevention and risk-reduction, omitting references to satisfaction, intimacy, pleasure – in short, many of the reasons people have sex. Does this reluctance to address pleasure affect health outcomes? To answer this, we conducted a systematic review and meta-analysis to answer the question ‘Do SRHR interventions which incorporate sexual pleasure improve relevant health outcomes?’

Methods

We followed PRISMA guidelines and searched 7 databases for relevant articles published between 1 January 2005-1 June 2020. We included randomized controlled trials and quasi-experimental studies with both pre- and post-intervention measures and a control group published in peer-reviewed journals. For our meta-analysis we accepted only standard SRHR control or matched groups with a similar SRHR intervention. We considered various outcomes including behavioural measures (use of condoms, STI testing, risky behavior), attitudes and knowledge.

Results

We identified 33 unique interventions that incorporated pleasure. All included interventions targeted HIV/STI risk reduction and none targeted contraception use. We were able to meta-analyse 8 studies reporting condom use as an outcome and found an overall moderate, positive, and significant effect of Cohen’s $d = 0.37$. Qualitatively, we found evidence that pleasure can have positive effects across different informational and knowledge-based attitudes.

Conclusions

Incorporating sexual pleasure within SRHR interventions can improve sexual health outcomes. The lack of contraception interventions that considered pleasure and well-being suggests a significant gap in interventions for contraceptive users (traditionally married, heterosexual, cisgender women). There is a need for the broader SRHR community to make programmes – even traditional ‘reproductive health’ programmes – more reflective of the reasons people have sex.

The Pleasure Principles and Pleasure Toolkit: two inspirational guides to putting pleasure into practise

Introduction and Rationale

Pleasure is one of the key motivators for sex globally. However, the framing of sex education and sexual health (SH) programmes has been avoiding danger, death, and disease rather than seeking pleasure, enjoying and affirming our bodies, and articulating desires. While the narrative and the evidence on pleasure inclusive SH has gained more acceptance over the last few years, including acceptance of a definition, there were no global standards for pleasure-based and sex-positive sexual health programmes.

Action

The Pleasure Project has therefore developed a set of living references - The Pleasure Principles - intended to help practitioners succeed in applying pleasure as a fundamental part of SH and sexual rights work. The Pleasure Principles follow the WAS Declaration on Sexual Pleasure and detail how to practically incorporate pleasure in sexual health and within the broader agenda of health and development. We have also recently established a training toolkit 'How to become a sexual pleasure champion and trainer' which will further ensure practitioners can put the declaration into action.

Outcome

We will describe The Pleasure Principles and their practise. With now over 30 organisations endorsing those principles we will use practical examples of their work, learning and interventions to show how to implement pleasure based sexual health. And how they serve as a guiding tool for applying the WAS declaration on sexual pleasure in practice. We will provide perspectives for The Principles to stay grounded in evidence and yet be fluid to evolve and fit into specific contexts and environments.

Discussion

We will show how implementation agencies have used The Pleasure Principles to adapt and adjust their work integrate pleasure inclusive sexual health within a wide range of agencies, contexts, and service delivery interventions. We will introduce the launch the Toolkit to WAS.

Opening a Portal to Pleasure Based Sexual and Reproductive Health around the Globe; A Qualitative Analysis and Best Practice Development Study

Introduction & objectives

Pleasure is often left out of sexual and reproductive health (SRH) interventions. The evidence base, that suggests that the inclusion of pleasure can improve SRH outcomes and increase safer sex practices, is expanding. However, there is a lack of research that aims to understand how to include pleasure into applied SRH work, particularly outside of groups that are assumed to be accepting of a pleasure discourse, such as men who have sex with men.

This study aimed to understand the experiences of a cohort of pleasure implementers and develop a series of implementation best practices.

Method(s) and Sample

Data was gathered from structured surveys filled out by pleasure implementers (n=8) and focus group discussions (FGD) with pleasure implementers, those that funded their pleasure-based work (n=2) and those that provided technical support (n=2). Routine data was also collected as part of the grant monitoring process.

Results

Pleasure implementers reported on the outcomes of their pleasure-based work in a range of contexts and groups. Themes that emerged from the analysis of the FGDs and survey responses included pleasure as a portal to positive outcomes, barriers to a pleasure approach, and mechanisms by which pleasure allows for open and non-judgemental discussion about sex and pleasure. A series of best practices emerged from pleasure implementer experiences.

Conclusion & recommendations

It is possible to introduce a pleasure-based approach to a wide range of groups, even those who are assumed to be too conservative to accept a pleasure-based approach. The implementation best practices recommend to: approach groups and individuals without prior assumption; allow participants to guide how language around pleasure is used; comprehensively train facilitators and acknowledge their anxiety or shame around pleasure; centre and legitimize pleasure work as a funder; and support implementers to evaluate and publish their pleasure work.

Category : 7. Education

1186 - COMPREHENSIVE SEXUALITY EDUCATION IN GREECE – PROSPECTS AND CHALLENGES

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Sexuality education for students in the autistic spectrum in Greece

Introduction: Sexuality education for persons in the autistic spectrum in Greece is an undeveloped subject, even though sexual life is a fundamental part of any person's life, and it is strictly connected to socialization through a learning process.

Purpose: The study discusses data from parents whose children were diagnosed with autism spectrum disorder (ASD). Parents completed a questionnaire regarding the provision of school sexuality education, as well as sexuality issues in ASD. Also, whether their perceived need for dealing with their children's sexualized behaviors, encourages them to opt for their children to attend sexuality education interventions.

Methods: The research study involved parents whose children were aged from 5 to 15 years and were residents of the region of Thessaly in Greece. Questionnaires were distributed to ASD schools or Day Centers for children in the autistic spectrum. 208 families replied to the questionnaire. 75% of the respondents were mothers. Most children, 75%, were boys. Analysis was conducted with simple statistical tools.

Results: 25% of parents thought that, compared to the typical population, children in the autistic spectrum have "less" sexual needs, 31% believed that they have "more" and 43% did not know or answer the question. Approximately 68% of the parents reported having sufficient knowledge about sexuality education. 12, 5% of their ASD children had participated in sexuality education programs. This can be attributed to lack of relevant information and the provision of such education. In addition, 56% of them feel that sexuality education is important for their children's healthy development.

Conclusion: The analysis supports the need for organizations that work with ASD students to include sexuality education programs in their curricula. Results also show that, according to parents, those children who participated in a sexuality education program had improved their social interaction, their sexual behavior, and affected positively the everyday family functioning.

Secondary Teachers' knowledge and opinions on Sexuality Education course

Introduction: The study aims to investigate the knowledge about the sexual health of adolescents and the opinions of secondary school teachers regarding Sexuality Education teaching.

Methods: The research was carried out with a structured questionnaire. Samples were pilot tested and the value of the Cronbach alpha index was equal to 0.72. Statistical analysis was performed with IBM SPSS Statistics 26.0. The level of statistical significance for all controls was 5%.

Results: In total 192 teachers participated in the survey with an average age of 48.04 years and 64.40% women. The average length of service was 15.14 years. 83.20% need additional training and want both appropriate training material (93.6%) and training seminars (90.80%). The level of knowledge between health teachers and those of other specialties differs ($t(156) = -3.61, p < 0.001$), with the former having a higher level of knowledge. Furthermore, the level of knowledge in children's psychosexual development differs between teachers who have attended a training program related to Sexual Education and those who have not ($t(156) = -2.35, p = 0.020$), with the former again having a higher level of knowledge. 85.70% consider that Sexual Education should be taught by qualified teachers and 39.30% of teachers consider High School as the most appropriate level of education while the 37.70% Primary. Finally, the majority of the sample considers that Sexuality Education should be taught as a subject included in the syllabus of other subjects (65.7%), as a chapter of Health Education (63.5%), or as an independent subject (57.8%).

Conclusion: Research findings reinforce the importance of Sexuality Education as teachers recognize that they are the first line of intervention but they need training to effectively cope with its teaching. Their positive attitude highlights the readiness of the educational system to accept this lesson within its curricula.

Greek student-teachers' perceptions towards LGBTQI+ population

Introduction & objectives: Studies confirm that LGBTQI+ people more often become victims of harassment and bullying at school because of their, or perceived, sexual and gender-diverse identity. A few months ago, a trans person was assaulted on the campus of the University where the principal researchers work. An incident indicative of phobic attitudes against LGBTQI+ people. This study investigates Greek student-teachers' beliefs and attitudes toward sexual and gender minorities. Teachers' role in combating homophobia and transphobia in schools is important. Through comprehensive sexuality education teaching they can influence the school ethos towards an LGBTQI+ inclusive and accepting environment. Overall, through their personal stand on matters of LGBTQI+ teachers can affect positively, or negatively, the society. Data from this study can attribute towards inclusive sexuality education and educational policies.

Methods & sample: Study data derived from answers to a Likert scale structured questionnaire. The questionnaire was distributed electronically in the form of Google Forms, to student-teachers of Departments of Preschool and Primary School Education at different Universities in Greece, through their professors.

Results: At this point, we can refer to the preliminary findings of the ongoing research. Most of the study participants are female, on the fourth year of their studies. There is, in general, a positive attitude towards LGBTQI+ people. Most participants claim to support LGBTQI+ rights. However, positive answers drop when the question is specifically about LGBTQI+ marriage and adoption.

Conclusion & recommendations: The same questionnaire was used seven years ago by one of the researchers in a similar student population. Earlier studies depicted differences in attitudes based on gender, level of studies and academic context. Comparing and contrasting the data from the two studies could also provide interesting insights. Data for educational policies that contribute to the understanding of sexual diversity and the reduction of harassment phenomena.

Speaking the “unspeakable”! Teachers’ opinions on a sexuality education program

Introduction & objectives: Comprehensive sexuality education in Greece has been problematic for years. Less than 3% of teachers, discuss sexuality topics, attributing the phenomenon to poor training, limited educational materials, and contradictory educational policies. This study investigates teachers’ opinions and attitudes following a sexuality education intervention.

Methods & sample: The sample consisted of seven pre and primary teachers, part of a larger group of 20 educators, who voluntarily participated in systematic 20 hours training and implemented a sexuality education program of 15-20 hours, for pupils 5-8 years old. Data were collected from a Focus Group discussion and analyzed using a Thematic Analysis approach. A problem-driven theoretical perspective has influenced the overall research design.

Findings & discussion: Teachers believed that sexuality education enabled them to refer to sensitive issues that previously were neglected. They considered such teaching to be important and innovative but also challenging. Following the intervention, they observed notable changes in their pupils’ knowledge and attitudes, particularly knowledge about the body parts, changes in pupils’ self-awareness and self-esteem perceptions, as well as a building of trust. Teachers discussed the role of the parents. They felt that few parents hold similar discussions at home. However, they noticed that their intervention provided tools for better communication in the family and at school. They emphasized the need for the continuation of sexuality education in other grades, appropriate teaching materials, and teachers’ training that should rather take the form of mentoring. The fact that their intervention was supported by educational materials and systematic training was an important parameter to opting for such teaching.

Recommendations: Teachers’ beliefs and attitudes towards sexuality education content and implementation, as well as their cooperation with parents, are significant elements for advancing teaching. Teachers need mentoring, systematic training, and appropriate materials. Educational policymakers should take this into consideration.

Category : 7. Education

1222 - THE DIMMENSIONS OF SEX COACHING

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The Business of Sexology

Introduction and Rationale

Sexual health experts receive little to no training in business. They learn clinical skills and patient care, but few in mental health care, coaching or sexuality education know how to succeed as entrepreneurs with private practices, workshops, or training programs. The concept of a Launch, how to position services in a business model, and basic marketing acumen are often lacking. Sexological entrepreneurship is growing, as evidenced by the growth of numbers who identify as sex coaches, moving from a handful to hundreds of thousands today. To be able to work with clients necessitates the basics: Learning the ins and outs of extreme self-care; a positive money mindset; a service mentality; answering the pivotal question “What do you do?”; defining a niche; expressing the range of products or services offered; and attracting ideal clients. Being able to serve a client base is key to having a sustainable business that flourishes. This presentation will show the ten steps to sexological entrepreneurial success from a seasoned expert, based on the groundbreaking BEEHIVE™ system of “Building Entrepreneurial Excellence: Harnessing Insight Value and Expertise”. This includes a discussion of a new flagship program structured as a one-year intensive business/entrepreneurship training program exclusively online, with the potential for in-person weeklong retreats. Participants will find answers to their most pressing entrepreneurial challenges.

Population & Settings

All sexual health and wellness practitioners, including 1:1 sexuality educators and sex coaches

Outcome

Through sexological entrepreneurial and business training, sexologists, including sex coaches, will be able to conduct a successful business and be able to devote more time and resources to advocating for sexual rights for their target populations.

Discussion & Recommendations

Programs such as these provide a keystone for sexological entrepreneurs to be of greater service to their target populations.

Source of Funding

None

Conflict of Interest

None

The Power of SAR

Introduction & Rationale

SAR is an immersive experience designed to help sexological professionals assess their values, attitudes, and beliefs (VAB) around human sexual behavior, expression, and identities. SAR is also an opportunity to explore personal and professional boundaries around human sexuality and expand one's capacity for addressing sexual concerns and interests with clients.

Population & Settings

SAR participants are adults from countries around the world. They are typically students in training or clinicians in practice (coaches, doctors, therapists, social workers, educators, etc.). SAR is a required component of most sexology training programs, including the SCU Core Certified Sex Coach Training.

SAR takes place over two day-long sessions (16 hours plus an optional “field trip”), virtually or in-person.

Outcome

Through their SAR experience, participants expand their awareness of human sexual behavior and clarify professional boundaries. The exploration of VAB typically has a positive personal as well as professional impact.

Discussion & Recommendations

Through the experiences of engaging with media, guest speakers, and small groups, participants notice and assess their own VAB while learning about the practices and VABs of others. SAR participants report that SAR had a profound impact on their perception of human sexuality, their ability to understand and meet their clients' needs, and their recognition of boundaries, both professional and personal.

Source of Funding

None

Conflict of Interest

None

Advantages and Limitations of Online Training of Sexologists

Introduction & Rationale

Online teaching and training opportunities have burgeoned in the past twenty-five years, particularly in academia and within professional certification programs for sexologists. Pros and cons exist, such as reaching participants in remote areas, recognizing the time limitations of students with work or family demands, and offering self-paced study. Such programs also allow for greater access to experts in the field, thereby maximizing the quality of the program. Conversely, the absence of in-person discussions and experiential learning may limit the outcome of professional development. The presentation draws from extensive experience teaching at this level and offers tips for creating successful courses—from personalizing the experience with synchronous segments and effectively making use of multimedia. It also covers best practices and how to avoid or reduce the pitfalls and limitations that may arise. Online teaching provides both didactic material and interactive, experiential learning that is foundational in the training of sex coaches. This presentation describes the specific benefits of using an online platform and includes pitfalls to avoid.

Population & Settings

Online learning reaches adults globally. They are often students in training or practicing clinicians or educators, such as coaches, physicians, or therapists.

Outcome

Knowledge gained in an online training program enables graduates to gain competency in the specialized field of sex coaching, to establish a specialty in the field, or to expand their current practice.

Discussion & Recommendation

Well-rounded online training in core areas of sexuality includes the use of both synchronous and asynchronous instructional materials that may provide didactic material, videos, guest speakers, small group activities and individual assignments. Optimizing such training requires keeping the materials current and relevant to current cultural trends. The technological must-haves include a stable, accessible internet connection and a certain amount of technological competency.

Source of Funding

None

Conflict of Interest

None

How to Sizzle On Camera as a Sexologist

Introduction & Rationale

Sexologists are trained in their chosen areas of expertise to become skilled, competent clinicians, coaches, therapists, and educators. However, throughout their sexological training experience, they rarely receive the media skills training they need to thrive in today's marketplace. Media training focused on on-camera presence and public speaking is vital for any sexological entrepreneur who provides support to clients, patients, or students through a modality that involves speaking synchronously or asynchronously on camera, whether it be to an audience of one or an audience of thousands. Additionally, knowing how to speak effectively, presenting oneself and one's services, is critical in today's online marketplace. On-camera training covers mindset, speech and articulation, body language and posture, eye placement, script reading, appropriate wardrobe, makeup, and styling. This presentation covers the basics to be able to sizzle on camera in any online platform, such as Zoom. During this time of opportunity for global reach online, speaking confidently and competently on-camera is an essential skill for sexological entrepreneurs.

Population & Settings

On-camera media training for all sexologists.

Outcome

After receiving training in on-camera speaking skills, sexological entrepreneurs are more confident, competent, and effective when delivering their message via video, regardless of the language they speak, the subject they are speaking about, or the target audience to whom they are speaking.

Discussion & Recommendations

Sexological entrepreneurs are often role models for their audience and clients. As such, they want to project self-awareness, confidence, and authenticity.

Source of Funding

None

Conflict of Interest

None

The Application of the MEBES™ (Mind, Emotions, Body, Energy, Spirit) Model for Sex Coaches' Personal and Professional Growth

Introduction and Rationale

Reflective practice (RP) is an essential dimension of the education and development of coaches' professional and personal identities (Hullinger et al., 2019). Given the intimate and sensitive nature of sexual concerns, RP for sex coaches is important, as it encourages examining personal attitudes, beliefs, thoughts, and practices around human sexuality. Consequently, RP promotes healthy attitudes towards human sexuality, including tolerance, acceptance, compassion and understanding for sex coaches (Britton, 2005).

Sex Coach U (SCU) teaches future sex coaches to use the MEBES™ (Mind, Emotions, Body, Energy, Spirituality) models for professional and personal development. When used with clients, the model is valuable for assessing and creating action plans to address client concerns. When used for coaches' personal development, it can aid in RP, increasing self-awareness and skills development to be an effective sex coach. Furthermore, its versatile nature also enables coaches from differing backgrounds to integrate their previous skills and knowledge in sex coaching.

Against this backdrop, this presentation outlines the application and benefits of MEBES™ as a tool for RP for sex coaches through a case example.

Project/population and settings

All sex coaches in training

Outcome

The integration of MEBES™ and the sand tray technique (as the author's existing skill set), enable her to explore and expand their understanding, values, and attitudes around the spiritual aspect of human sexuality.

Discussion and recommendations

While aspects of this presentation may be transferable and applicable to enhancing sex coaches' professional and personal development, caution must be applied with a case example, as the findings might not be generalised to other sex coaches in training.

Disclosure

Case example is based on the author's own experience.

No other source of funding.

Category : 7. Education

1230 - PARENTS AS ADVOCATES FOR COMPREHENSIVE SEXUALITY EDUCATION STORIES FROM AUSTRALIA & A ROUND TABLE DISCUSSION OF BEST PRACTICE

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COMPREHENSIVE SEXUALITY EDUCATION: THE PERSPECTIVES OF AUSTRALIAN PARENTS

Introduction: Whilst global data reveals that most parents support the delivery of comprehensive sexuality education (CSE), Australian data is limited. This seminal study sought to examine parental attitudes towards school-based delivery of CSE.

Method: A nationally representative sample of Australian parents of school-aged children (n=2,427, 56.5% female) answered an online survey. Items examined attitudes towards school-based CSE delivery and endorsement of 40 CSE topics. Parents also reported their comfort to discuss sexuality with their child/ren, and the frequency of such conversations.

Results: Most parents had a child enrolled in a secular school (65.3% primary, 55.7% secondary). Diverse political preferences (26.7% Australian Labor Party, 25.1% Liberal/Coalition, 23.6% undecided) and religious affiliations (38.7% no religion, 21.3% Catholic, 11.1% Anglican) were identified. Overall, 89.9% of parents supported school-based CSE (female > males, p=0.04). Islamic parents (p=<0.001) and those who deemed religion as very important (p=<0.001) were least supportive. Supporters of the Australian Labor Party were most supportive (p=0.04). There was emphatic endorsement for most CSE topics; even topics commonly considered contentious were strongly supported: information about sexual orientation (88.8%), masturbation (86.8%); gender identity (85.8%); sexual pleasure (83.5%). Whilst some topics were deemed appropriate for primary school, grades 7-8 (lower secondary) was nominated as the most appropriate time to first address all other CSE topics. Many parents reported comfort in talking to their children about sexuality (n = 588, 69%), though most had limited discussions in practice (n =482, 56%). Many had not broached the topic with their children at all (n =172, 20%).

Conclusion and recommendations: Australian parents express strong support for school-based CSE, with some notable differences associated with gender, political affiliation, and religion. Their own role as educators appears limited. These findings support continued advocacy efforts and challenges commonly overstated levels of parental dissent.

VIEWS REGARDING COMPREHENSIVE SEXUALITY EDUCATION: A CONTENT ANALYSIS OF AUSTRALIAN PARENTS

Introduction: A whole-school approach to comprehensive sexuality education (CSE) requires collaboration with parents and families. However, real or perceived parental dissent is often cited as a barrier to implementation.

Method: As part of a broader investigation to consider the viewpoints of Australian parents towards CSE (n=2,427), this sub-analysis examined qualitative responses (n=1,117) to the open-ended question “Is there is anything you would like to say about relationships and sexual health education in schools?” Parents’ political and religious affiliations, age, and gender wererecorded. Summative and conventional Content Analyses, underpinned by the ecological model of health, were conducted to derive themes.

Findings: Preliminary analysis suggests that despite the neutral prompting question, parents who responded held impassioned and polarised views towards CSE. Parents differed in their values about CSE delivery; some were content to have it delivered professionally within the school context, though some also wanted to be included in this process. A small minority expressed that CSE had no place in schools and that parents should assume full control of this topic. Many felt they were ill-equipped to navigate a sexual landscape so different from their own and recognised the importance of schools addressing certain topics (e.g., pornography). Similarly, many explicitly mentioned the importance of affirming diversity of gender and sexuality. Again, however, a small minority expressed vitriolic sentiments about including gender diversity, though these views appear to come from ignorance rather than ill will. Additional analyses and findings are pending.

Conclusion and recommendations: Preliminary findings suggest that whilst schools should acknowledge the diversity of parental attitudes, and that dissenting viewpoints exist, the majority of parents value CSE and desire assistance in this area. Schools should communicate with and include parents as part of a whole-school approach to CSE.

COMPREHENSIVE SEXUALITY EDUCATION AND RELIGION: LESSONS FROM AUSTRALIA

Introduction: Religious affiliation is often cited as a barrier to comprehensive sexuality education (CSE) delivery. This impinges on sexual rights, and may also impact educational and mental health outcomes, particularly for students with diverse gender identities or sexualities.

Method: As part of a broader investigation considering the viewpoints of Australian parents towards CSE (n=2,427), sub-analyses considered parents whose children attended a faith-based school (n=850), alongside those who indicated religion was very important to their everyday life (n=440). A variety of descriptive and inferential statistics are currently under consideration. Specific religious affiliations are also being examined.

Results: Preliminary results indicate that parents exclusively enrolled within a faith-based context emphatically endorsed the provision of CSE (n=630, 90.0%), and endorsement did not differ significantly from levels expressed by parents exclusively within the secular system (90.2%, p=0.51). However, these parents were more likely to suggest that gender identity (p=0.01) and sexual orientation (p=0.04) should not be taught in schools, compared to those enrolled exclusively in secular schools. Notably, 22.6% (n=192) of parents with children enrolled in a faith-based school were not religious. For parents reporting strong religious affiliations, overall CSE endorsement was 16.8% (n=347) and was significantly lower than parents who deemed religion to be not at all important (n=921, 94.4%, p<0.01) or somewhat important (n=820, 91.4%, p<0.01). Additional analyses and findings are pending.

Conclusion and recommendations: Preliminary findings suggest that parental endorsement for CSE remains high, regardless of the school context they select for their child/ren, and the strength of a parent's religious affiliation is a more important consideration. However, some specific CSE topics may be more challenging in a faith-based context. Such interactions require further exploration to ensure minority religious views are respected, but that they do not unjustly impact the CSE offered to all students.

PARENTS AS ADVOCATES FOR COMPREHENSIVE SEXUALITY EDUCATION: A ROUND TABLE DISCUSSION OF BEST PRACTICE

Comprehensive Sexuality Education (CSE) plays a crucial role in equipping young people with accurate and age-appropriate information about their sexual and reproductive health, and supports them to develop healthy relationships. However, successful implementation of CSE programs often requires the active involvement and support of parents and other family members.

This final session aims to foster a vibrant discussion among delegates, sharing international perspectives on how schools can effectively engage parents in the delivery of CSE and strategies to address and overcome parental dissent. Through a moderated discussion, we hope to bring together educators, policymakers, advocates, and other experts from various countries who have implemented successful parent engagement practices in their respective contexts. We are keen for a constructive and inclusive dialogue that captures diverse perspectives and experiences.

Category : 7. Education

1288 - PROFESSIONAL EDUCATION IN SEXOLOGY WORLDWIDE

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Global results

Background: Sexual health is a crucial aspect of overall health and well-being, yet it is overlooked or stigmatized in many societies. The education of health professionals in sexual health plays a pivotal role in improving sexual health for the public and decreasing stigmatization. The WAS PES committee aims to collect data globally to get an overview of educational programs for professionals in sexual health and sexology.

Methods: A web-based survey was launched globally through the members of the WAS PES-committee. The survey is based on the platform 'SurveyXactTM' which allows respondents to click on a web-link to access the questionnaire. The survey is hosted by the University of Agder, Norway.

Preliminary results: To date, we have received data on 256 educational programs in 51 countries (Africa, n=6; Asia, n=7; Latin America, n=18; North America, n=2; Australia, n=1; Europe, n=17). The most common disciplines were medicine and psychology (n=114, 45%), followed by pedagogic (n=78, 31%), social work (n=54, 21%), and nursing (n=45, 18%). In total, 79 (33%) programs were through public organizations, 96 (40%) through private (profit) organizations, 61 (25%) through NGOs, and 5 (2%) through other types of organizations.

Discussion: The survey is still ongoing, and we will present complete data at the conference. We will discuss themes that emerge globally and highlight similarities and differences that emerge between the major regions both in engagement with the survey and in the data provided.

Results from Africa

Sexology as a clinical speciality and an area of focussed training is in its infancy in Africa with few programmes solely dedicated to sexological education. As a result the resources that exist are sparse and staggered throughout the public and private sectors, often reliant on interested individuals, groups or the availability of specified funding.

We will examine the results of the survey contextualized to the broader challenges and opportunities present on the continent of Africa, with a non-exclusive focus on the countries of South Africa, Nigeria and Tunisia.

Through the prism of the data from the survey, we will discuss the unique challenges facing African countries, including but not limited to socio-economic disparities, limited infrastructure, entrenched cultural norms and biases, the emphasis on infectious diseases and the pervasive presence of Gender based violence.

We will discuss what opportunities there may be to develop sexual health training, looking at what is happening presently, and peer into the possibilities for the future.

Results from Latin America

This presentation gives an overview of Sexology educational programs to train professionals in Latin American Countries. Who organize these programs and in which areas of sexual health. How these programs or the profession of sexologist are validated by governmental or educational authorities. Main obstacles and future perspectives for professional education in sexology for the region will be discussed.

Results from USA and Canada

In the USA, 34 programs completed the survey about the training offered in sexual health; this equates to one program for approximately every 10 million people. Programs in the USA were largely based in private institutions, with approximately one quarter affiliated with accredited universities as certificate programs or doctoral programs in sexual health. In Canada, 14 programs completed the survey, equating to one program for approximately every 3 million people. Programs in the Canada were largely affiliated with universities as part of clinical psychology doctoral programs, and one program affiliated with an accrediting board in sexual health. These results are preliminary; we will present complete data at the congress.

We believe this discrepancy in relative concentration of programs and program affiliation is based in political differences between the countries. In general, the Canadian government prioritizes sexual health and sexual rights, while the USA government perpetuates the stigmatization of sexuality. The programmatic discrepancies highlight the differing needs of even highly developed and wealthy nations, depending on the political and legal climate.

We will discuss the implications of these needs for the development of sexual health training programs, including training in providing effective sexual health care in the face of prohibitory or discriminatory laws. We will also discuss how advocacy for sexual health rights for all people, regardless of race, ethnicity, gender, sexual orientation, religion, ability status, age, and class may be an important feature of training for sexual health professionals.

Results from Europe

WAS describe different sexological science on its websites: Behavioural sciences, including Sexual counsellors and sexual psychotherapists; Clinical sciences, including Sexual Medicine, Sexual Health Physician, and Sexual surgeons; Education and Pedagogical Sciences, including Sexuality Educators; Research sciences, including Sexological Researchers; and Socio-cultural sciences, including Sexological Anthropologists and Sexological Sociologists.

In his study on training programs for sexologists from 25 European countries, Osmo Kontula in 2011 described 6 different training models in sexology: (1) a medical model, (2) a clinical model integrating medical and psychological approaches, (3) separated education in clinical sexology and human sexology, (4) sex therapy model, (5) human sexuality model, and (6) the Nordic human sexology model.

Results from the PES study will be presented:

Number of responses, and the responses will be analyzed and discussed according to Kontula 's overview from 2011.

Results from Asia/Oceana

While there is a bit of a sex education boom in Japan, there is also a movement against sexual diversity, including aversion to same-sex marriage and discrimination against LGBT people. In this context, professional attitudes toward sexuality are important to ensure the psychological safety of children and people's sexual behavior in the future.

- Oral abortion pills finally became available in Japan in May 2023. However, there are problems in its operation because obstetrician-gynecologist physicians, who are supposed to be experts, do not have the knowledge and awareness of international standards.
- With regard to this PES survey, eight organizations from seven countries and 13 individuals from eight countries responded in Asia and Oceania. There is some bias in the respondent countries, but that is one of the things this survey can reveal.
- The variation in countries with university education and in the activities of organizations regarding sexuality is related to the culture and history of the country, but to some extent, learning about common global perceptions are important for everyone in terms of understanding the SDGs and diversity.

Category : 7. Education

1347 - REGIONAL HIV COORDINATION IN FRANCE A SEXUAL HEALTH APPROACH

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An innovative HIV free screening program in the Paris region

Background

To improve HIV screening and meet the WHO's 2030 targets, a free, no-prescription, no-appointment screening program "HIV-Test" has been set up in urban medical analysis laboratories.

Methods

Between July 2019 and December 2021, HIV-Test was carried out in several cities covered by the "AIDS-free city" program, including Paris under the leadership of "Paris without SIDA", in collaboration with the regional coordination committees for the fight against sexually-transmitted infections and the human immunodeficiency virus (COREVIH) in the Paris region, to enable all people, with or without health insurance coverage, to be tested for HIV.

HIV-Test benefited from a regional support service called "navigation", provided by COREVIH's clinical study technicians in the Paris region, via a hotline set up with biologists, providing rapid access to care for people diagnosed as HIV-positive.

Outcomes

The HIV-Test representing around 7-8% of all HIV serologies performed by laboratories. The overall positivity rate for HIV-Test (2.4/1000) remains higher than for prescribed tests (2.2/1000) with higher rate of HIV diagnosis. HIV-Test attracted different population from those who are tested on prescription: heterosexual men, people exposed to HIV, people with multiple partners or who have already feared HIV-infection, and overall people who are more distant from the healthcare system.

In 2022, HIV-test HIV program has been extended to the whole of France, for people covered by French health insurance. HIV-test can be done with no-prescription, no-appointment and free of charge in all medical biology laboratories. People not covered by the French health insurance system are referred to the network of free information, screening and diagnostic centers.

Conclusion

The HIV-Test initiative has significantly increased HIV coverage, by reaching different population far from healthcare, reducing the time between diagnosis and rapid patient management. Given the success of this screening program, the initiative will be extended to hepatitis and STI screening.

Sexual health of people leaving with HIV

Introduction and rationale:

Sexual health is an essential component of global health including physical, emotional and social aspects and is based on the principles of Human and sexual rights. This definition promoted by the WHO is intended for everyone and in particular for sexual minorities, vulnerable populations and people living with HIV (PLWH).

Population and setting

We seek to focus on PLWH sexual health. It is recognized that PLWH faced specific issues that affect their sexual health. In France, almost 15% of PLWH remains undiagnosed and 28% are diagnosed with an advanced infection¹, recalling the difficulty to disclose their HIV status². Moreover, multiple diversified prevention tools were developed and are still unknown by this key population. For example, in France, prevention tools such as the TasP (treatment as prevention) promoting U=U (undetectable= untransmissible) is still unknown for more than 15 % of PWH. Moreover, pre-exposition prophylaxis (PrEP) is still under prescribed which can be explained by an unequal off on tn French territory. Finally, even if one of two men are affected by erectile disorders and one out of three women experienced desire disorders more than 40% do not raise the subject with their health care providers, highlighting the difficulty in approaching these subjects³.

Outcomes

Multiple factors may be taking into account such as stigma, discrimination, sexual violence, difficulties in accessing health care and socio-economic inequities to better understand and respond to expectations in term of sexual health.

Discussion and recommendations

At the time of the development of national and international programs in the field of sexual health, it seems that the objectives promoting information or prevention are not yet archived. A personalized approach is necessary to better support each individual regardless of gender, sexual orientation and origins.

1BEH, Santé Publique France, novembre 2021

2BEH, édité par l'InVS, n° 26-27 du 2 juillet 2013 – Vivre avec le VIH: premiers résultats de l'enquête ANRS-VESPA2.

3Bouvet E., Laouenan C., Étienne A., Couffignal C., Étude CAPTIC, COREVIH Nord, 2014

Sexuality and serophobia: rejection persists!

Background

Every year, Rainbôpital association and Regional Coordinating Committee for the Control of Sexually Transmitted Infections and Human Immunodeficiency Virus (COREVIH) Ile de France Sud organize a weekend to empower quality of life and exchanges between people living with HIV (PLWH). Program was designed according to the patients' wishes, on the theme of "sex, love and serophobia", and covered by a sexologist.

Outcomes

How can we return to a state of sexual well-being without being confronted with serophobia, which often leads to a selection of partners based on their serological status?

Antiretroviral treatments enable PLWH to have a life expectancy similar to that of the general population and prevent the sexual transmission of HIV-1 in serodiscordant couples, with a 93% reduction in HIV transmission: Undetectable = Untransmissible (U=U). This paradigm revolutionizes all concepts related to HIV, and in particular having children naturally, but remains little-known by the general public and even healthcare-workers, and better communication is essential.

Fear of rejection and exclusion, general ignorance and, above all, poor communication based on the U=U paradigm continue to hold back the emotional and sexual lives of PLWH.

Conclusion

Whilst serophobia continues to exclude and stigmatize PLWH, access to letting go, general well-being and a fulfilled sexuality is hard to achieve. Through the weekend's exchanges, PLWH empower to remain and protect themselves, feel less alone and, to strengthen their skills face of rejection, restoring their desire to allow themselves to love and desire.

HIV and sexually transmitted infections screening centers : a French experience

World Health Organization (WHO) defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality". Absence of disease and prevention against sexually transmitted infections (STI) is one of the cornerstones of sexual health. For example, The WHO wants to end the AIDS epidemic over the world, by 2030.

In France, to strengthen the prevention offer, human immunodeficiency virus (HIV) and STI Screening centers were created in 2016. Their main missions are : 1/ prevention, screening and diagnosis of infection by HIV and hepatitis, as well as support in the search for appropriate care; 2/ prevention, screening, diagnosis and outpatient treatment of STIs; 3/ prevention of other risks related to sexuality in a global approach to sexual health, in particular by prescribing contraception. In 2022, there are 320 HIV and STI screening centers in France. We take the example of "Villeneuve Saint George" French center to highlight the role of these structures to promote health and preventive healthcare. In 2022, 1358 patients consulted the center. Among 576 screened patients for HIV infection, 6 had positive HIV serology and 2 positive HIV rapid diagnostic test. 68 patients consulted for pre-exposure prophylaxis and 30 for HIV post exposure treatment.

In conclusion, HIV and STI screening centers are an integral part of sexual health and present an important asset to national sexual health strategy, launched in France in 2017.

Category : 7. Education

1384 - EDUCATING MEDICAL PROFESSIONALS IN SEXUAL AND GENDER HEALTH

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Developing a sexual health course for medical students

Introduction and Rationale: At the Faculty of Medicine and Health Sciences (FMHS), Stellenbosch University (SU), a team was formed to integrate sexual health education with the revised medical curriculum from a bio-psycho-social and cultural perspective. The aim was to teach medical students how to take a sexual history with comfort, incorporating it in all medical care they provide, and to make appropriate referrals.

Population and Setting: All undergraduate medical students from 2022 onwards at the FMHS SU.

Outcome: Various educational approaches were used: SCORM (Sharable Content Object Reference Model) packages; panel discussions with community members and health care workers of various disciplines; dyad interviews for practicing sexual history taking with comfort ratings completed by both the interviewer and interviewee; small group activities creating 30 second health advice videos on themes arising from anatomy, physiology, and discussion boards after panels/lectures. The teaching methods are continuously being evaluated for relevance and effectiveness using the standardized Sexual Health Education for Professionals Scale (SHEPS) at specific intervals.

Discussion: The new sexual health course posed a unique opportunity to design a course to fit our South African context. Collaboration on a local and international level increased the support of the initiative. Research opportunities were created by having the students complete the SHEPS and comfort surveys. Various challenges were faced, including the lack of experience of the team (identified upskilling challenges), having no sexual health program to take guidance from, learning new ways of communication and teaching (online teaching, hybrid models, blended learning), and an unwillingness of some faculty staff to be associated with the project. We created a vision, mission, and goals to guide the development of the course. Partnering with local NGO's, sexual health societies and students have added value to the development of the course content.

Comparing students' knowledge, skills, and attitudes about sexual health

Introduction and Objective: The Faculty of Medicine and Health Sciences (FMHS) at Stellenbosch University (SU) developed a sexual health course, included in the revised medical curriculum of 2022. The aim was to use the Sexual Health Education for Professionals Scale (SHEPS) to gather baseline and longitudinal data to evaluate the course.

Methods: The 2022 first year medical student class of the FMHS SU answered the SHEPS online, before the start of the first module of the sexual health course and again 18 months later. Demographics were captured and the knowledge, skills, and attitude sections were answered by Likert-type scale. Students had to describe their level of confidence in their knowledge and communication skills, respectively, to care for patients when discussing sexuality and sexuality related topics with regards to clinical scenarios. The attitude section measured the students' level of agreement or disagreement on sexuality related opinion statements.

Results: Most students were female (75%). 55% of the class were first taught about sexuality in the age group 13-18 years. The students had more confidence in their communication skills, compared to knowledge, prior to any tertiary training. Some areas of uncertainty included abortion, the sexual health of people in age groups other than their own, and the sexual health of differently abled people. The attitude section revealed a binomial distribution, ranging from an attitude more accepting of sexual behaviour and variety to more set standards about sexual conduct. The follow-up questionnaire was completed in June 2023 by the same group of students. There was a statistically significant improvement in the knowledge section of the SHEPS after 18 months.

Discussion: The results provide novel longitudinal information about the range of sexual health knowledge, skills, and attitudes of students as they navigate the sexual health course. Content development is guided by information obtained from the results of SHEPS.

Evaluating the impact of a medical school cohort sexual and gender health course on knowledge, skills, and attitudes

Objectives: To study the effects of sexual and gender health curriculum on the sexual and gender health knowledge, skills, and attitudes of first year medical students at University of Minnesota Medical School.

Methods: We collected pre-test survey data from 153 (86% of the cohort) medical students before the course began and post-test survey data from 132 (13.7% attrition rate) after the course completed. In addition to demographic data, data describing prior exposure to sexual and gender health content, and data regarding the sub-specialty of interest for the student, we collected sexual and gender knowledge, skills, and attitudes using the Sexual Health Education for Professionals Scale (SHEPS; Ross et al., 2018) and the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS; Bidell, 2017).

Results: Data analysis indicated that sexual health skills and knowledge significantly improved from the pre-test to the post-test. There was no significant improvement in attitudes toward sexuality from the pre-test to post-test. Additionally, clinical skill self-efficacy for caring for LGBT patients significantly improved from the pre-test to the post-test and this was a particularly strong effect for students who were not part of the LGBT community themselves.

Discussion: This study provides insight into opportunities for engaging medical students early in their curriculum to improve self-efficacy for communicating about sexual and gender health to patients. Additionally, although sexual attitude formation may be solidified prior to the entry into medical school, that does not mean that clinical skills and knowledge can't continue to develop well into medical training. Implications for these training programs will be discussed. The University of Minnesota Medical School is undergoing a massive restructure that will result in this course content being dispersed throughout the curriculum. We will discuss the future direction of the medical school curriculum and provide insights into how this may impact the knowledge, attitudes, and skills of our students in sexual and gender health.

Effects of training medical, nursing, and midwifery students in a comprehensive sexual health curriculum tailored for Africa: Results of the “Training for Health Professionals” Randomized, Controlled, Single-Blind Trial

Objectives: To study the effects of sexual health education for health students, we conducted the first randomized controlled trial of a sexual health curriculum for health students (ever, anywhere).

Methods: First, we undertook formative research to identify the most common sexual health concerns in Tanzania. Methods were 18 focus groups with 121 clinicians and health students and 11 key informant interviews with religious and community leaders. Next, we conducted a 3-iteration refining of the curriculum and made all materials fully bilingual (English and Kiswahili). Then, we conducted the Phase III RCT. Participants were 412 medical, nursing and midwifery student volunteers who completed baseline assessments, then randomized to receive the 4-day comprehensive curriculum (n=206) or to a waitlist control (n=206). The curriculum covered sexual health across the lifespan, male and female sexual dysfunctions, key populations (LGBT; sex workers), sexual violence, clinical skills building, ethics, policy writing, and cultural considerations. Primary outcomes were knowledge, attitudes, and clinical skills assessed at baseline and 3-month follow-up. Clinical skills were evaluated using videotaped standardized patient interviews assessed by expert raters blind to study arm or baseline/follow-up interview. Attrition was minimal (<1%); final sample size was 408.

Results: Compared to control, intervention participants had statistically significant moderate-to-large increases in knowledge, attitudes, and improved clinical skills in both interpersonal communication and medical history taking. On secondary measures, participants increased their knowledge of mandated reporting laws, ethical standards and what to document in the patient record. Unexpectedly, intervention participants became more open in their sexual health beliefs compared to control. Most (76.6%) evaluated the curriculum as culturally appropriate for Africa. No adverse effects were observed.

Discussion: This study provides “gold standard” evidence that training in sexual health is culturally acceptable, needed, and effective for medical, nursing, and midwifery students. It also provides health universities with the first evidence-based curriculum.

The Importance of Sexology in Medical Schools: A Student Perspective

As an undergraduate student at a South African university, I received a total of 3 hours of sexual health education and in my four years of clinical experience I have only thoroughly discussed sexual dysfunction with a senior doctor once. However, in my experience of working in the primary healthcare setting, patients commonly present with sexual health related issues - HIV, sexually transmitted infections and unwanted pregnancies being the most common in our setting of low resource South Africa. Although we are taught how to manage these issues from a purely medical perspective, our training in inclusive, holistic sexual health is lacking. Factors that contribute to this poor education include: discomfort discussing sexual health, lack of education and training in both students and doctors and low regard for sexual health as a priority. Further, the more personal aspects of sexology - such as gender identity, gender affirming healthcare, sexual function and satisfaction are completely ignored. Sexual health is dismissed as an area of medical knowledge that students can pursue in their own time and is ignored as a necessary part of medical training due to the diversity of ethical perspectives on the matter and the tendency to protect the conservative viewpoint. As a result, cohorts of medical students are graduating with incomplete medical training. It is vital that sexology becomes integrated into undergraduate medical training in order to improve sexual health and access to adequately trained medical professionals for all patients at all levels of care. A patient's sexual health is a crucial aspect of the bio-psycho-social model that we can no longer ignore in our diverse sociocultural context.

Category : 7. Education

1432 - ESSM SYMPOSIUM

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“Professional Education in Sexology”

The European Society for Sexual Medicine (ESSM) has been active for years in the field of education for healthcare providers from different backgrounds and specialties.

Sexual dysfunctions are common complaints in the population and certainly among patients who suffer from physical and mental conditions. Biological, psychological, and social factors need to be considered. Therefore, a Biological, Psychological, and Social approach is mandatory for treating problems and dysfunctions. Because of the limited educational programs in sexual medicine and sexology, ESSM included sexual education in the society’s mission.

The educational activities are designed according to a competence-based curriculum with knowledge, skills, and attitudes for different levels.

During the ESSM symposium, we will describe the concept and program of educational activities. Followed by highlighting the cornerstone of the skills and attitude training and why these multidisciplinary educational activities are important.

WORKSHOP

Category : 3. Clinical Sciences & Therapy

1249 - BODY DISSATISFACTION, EATING DISORDERS AND SEXUALITY

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Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. Overconcern with body weight and shape is one of the symptoms of eating disorders so individuals with eating disorders have body image problems. Many studies examine that individuals with eating disorders have sexual function difficulties. Low BMI is associated with loss of libido, sexual anxiety, and avoidance of sexual relationships. Also, body dissatisfaction, distortion, discomfort with physical contact in eating disorders may be associated with loss of libido and elevated sexual anxiety. (Calogero & Thompson, 2008).

Anorexic women, compared to women with bulimia or binge eating disorder, exhibit the highest levels of sexual anxiety because they do not feel as sexually competent and this stress can manifest itself somatically (Haimes & Katz, 1988; Morgan et al., 1995).

Women with bulimia nervosa and binge eating disorder can have brief moments of sexual impulsivity, but generally lack sexual interest (Morgan et al., 1996). Overall, women with bulimia, anorexia, or binge eating disorder do not exhibit normative sexual self-pleasure behaviors compared to healthy women (Calogero & Thompson, 2008).

Category : 1. Sexual Rights & Ethics

1417 - EMBODIED CONSENT AND THE FOUR TYPES OF TOUCH

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Central And Northwest London Nhs Trust, Sexual Health, London-United Kingdom¹ Seldoc, General Practice, London-United Kingdom²

Introduction and background: In sexuality, the concept of consent is crucial for ensuring safe and satisfying experiences. It is also an essential component in medical and therapeutic settings. However, consent models often focus on the action rather than the intricate nuances of “choosing” and making clear agreements. It is often based only on mental reasoning, ignoring what our body feels and wants, and this can lead to confusing but very common situations like finding it difficult to say no, accepting unwanted gifts and pretending to like them or not being sure about what you want. It is therefore essential for anyone working in the field of sexuality to have a clear and embodied concept of consent, as this can be a daily guide for ourselves and the patients we care for. This workshop is influenced and inspired by the Wheel of Consent® as developed by Dr. Betty Martin. The Wheel of Consent delves deeper into the dynamics of giving and receiving, highlighting the significance of personal agency and boundary-setting in interpersonal interactions.

Target audience: healthcare professionals, therapists, and educators.

Learning objectives: Developing a more embodied concept of consent and learning how to apply it in your personal and professional life. Integrating different ways of recognising and expressing desires and boundaries. Understanding the fundamental principles of the Wheel of Consent with the four quadrants Take, Allow, Serve, and Accept and its applications in diverse contexts.

Teaching methods: this is an experiential workshop with guided active discussion and slow-paced exercises between participants. It includes optional fully clothed, non-sexual touch exercises, but it is possible to participate and benefit without using touch.

Brief description of workshop leader: Dr Alessio Platania is a GP, SAS doctor in Sexual Health, Psychosexual Counsellor, and Fellow of the European Committee of Sexual Medicine. He has done the professional training with the School of Consent, but is not a certified facilitator yet.

Key References: - Martin, B. (2016). The Wheel of Consent. Retrieved from <https://bettymartin.org/wheel-of-consent/> - www.schoolofconsent.org

Category : 3. Clinical Sciences & Therapy

1134 - BEYOND THE BIRDS AND THE BEES ASSESSMENT AND TREATMENT

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The workshop aims, through a process of dialogue, to empower participants in their assessment and treatment of sexual disorders. This requires acknowledgement of human sexual diversity, related medical conditions, psychiatric disorders as both cause and effect of sexual problems and the role of stigma, in the best interests of person-centred treatment. That will include drawing on pharmacological, psychological, behavioural and social therapies, especially groups.

The terms gender, sex and sexuality are confusing and often used synonymously. The confusion has been exacerbated by recognition over recent years of the wide spectrum of human sexuality, whether this be the result of neuro-diversity or preference (neuro-developmental disorders, compulsive behaviours, gender dysphoria/incongruence).

There are two general categories of sexual disorder: (1) sexual 'dysfunction', (2) sexual 'deviation'. Despite this broad categorisation, there can be some overlap in the symptoms presented. Most of the 'dysfunctions' can be explained through physiological causes; 'deviations' are more complex because they carry a significant social component. Understandably, all bring considerable social and psychological distress, partly due to the stigma of not being 'normal' (conforming to the social norm).

This workshop includes a presentation which reviews some pioneers of human sexuality from the 19th century to the present day e.g. Kinsey, Masters & Johnson, Hite. It traces theoretical perspectives through history, before considering normality, dysfunction and deviation, as defined by ICD-10/11 and DSM-5, and the management and treatment of sexual, as well as related psychiatric, disorders.

The workshop adopts an interactive approach based on Median Group dialogue in order to acknowledge and address conscious and unconscious prejudices and the consequent stigma experienced by all stakeholders.

Category : 3. Clinical Sciences & Therapy

1247 - SEXUAL OCD ENHANCING CLINICAL SKILLS FOR ASSESSMENT AND TREATMENT

*Marcus Squirrell*¹

N/a, Richmond Central Psychology, Melbourne-Australia¹

Understanding sexual subtypes of obsessive-compulsive disorder (OCD) is crucial for comprehensive psychosexual assessments and treatments. Obsessions include concerns related to sexual interest in children, infidelity, sexual orientation and being a perpetrator of sexual assault. Sexual obsessions are often accompanied by compulsive behaviours or mental acts aimed at reducing anxiety or preventing perceived harm. Research estimates that between 6% and 24% of individuals with OCD experience some form of sexual obsession, with both men and women exhibiting these obsessions at similar rates.

Differentiating Sexual OCD from genuine sexual interests and fantasies is of utmost importance when assessing and treating individuals with sexual concerns. Genuine sexual interests and fantasies are typically experienced as pleasurable, consensual, and desired by the individual, whereas Sexual OCD is characterised by distressing and unwanted intrusive thoughts that are inconsistent with an individual's interests, values and beliefs. Individuals suffering from sexual obsessions related to forbidden or illegal themes often demonstrate a repulsion and moral conflict that differentiates them from those who genuinely pose a risk of acting on their impulses.

This session will delve into Sexual Encounter OCD, characterised by intrusive thoughts and false memories associated with one's own sexual encounters. The #MeToo movement has shed light on the widespread issue of sexual harassment and assault against women. As media coverage continues to highlight these issues, more individuals are seeking psychological treatment to address concerns about their past sexual behaviour and fears of having engaged in non-consensual acts that may have harmed others.

This session is designed for clinicians and forensic professionals assessing and treating individuals with psychosexual concerns. By exploring the distinctive features and diagnostic criteria of different types of Sexual OCD, participants will develop skills to assess and treat individuals experiencing OCD related concerns. Participants will learn evidence-based cognitive-behavioural therapy interventions, including psychoeducation and exposure and response prevention (ERP). The primary goal of ERP in Sexual OCD is to facilitate habituation to the distressing obsessions by gradually exposing individuals to their feared thoughts or situations. This exposure has been found to help individuals recognise that their thoughts are not dangerous, lessen anxiety levels, and reduce the need for compulsive behaviours. Through systematic and graded exposure exercises, individuals learn to tolerate their anxiety and develop healthier cognitive and behavioural responses.

Facilitator led learning, case studies and experiential exercises will be used to achieve this objective. Participants will have the opportunity to engage in group activities which explore relevant case scenarios, discuss challenges and best practices in treating Sexual OCD.

Dr Marcus Squirrell is an Australian clinical psychologist who specialises in the assessment and treatment of men's psychosexual concerns. His doctoral thesis investigated the demographic and psychological characteristics of individuals engaging in online sexual activity.

References:

1. Williams MT, Crozier M, Powers M. Treatment of sexual-orientation obsessions in obsessive-compulsive disorder using exposure and ritual prevention. Clin Case Stud. 2011;10(1):53-66.
2. Vella-Zarb RA, Cohen JN, McCabe RE, Rowa K. Differentiating sexual thoughts in obsessive-compulsive disorder from paraphilias and nonparaphilic sexual disorders. Cognitive and Behavioral Practice. 2017;24(3):342-352.

Category : 3. Clinical Sciences & Therapy
1269 - A POLYVAGAL APPROACH TO SEXUALITY

Antonella Montano¹, Valentina Iadeluca¹

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Introduction and background:

Understanding Polyvagal Theory may sound intimidating. However, the construct is simple to explain to patients. It can represent a precious resource to help people become familiar with their Autonomic Nervous System and learn to be in dialogue with it.

In this experiential workshop, Antonella Montano and Valentina Iadeluca will guide the participants through activities from a 10-session program for groups they created based on Stephen Porges's and Deb Dana's work.

Theoretical inputs and activities from the program can be applied within individual or couple therapy as a way to:

- 1) address the importance of feeling safe as the ground on which sexual connection is possible;
- 2) offer tools to create a regulated environment in which partners can both safely and joyfully live and express their erotic potential.

Learning Objectives:

1. Polyvagal theory: history and development
2. How to explain the Nervous System to our clients in a simple and engaging way
3. The three core principles of Polyvagal theory: autonomic hierarchy, neuroception, and co-regulation
4. Autonomic responses to danger or safety clues
5. Tracking and mapping the autonomic hierarchy in our sexual experience
6. Activities to intentionally regulate our autonomic states: breath, movement, and sound
7. Tending to safety as the ground to express our erotic potential.

Teaching methods:

PowerPoint presentations, experiential activities, inquiries, discussions with the group

Leaders:

Dr. Antonella Montano

Cognitive-behavioral Psychotherapist.

Founder and Director of the A.T. Beck Institute for Cognitive-Behavioral Therapy in Rome and Caserta, Italy

Certified Trainer/Consultant/Speaker/Supervisor of the Academy of Cognitive Therapy (ACT).

Member of the Beck Institute International Advisory Committee of Philadelphia.

She is an MBSR and other Mindfulness-Based protocols teacher. She is also an Expert on Trauma Yoga and a Certified Yoga Alliance Teacher.

Dr. Valentina Iadeluca

Psychologist, Certified Hakomi Therapist and Certified Hakomi Teacher. She is a mindfulness instructor and supervisor at A.T. Beck Institute. She is the Executive Co-Director of the Hakomi Institute of Mallorca, and works as a teacher at the same institute.

Category : 3. Clinical Sciences & Therapy

1315 - YOUTHS AND YOUNG PROFESSIONALS PREDAY

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Introduction and background

The WAS 2023 Youth Pre-Congress is an opportunity for young people and young professionals from diverse backgrounds to converse with each other and leading organizations representing the youth on important contemporary topics pertaining to their health, dignity, expression, and wellbeing and to present conclusions and recommendations to the Congress at large.

The objectives of the WAS 2023 Youth Pre-Congress include the following:

- To provide an international, digital, and facilitated space for youth members and their organisations to exchange knowledge, opinions and resources regarding their Sexual Rights and other contemporary issues that they have identified through a survey of global youth leaders.
- To expose and sensitise the Youths and young professionals to important debating aspects on sexual health
- To get the voice of the Youth onto the Global Stage by inviting them to present a report of their findings during the main congress

2. Target audience

Youths and young professionals

Learning objectives

- Sexual Intimacy in the Digital Age: Examining the Use of Sex Toys and Other Inventions. Enhancing physical pleasure and intimacy is of interest to many people, but modern lifestyles may present challenges for young adults. Some individuals may prioritize other aspects of their lives over having a partner, while others may face separation due to work or studying in different locations. As seen in sexually explicit material online, activities to experience sexual pleasure have become significant in the lives of young adults. For instance, in 2022, Pornhub reported that 52% of their website visitors were between the ages of 18 and 34. In addition to sexually explicit materials, young adults may turn to various inventions to experience sexual pleasure, such as traditional and internet-enabled sex toys, dakimakura (a Japanese hugging pillow), or activities like Shibari (Japanese rope bondage). However, the benefits and effects of using such tools are largely unknown. Therefore, this symposium will ask young participants for their thoughts and perceptions on tools, activities, or gadgets that can assist with individual sexual pleasure.

4. Teaching methods

This is meant to be a space for discussion in which, in light of the latest data emerging from the literature and the presentation of some guidelines coming from the world of clinical sexology, activism, and sex education, will lead participants to confront their own experiences, resources from their own areas, and question how to handle a complex issue that straddles the line between illegality and self-determination without falling into judgment.

Category : 3. Clinical Sciences & Therapy

1416 - MAKING SENSE(S) OF AUTISM AND SEXUALITY

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Introduction and background: Autism is a lifelong developmental disability that affects how people communicate and interact in about 2.3% of the population. Despite the latest advances in research, is still surrounded by many myths and stigmas even among healthcare professionals. Alexithymia, executive dysfunction and sensory difficulties can often prevent autistic patients from accessing healthcare or impact clinical care if not taken into account. Autistics also face specific sexual challenges, being particularly vulnerable to abuse (sexual and non) and with an overrepresentation of the LGBTQIA+ population. If healthcare staff is not aware and adequately trained, and settings are not adjusted, this can lead to harm by misdiagnosis, and inappropriate or harmful treatments and behaviours.

Target audience: clinicians and anyone potentially interacting with autistic people

Learning objectives: to decrease stigma and increase understanding of autism, neurodivergence and their impact on sexuality and sexual function, the challenges provided by masking, and the overlap and differences within other psychiatric disorders. To gain tools to improve access and to be able to provide appropriate holistic care for autistic patients, promoting a neurodiversity-affirming approach.

Teaching methods: Mixed lecture and interactive parts. We will start with an introduction to the concept of neurodiversity, interactive polls to discuss myths, an overview of the characteristics of autism, the overlaps with other psychiatric disorders, how sexuality is affected and how sensory difficulties can impact neurodivergent patients in receiving appropriate care, including pharmacological, followed by video-based simulations of being autistic. During the workshop, participants will also be divided into small groups with different case studies to address the specific needs of autistic patients; each group will present their case and the solutions proposed to the participants to promote discussion, followed by a list of useful resources and a Q&A with an autistic doctor.

Brief description of workshop leader: Dr Alessio Platania is a GP, SAS doctor in Sexual Health, Psychosexual Counsellor, Fellow of the European Committee of Sexual Medicine, expert in autistic adults and has lived experience of autism; is currently working at the Sexual Problem Assessment and Treatment clinic at Archway Sexual health centre, London, UK.

References:

- Sexuality in autism: hypersexual and paraphilic behavior in women and men with high-functioning autism spectrum disorder <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5789215/>

- Gender and sexuality in autism, explained <https://doi.org/10.53053/YBTA7630>
<https://www.spectrumnews.org/news/gender-and-sexuality-in-autism-explained/>

Category : 5. Sexual Medicine

1024 - WILL I EVER BE ABLE TO HAVE PLEASURABLE SEX

*Dee Hartmann*¹, Alime Buyuk²

Dee Hartmann Physical Therapy, Physical Therapy, Effingham-United States¹ Akdeniz Üniversitesi, Education, Research, Antalya-Turkiye²

When treating women who suffer with chronic vulvar pain, are you stymied when everything improves clinically yet still find clients resistant to engage sexually? Discussion of sexual desire, arousal, climax, and pleasure are not typically included in most medical practitioner training nor in generalized sex and health education. Without knowing the basics of sex and arousal, how can we begin to help our clients explore their sexual needs? To reach full arousal, the female body and mind must be in a state that allows the arousal process to proceed as endorphins, the precursor to sex hormones prolactin and growth hormone, flood the system, preparing the arousal network for climax. Do you have the skill set to discuss a range of strategies designed to help them find either satisfying sex for the first time or to return to pleasurable sex? This workshop seeks to reframe the conversation and knowledge regarding the treatment of female sexuality by discussing and integrating the basic tenants of sexual function into our current understanding of the female sexual cycle. Included in the sessions will be education on normal anatomy and function, including that of the clitoral complex. It will also describe 5 exercises that have the capacity of decreasing palpated vulvar pain prior to any type of vaginal penetration, assessment, and/or treatment. That will be followed by physiotherapy assessment and treatment of chronic vulvar pain. The Polyvagal Theory will be reviewed in the context of trauma. Adding pleasure to your treatment regime will be discussed. By session's end, participants will have a better understanding of the physiology surrounding female sexual function, gain tools needed to purposefully assess functional sexuality, and have a better understanding of how women's health physiotherapy treats this difficult population of women from a functional rather than dysfunctional perspective.

Category : 5. Sexual Medicine

1239 - INTEGRATING SEXUALITY IN REPRODUCTIVE CARE

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Introduction and background

Across the globe, the topic of sexual health and wellbeing is often absent in the care for pregnant and postpartum couples. While research clearly indicates that this period carries a high risk for sexual and relational problems, the Standards of Care for the relevant HCPs often don't include sexuality and intimacy.

This workshop aims to improve the skills needed to address client sexual wellbeing in the participant's daily care.

Target audience:

Health care professionals dealing with healthy and disturbed conception, pregnancy, childbirth, postpartum, breastfeeding, and young parenthood.

Midwives, gynaecologists, lactation professionals, family physicians, sexologists, fertility HCPs, etc.

Learning objectives

The workshop will offer up to date scientific knowledge on how sexuality changes both during healthy, physiological pregnancies and post-partum periods as well as concrete practical advice on sexuality during high risk pregnancies and difficult postpartum periods.

It will create room for participants to proactively practice introducing the topic of sexuality in conversations with their clients in a non-intrusive and positive way. In a second stage participants will practice how to use the presented information on sexuality to their clients in an efficient and agreeable way.

Teaching methods

We aim at an intense workshop. Max. 15% of the time will be spent on one-way talking; 30% will be devoted to plenary discussion & interaction; and 55% to skills building.

Knowledge elements: In the weeks before the workshop we will send homework to the participants (with max 4 hrs reading English language texts).

Skills elements: skills-building will consist of role playing in groups of two (alternating the roles of 'patient' and professional), according to the 'sexological speeddating' model. The essential element is easily 'talking sex'. The objectives will change from history taking, to psycho-education, to minor problem solving.

The role playing can be done in the most-easy language of the two participants.

Category : 5. Sexual Medicine

1435 - BODY DISSATISFACTION EATING DISORDERS AND SEXUALITY

*Feyza Bayraktar*¹

Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. Overconcern with body weight and shape is one of the symptoms of eating disorders so individuals with eating disorders have body image problems. Many studies examine that individuals with eating disorders have sexual function difficulties. Low BMI is associated with loss of libido, sexual anxiety, and avoidance of sexual relationships. Also, body dissatisfaction, distortion, discomfort with physical contact in eating disorders may be associated with loss of libido and elevated sexual anxiety. On the other hand, several studies confirmed the association between eating disorder symptoms and risky sexual behaviors, which has been explained in terms of several common psychopathological dimensions, including impulsivity and addiction (Calogero & Thompson, 2008).

Also, interpersonal difficulties, a disturbed intimacy and insecure attachment style and history of sexual abuse may play an important role in the interconnection between eating disorder psychopathology and sexual dysfunctions (Kuijter & Boyce, 2012; Turner-McGrivey vd., 2020; Xu vd., 2018).

As a result, sexuality is deeply interconnected with eating disorder psychopathology, and it should be considered a fundamental aspect in managing these disorders. An accurate assessment of sexual function might allow to characterize etiological information (e.g., sexual abuse) and maintaining factors (embodiment disorder and emotion dysregulation). Accordingly, the recovery of a good sexuality should be considered a crucial signal of recovery.

Target Audience

Psychiatrists, clinical psychologists, counselors

Learning Objectives

- 1) Participants will learn more about eating disorders.
- 2) Participants will learn more about the relationship between sexual function difficulties and eating disorders.
- 3) Participants will learn more about using adaptive clinical skills while working with patients with eating disorders who have sexual function problems.

Teaching Methods

Presentation, power point

Brief Description of workshop Leader

Dr. Feyza Bayraktar is a clinical psychologist working in private practice in Istanbul, Turkey. Also, she is a part time faculty at Boğaziçi University. She has completed her undergraduate study at Boğaziçi University, and she completed her graduate study at New York University and Princeton University. She is an eating disorders specialist certified by International Association of Eating Disorders Professionals Foundation. She has two books published about eating disorders.

References:

- Calogero, R. M., & Thompson, K. (2008). Sexual self-esteem in American and British college women: Relations with self-objectification and eating problems. *Sex Roles*, 60(3), 160-173.
- Morgan, C. D., Wiederman, M. W., & Pryor, T. L. (1995). Sexual functioning and attitudes of eating-disordered women: A follow-up study. *Journal of Sex & Marital Therapy*, 21(2), 67-77.
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Category : 6. Public Health and Public Policies

1123 - EARLY DETECTION AND MANAGEMENT OF INTIMATE PARTNER VIOLENCE

*Ons Kaabia*¹, Ahlem Mtiraoui²

Université De Sousse, Faculté De Médecine De Sousse, Chu Farhat Hached Sousse, Lr12es04, Gynecology And Obstetrics, Sousse-Tunisia¹ Université De Sousse, Faculté De Médecine De Sousse, Chu Farhat Hached Sousse, Lr12es04, Psychiatry, Sousse-Tunisia²

1. Introduction and background

Intimate partner violence (IPV) is a violation of fundamental human rights, physical and mental integrity, and dignity. It is a major public health problem globally due to its significant burden on the victims and society. The WHO Multi-Country Study reported that up to 71% of women had faced physical and/or sexual violence by an intimate partner at any time during their life. The Tunisian National Survey on Violence against Women (ENVEFT) confirmed the extent of this phenomenon: one in three women has been aggressed during the previous 12 months and one out of two during her lifetime. Until recently, approaches to violence against women have mainly focused on the criminal justice system. New intervention strategies have emerged to detect earlier such violence and prevent its occurrence.

2. Target audience

1st line Healthcare providers

3. Learning objectives

- Defining and describing IPV
- Explain the cycle of IPV violence
- Describe the impact of IPV on victims and child witnesses
- Detect IPV during routine consultation
- Plan the care management of an IPV victim

4. Teaching methods

- Brainstorming
- Case-based learning
- Roleplay

5. Brief description of workshop leaders

- Ons Kaabia is an Associate Professor in gynecology and obstetrics and a licensed clinical sexologist. She is the General Secretary of the Tunisian Society of Clinical Sexology. She is a member of the Research Laboratory LR12ES03 focusing on epidemiology, early detection, and management of mental health issues, with a special interest in gender-based violence and IPV.

- Ahlem Mtiraoui is an Associate Professor in psychiatry and a licensed clinical sexologist. She is the director of the Research Laboratory LR12ES03 focusing on epidemiology, early detection, and management of mental health issues. She is the Vice-treasury of the Tunisian Society of Clinical Sexology.

Category : 7. Education

1184 - A TASTE OF SAR

*Celina Criss*¹, Agata Loewe-kurilla²

Sex Coach U, Curriculum, Los Angeles-United States¹ Usws Poznan, Psychology, Poznan-Poland²

Introduction & Background

SAR is an immersive experience designed to help sexological professionals assess their values, attitudes, and beliefs (VAB) around human sexual behavior, expression, and identities.

Target Audience

- Sexological professionals such as clinicians, therapists, doctors, coaches, and educators. Conference participants are ideal SAR participants.
- 16-40 participants

If we have more than 16 participants, we will require a support team. If there is enough interest, we are happy to explore this possibility and recruit assistants as needed.

Workshop requirements: we will need the tech needed for showing video media montages.

Learning Objectives

Our goal is to promote greater awareness of diversity in human sexuality and help participants be better prepared to address the needs of their patients and clients while maintaining the boundaries they need for themselves.

SAR Participants will:

1. Inquire into their VAB around human sexual behavior, identities, expression, and interests.
2. Assess their personal and professional VAB around human sexuality
3. Define personal and professional boundaries around human sexual behavior, identities, expression, and interests
4. Expand their awareness of human sexuality

Teaching Methods

- 4-hour mini-SAR
- Media montages and invited guest speakers will be presented to provoke visceral responses, which are processed in small groups led by a trained SAR facilitator.
- Participants will receive a certificate for the hours completed in the mini-SAR.

Category : 7. Education

1265 - BYE BYE BINARIES PRACTICAL STRATEGIES FOR ORGANISATIONS AND INDIVIDUALS TO INCLUDE BISEXUAL AND NON BINARY PEOPLE IN WORKPLACE PRACTICES.

*Hanna Saltis*¹, Misty Farquhar²

Curtin University, Population Health, Perth-Australia¹ Curtin University, Human Rights, Perth-Australia²

Introduction and background

Bisexual and non-binary people face homophobia and transphobia within society,[1] and experience erasure and biphobia from within LGBTQIA+ communities.[1-3] Bisexual and non-binary people report worse overall mental health than gay, lesbian, and heterosexual people.1 Workplaces[1-3] and healthcare[1,3] settings are reportedly sites for much of this discrimination. This workshop is designed to highlight these issues for clinicians, academics and practitioners, offers practical skills to facilitate the inclusion of non-binary staff and clients, and the opportunity to audit and improve current workplace practices.

Target audience

Anyone who wishes to make their workplace or practice more inclusive of their bisexual and non-binary stakeholders (e.g., clients, staff/colleagues, young people).

Learning Objectives

- Increase awareness of the prevalence of people who identify as non-binary or bisexual, the overlap in these identities, and their unique experiences.
- Minimise the use gendered language and terminology (e.g., forms, in-take).
- Develop a plan to ensure their workspace/practice is more inclusive of non-binary and/or bisexual people.

Teaching methods

This half-day, multimedia, interactive workshop utilises a blend of PowerPoint, videos, vignettes/role-play, and an audit of current practice for immersive and practical learning. Reflexive practice is encouraged and there is dedicated time for Q&A.

Brief description of workshop leader(s)

Hanna and Misty have a wealth of professional and lived experience in this area. This workshop was developed based on the results of each presenter's respective research coupled with their lived experiences. Hanna is undertaking their PhD, examining gender in sport and their master's dissertation explored the positive mental health experiences of bisexual women. Misty's PhD research is a mixed-methods investigation of the experiences of individuals living outside of binary understandings of gender and sexuality. Together, the workshop presenters deliver a rich tapestry of reflections and academic evidence in this growing field.

References

1. https://www.latrobe.edu.au/__data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf
2. <https://www.tandfonline.com/doi/epdf/10.1080/15299716.2017.1383334?needAccess=true&role=button>
3. https://www.sciencedirect.com/science/article/pii/S0277953623003106?ref=pdf_download&fr=RR-2&rr=7cf4dd95e8ef299b

Category : 7. Education

1404 - ART AS A WINDOW OF OPPORTUNITY FOR SEXUAL HEALTH AND PLEASURE EDUCATION

*Meltem Kora*¹, Umut Niur Sungur²

Vizyon Art House, Child And Adolescent Psychiatry, Istanbul-Turkiye¹ Vizyon Art House, Artist, Istanbul-Turkiye²

Introduction and Background:

As we are facing the complexities and tensions of the digital age, defining sexuality and its vicissitudes has become increasingly more difficult.

In one way, the digital communication globe has built a faceless and bodyless interaction in sexual encounters.

On the other hand, the concept of displaying corporeality has gained an extensive importance as can be seen from body modifications, fashion, and social media posts.

Experiencing these, sexual health and pleasure education has to find new ways to explore safety, individuality, and gratification. Art can be a useful tool to explore these complexities.

Target audience:

Therapists, educators, doctors, psychiatrists, teachers, and all mental-health related professionals who are interested in art in education and science.

Learning objectives:

This workshop aims to highlight the importance of education in art and aesthetics as a window of opportunity for sexual health and pleasure. It also aims to discuss the complexities of education in sexual health in our digital globe, as it spans corporeal, cultural, communicative, sensual, political, social, and other venues. With this workshop, participants will have the chance to discuss many art forms that may facilitate sexual health education.

Teaching Methods:

The presenters will present a two-module workshop for participants. In the first module, a general introduction of pleasure, sensuality, and the philosophy of aesthetics will be presented with data garnered from developmental psychology, philosophy, and art history. This section will point out to the similarities and differences in artistic revenues and aesthetics of the Turkish culture with that of many established art theories.

The second module will include a “reading paintings with sensuality” session where participants will go through at least three painting that deal with complexities of sexual health education.

Workshop leaders:

Meltem Kora, M.D. child and adolescent psychiatrist, CBT psychotherapist, interested in medical humanities, arts, and development of aesthetical appreciation in childhood.

Umut Sungur, M.S. freelance artist, and educator in teaching arts, founder of “I can paint a picture” program.

References:

Berger, J. (2018). Ways of seeing. Penguin Classics.

Kolektif. (2015). Üryan Çıplak Nü. Pera Müzesi Yayınları.

Kora, M. (2018). Understanding children and childhood: mental health perspectives through art, aesthetics, and the humanities. Ceres Yayınları.

SKILLS CLASS

Category : 3. Clinical Sciences & Therapy

1181 - USING ART AND CREATIVE EXPRESSION FOR SEXUAL PLEASURE AND WELL BEING

*Sara Nasserzadeh*¹, Inge Hansen¹

Na, Na, Beverly Hills-United States¹

Introduction and Background:

The use of creative expression such as music, visualization, art, building, storytelling and somatic experiencing have well-documented benefits for clients in terms of their sexual pleasure and well-being. Clients who have engaged with these modalities may experience increased awareness and ability to regulate their nervous systems, which can be helpful in managing both one's own sexual issues as well as that of one's partners. Clients may also experience greater somatic awareness, allowing them to better feel into what their bodies--and those of their partners--are desiring. The use of creative tools may also inspire clients to approach their own sexual issues more creatively and understand their concerns in a new light. Finally, use of these modalities may increase confidence, lower inhibitions and add a sense of playfulness into the their therapeutic work--and their sexual lives.

Target Audience:

Therapists, counselors, coaches and other providers who support clients with increasing sexual pleasure and well-being.

Learning Objectives:

Participants will be able to name several beneficial impacts of using art and creative expression in their practices

Participants will be able to articulate scenarios where use of art and creative expression may be most beneficial

Participants will gain skills for using art and creative expression in their practices

Teaching Methods:

The presenters will offer case studies, evidence-informed tools and experiential exercises to explore methodologies which may include music, visualization, art therapy; building; storytelling, and somatic experiencing.

Brief description of workshop leader(s)

Dr. Sara Nasserzadeh is a world-renowned social psychologist and author who specializes in sexuality, relationships and intercultural fluency. She is an AASECT approved training provider and a certified sexuality counselor.

Dr. Inge Hansen is an internationally known clinical psychologist, certified integral coach and author.

2-3 key references, please also include hyperlinks where possible

https://www.researchgate.net/publication/343452807_Art_therapy_with_couples_integrating_art_therapy_practices_with_sex_therapy_and_emotionally_focused_therapy

<https://digitalcommons.lmu.edu/cgi/viewcontent.cgi?article=1033&context=etd>

https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1610&context=expressive_theses

Category : 3. Clinical Sciences & Therapy

1256 - SEXUAL OCD ENHANCING CLINICAL SKILLS FOR ASSESSMENT AND TREATMENT

*Marcus Squirrell*¹

Richmond Central Psychology, N/a, Melbourne-Australia¹

Enhancing clinicians' understanding of sexual subtypes of obsessive-compulsive disorder (OCD) is crucial for comprehensive psychosexual assessments and treatments. Sexual obsessions, unlike pleasurable sexual fantasies, induce intense fear, worry, guilt, and self-disgust. Obsessions include concerns related to sexual interest in children, sexual orientation, and sexual encounter OCD. By exploring distinctive features and diagnostic criteria, participants will acquire skills to evaluate and treat patients experiencing distressing sexual thoughts, images, and urges.

The session will delve into Sexual Encounter OCD, characterized by intrusive thoughts and false memories associated with one's own sexual encounters. The pervasive #MeToo movement has shed light on the widespread issue of sexual harassment and assault against women. As media coverage continues to highlight these issues, more individuals are seeking psychological treatment to address concerns about their past sexual behavior and fears of engaging in non-consensual acts that may have harmed others.

Furthermore, clinicians will learn evidence-based cognitive-behavioral therapy interventions, including exposure and response prevention (ERP), to effectively address the distressing symptoms associated with sexual OCD. The session is designed for clinicians assessing and treating individuals with psychosexual concerns. The learning objectives include increasing participants' understanding of sexual OCD subtypes and how these conditions differ from sexual fantasies and interests, as well as developing evidence-based interventions for treatment.

The session will employ a combination of facilitator-led learning, case studies, and experiential exercises to facilitate learning and skill development. Participants will have the opportunity to engage in group activities, explore relevant case scenarios, and discuss challenges and best practices in treating Sexual OCD. Dr. Marcus Squirrell is an Australian clinical psychologist who specialises in the assessment and treatment of men's psychosexual concerns.

Moulding, R., Coles, M. E., Abramowitz, J. S., Alcolado, G. M., Belloch, A., Bouvard, M. & Doron, G. (2019). Part 2. *Journal of Obsessive-Compulsive and Related Disorders*, 22, 100454.

Category : 3. Clinical Sciences & Therapy

1308 - AFFIRMATIVE SUPPORT FOR PARENTS OF LGBTI+ IN SOCIETIES WITH PREVAILING STIGMA

Koray Başar¹

Hacettepe University, Psychiatry, Ankara-Türkiye¹

Introduction and background:

The minority stress theory suggests distal and proximal chronic stressors arising from society are associated with adverse health outcomes for LGBTI+ individuals who do not conform to the cis-heteronormative expectations of societies in general. Sexual minorities often apply for assistance during their identity exploration process or “coming out”. Since stigma and discrimination related to minority status are not shared features with the family members, unlike other domains of discrimination, family members can become a source of stress, threat, including violence. Meanwhile, family members can become significant sources of social support and contribute to the resilience of LGBTI+ individuals. Parental attitudes play a significant role in healthy development and well-being during childhood, adolescence, and adulthood.

Mental health provision to LGBTI+ individuals and parents is a challenge for professionals, especially in contexts where the families’ reaction is shaped according to the prevailing stigma. Parents may experience difficulty in coming to terms with their child’s identity when they are anxious about the reaction of their close social contacts. Professionals must manage the emotional, cognitive, social components of this crisis through individual, couple, family, or group work.

Target audience:

Mental health professionals providing services to LGBTI+ individuals and their families.

Learning objectives:

In addition to the principles of individual, couple, family, or group work with clients, affirmative support for parents of LGBTI+ requires familiarity with the process of coming out, the different levels of discrimination both the individuals and parents experience and the methods to prevent adverse consequences. The professional needs skills to maintain a professional role based on scientific evidence and human rights perspective, but also act as an ally to family members, who, at least initially, appear to fall into opposing parties.

Teaching methods:

Case presentations and time-limited role-play interactions with the audience following a theoretical presentation.

Brief description of workshop leader:

Koray Başar is an expert on mental health services related to diversity in sexual development, gender identity and expression, sexual orientation. He has organized numerous educational programs on these issues for mental health professionals within professional and non-governmental organizations. He has served as moderator/facilitator in monthly group meetings of parents of LGBTI+s in Ankara, for more than ten years. He is trained as a sex therapist in the Society for Sexual Education, Research and Treatment (CETAD); and he works as an educator in the training programs, mainly on sexual and gender diversity.



Key references:

Başar K, Öz G. Resilience in Individuals with Gender Dysphoria: Association with Perceived Social Support and Discrimination. *Turk Psikiyatri Derg.* 2016 Winter;27(4):225-234.

Malpas J, Pellicane MJ, Glaeser E. Family-Based Interventions with Transgender and Gender Expansive Youth: Systematic Review and Best Practice Recommendations. *Transgend Health.* 2022;7:7-29.

Abreu PD et al. Support for Mothers, Fathers, or Guardians of Transgender Children and Adolescents: A Systematic Review on the Dynamics of Secondary Social Networks. *Int J Environ Res Public Health.* 2022;19:8652.

Category : 3. Clinical Sciences & Therapy

1392 - THREE CLINICAL INTERVENTIONS TO SUPPORT SEXUAL PLEASURE FOR TRANS AND NON BINARY PATIENTS IN SEX THERAPY

Katherine Spencer¹

Institute For Sexual And Gender Health, Univ. Of Minnesota, Department Of Family Medicine And Community Health, Minneapolis-United States¹

Introduction and background

Sex therapy clinical training continues to focus on cisgender patients, and to not provide training or resources in how to support sexual pleasure and satisfaction when working with transgender and non binary patients. The lack of training for therapists leads to patients being left with unqualified therapists who do not have the tools to address gender specific sex therapy issues such as gender dysphoria, sexual education about gender identity, and knowledge about surgical impacts on sexual functioning. In this skills class, participants will learn three clinical interventions to support sexual pleasure and satisfaction for transgender and non binary patients. Skills will include how to address gender dysphoria with patients, specific interventions for post genital surgery sexual functioning and regaining sensation, and interventions around improving dyadic sexual communication to advocate for sexual pleasure with non transgender partners.

Target audience

The target audience for this skills class is sex therapists and clinicians working in sex therapy with transgender and non binary patients.

Learning objectives

1. Understand impact of gender dysphoria on sexual functioning and pleasure for transgender and non binary patients and how to competently address in therapy
2. Apply knowledge of genital surgery impacts on sexual functioning to facilitate regaining sexual functioning and pleasure post surgery
3. Acquire gender affirming sexual communication skills to teach to patients

Teaching methods

Utilizing informative lecture, visual aides, case studies, and handouts, the participants will learn specific interventions to apply in their work with patients.

Brief description of workshop leader(s)

Katie Spencer PhD, LP, CST, (she/her), is a certified sex therapist, gender specialist, and author on the World Professional Association Transgender Health SOC Sexual Health chapter. She is the clinical training director at the Institute for Sexual and Gender Health and the co-medical director of the Comprehensive Gender Care Program at M Health Fairview, both at the University of Minnesota in Minneapolis, MN., USA.

Key References

1. Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L., Deutsch, M. B., ... & Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S1-S259.
2. Spencer, K. G., & Vencill, J. A. (2017). Body beyond: A pleasure-based, sex-positive group therapy curriculum for transfeminine adults. *Psychology of Sexual Orientation and Gender Diversity*, 4(4), 392.
3. Spencer, K. G., Berg, D. R., Bradford, N. J., Vencill, J. A., Tellawi, G., & Rider, G. (2021). The gender-affirmative life span approach: A developmental model for clinical work with transgender and gender-diverse children, adolescents, and adults. *Psychotherapy*, 58(1), 37.

ROUND TABLE

Category : 1. Sexual Rights & Ethics

1209 - FAMILY ACCEPTANCE OF LGBTI CHILDREN FOR POLITICAL AND SOCIAL CHANGE

*Luis Perelman*¹, Rinna Riesenfeld², Parent Of Lgbt Child To Be Confirmed³

Asociacion Internacional De Familias Por La Diversidad Sexual, Director, Mexico City-Mexico¹ El Armario Abierto, Director, Mexico City-Mexico² Listag, , Istanbul-Portugal³

While there is a lot work with clinicians and activists, parents are the ones who are always with their children. We want to show what happens when there is family rejection on the health of their LGBT children quoting the work of Family Acceptance Project, and to show what parents groups do, how they work, and what they have achieved socially, culturally and politically even in conservative societies.

The roundtable would include

- 1) A health specialist that works with parents groups
- 2) A presentation of The Family Acceptance Project results that have been published in major research journals, including The American Academy of Pediatrics. The research shows what reactions of parents with high rejection have an impact on wellbeing, including suicidality, depression, substance abuse and non protected intercourse, and how even a small reduction in rejection has a high effect on reducing risks. I have been a spokesperson, for FAP, and as one of the founders of the Latin American Network promoted extensively.
- 3) A psychiatrist that works with human rights,
- 4) A mother of father of the LISTAG association living in Turkey who can speak English who can share their testimony and how they have been able to advance and support acceptance in Turkey, as an example in a conservative country. The participation of parents just as parents is very powerful message to society and to professionals and activists, and they are key for support of their children.

Moderator will be a renowned sex therapist and educator who has written one of referenced books on supporting parents and families of LGB children

1289 - DIFFERENTIAL DIAGNOSIS AND TREATMENT IN OCD SEXUAL TABOO THOUGHTS

*Renata Mello*¹, Eduardo Perin², Isabela Pires³

Una And Unibh, Cognitive-behavioral Therapy, Belo Horizonte-Brazil¹ No Affiliation, No, São Paulo-Brazil² Sapienza Università Di Roma, Cognitive-behavioral Therapist And Sexual Therapist, Rome-Italy³

Sexual health is a state of physical, emotional, mental, and social well-being concerning sexuality. It is a new way of understanding sexuality that encompasses sex, gender roles, sexual orientation, eroticism, intimacy, pleasure, and reproduction, including but not limited to sexual intercourse and genitalia functioning. CBT and MCT target dysfunctional beliefs and behaviors that impair sexual health and can offer important contributions to the field of sexology. This symposium will discuss the differential diagnosis and the treatment of OCD in order to improve sexual health.

Sexual dysfunction is often associated with anxiety and depression in a bidirectional way. Distorted thoughts about sexual themes can increase anxiety and lead to avoidance of sexual encounters. On the other hand, an unsatisfactory sex life is a risk factor for the onset or worsening of depressive symptoms.

This symposium intends to bring the importance of therapists being more careful about sexual issues conceptualization to light. The therapist should not be influenced by common sense or by their thoughts or prejudices; science must be respected. Our proposed goal is to bring light to certain controversial themes and discuss them in scientific terms. The final aim is to help therapists and physicians to conceptualize sexual dysfunction and sexual intrusions in order to learn how cannabis, other drugs, neuroscience, and cognitive restructuring can be used when treating these disorders.

Category : 7. Education

1317 - LOCAL ANSWERS ADVANCING COMPREHENSIVE SEXUALITY EDUCATION IN TUMULTUOUS TIMES. A PANEL DISCUSSION PRESENTED BY WAS SEXUALITY EDUCATION COMMITTEE

Esther Corona ¹, *Patti Britton* ², Margarita Gerouki ³, Mariana Cruz-murueta ⁴, Karen Rayne ⁵, Sachiko Takahashi ⁶

World Association For Sexual Health, ---, Mexico-Mexico ¹ Sex Coach University, ---, Mexico-Mexico ² Ministry Of Education, ---, Athens-Greece ³ Education And Development Studies Institute, ---, Mexico-Mexico ⁴ Unhushed-university Of Texas, ---, Houston-United States ⁵ Saitama Medical University, Obstetrics And Gynaecology, Saitama-Japan ⁶

Description: The World Association of Sexual Health's Sexuality Education Committee (SEC) will present a panel on local perspectives and answers to the global challenges of providing CSE today. The dire worldwide conditions and threats surrounding CSE today will be discussed in a roundtable format, with an ensuing analysis on local solutions undertaken in different settings to overcome problems and obstacles.

Four possible strategic solutions for the successful inclusion of CSE around the world will be examined:

- CSE-related policies and procedures in Greece
- out-of-school programs in Latin America
- pleasure focused education in the United States
- support from the medical community in Japan

Outcome: This panel discussion will highlight the importance of CSE and its potential impact on sexual health, rights and justice. In addition, the discussions will promote actionable solutions for the delivery of CSE in all settings in the face of the difficult situation sexuality education and rights are currently facing.

DEBATE

Category : 1. Sexual Rights & Ethics

1337 - DISCUSSION OF “MY CHILD” DOCUMENTARY BY CAN CANDAN

Luis Perelman¹

Asociacion Internacional De Familias Por La Diversidad Sexual, Consultative Member, Mexico City, Mexico-Mexico¹

My Child. When my child is an LGBTI individual

The camera turns on and seven human faces sit in front of us. With courage and their eyes wide open, this group of adults slowly begins to tell us about their experience of learning that one of their children is gay, lesbian or transgender.

Using these direct interviews, director Can Candan composes a documentary that shows a point of view rarely seen in this field: the point of view of the parents of LGBTI individuals.

Set in Istanbul, Turkey, the testimonies of these courageous interviewees take on added value as they live in a society known for its conservatism and homophobia.

Their experiences are inspiring testimonies of people who have had to change their outlook on life in order to maintain a united and tolerant family.

This documentary will serve as a basis for discussion and debate on the vital role of family acceptance of LGBT Children, and how professionals can help groups like LISTAG in Türkiye be a vital peer support system even in conservative countries. The most important changes are when you see someone that says “ME TOO”

ORAL PRESENTATION

Category : 1. Sexual Rights & Ethics

1033 - 'FIDELITY OVER SEXUAL PLEASURE' SEXUALITY EDUCATION AND REINFORCEMENT OF PRO FGM NORMS

*Benedict Ocran*¹, Pam Alldred¹

Nottingham Trent University, Department Of Social Work, Care And Community, School Of Social Sciences, Nottingham-United Kingdom¹

Introduction: Recent research on genital mutilation/cutting (GM/C) has called for a holistic as against the gendered sensitivity to FGM/C, considering that GM/C threatens the sexual health of young women and men. Similarly, it is argued that sexual norms that encourage male circumcision for pro-social values exist, as do patriarchal norms that promote FGM/C for female subservience, thus suggesting a gendered balance between the social implications/benefits of GM/C. Yet, this so-called normative balance of GM/C threatens to overlook patriarchal norms that place fidelity within sexual unions over sexual pleasure as a sexual right to be enjoyed by women.

Methods, Sample & Objective: We seek to challenge current research arguing for a balance between the social and cultural implications of GM/C for both young men and women. This paper draws on reviewed literature in ongoing doctoral research on parents and sexuality education and qualitative data from 10 in-depth interviews with gatekeepers and two focus groups with survivors and non-survivors of FGM/C.

Findings & Discussion: Three premises proceed from our argument: In patriarchal societies such as Ghana, where FGM/C is intrinsically a social tool for promoting women's fidelity in marriage, there cannot exist any form of balance in the rites of male and female circumcision. Next, fidelity is a one-sided societal expectation from women, with sexual pleasure absent for women but a privilege to be enjoyed by men. Third, the overarching Ghanaian abstinence-based curriculum, which prohibits deeper discussions on sexuality, such as sexual pleasure, in schools and communities, aligns with patriarchal norms rooting for women's fidelity, deepening the sexual injustice against women and not men. It is dangerous to assume a balance of social value derived from GM/C for both men and women.

Recommendations: It is crucial to research overarching sexuality education frameworks in particular contexts that shape community discourses on sexual pleasure.

Category : 1. Sexual Rights & Ethics

1038 - RESEARCH ABOUT MODERN CHINESE SEXUAL DYSFUNCTION

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Sexual dysfunction is a group of sexual physiological dysfunctions that occur at certain stages of the sexual activity process that are closely related to psychosocial factors. According to statistics, 52% of men aged 40~70 in China suffer from different degrees of sexual dysfunction. Symptoms of sexual dysfunction must be persistent or recurrent, and therefore unable to carry out the desired sexual life, affect daily life and social functioning, and cause pain to the patient's life. In general, the causes of sexual dysfunction are very complex, involving psychological problems, including endocrine problems, such as excessive external pressure, insufficient sexual stimulation, and uncoordinated partnerships, which may cause sexual dysfunction. Taking the relationship between the sexes as the starting point, this article analyzes and studies the sexual dysfunction such as male prostatitis, premature ejaculation, and erectile dysfunction, and focuses on their development status, pathogenesis, medical history and diagnosis and treatment methods. In daily life, men should pay attention to maintaining the health of the genitals, for sexual dysfunction, first self-diagnosis, identify the cause, generally need to start through the patient's medical history, physiology, psychology and other aspects, do not open surgery and do not take medicine, according to different causes to develop treatment plans.

Category : 1. Sexual Rights & Ethics

1078 - PORNOGRAPHY CHILDHOOD AND ADOLESCENCE A SEXUAL JUSTICE ISSUE.

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Introduction & Rationale: Pornography consumption has proliferated in recent years among children and adolescents. Easy access to technology through smartphones and other devices has allowed the age of first contact with pornographic material to become younger and younger. The natural motivations of curiosity and sexual pleasure of this population have been centralized in the use of pornography, which can have negative consequences on their affective-sexual development. Action and Population group concerned: Children and adolescents are a population with greater vulnerability to these contents due to the period of evolutionary development in which they are. Some of them can develop a problematic use spending more than 1000 hours during adolescence using pornography.

Outcome: Despite the right of adolescents to freely discover their sexuality, the exploration of their sexuality through pornography is having serious consequences on the development of this population that cannot be ignored. There are still conflicting positions on this respect, but the following stand out: aggressiveness, sexual coercion, unrealistic expectations, impact on sexual response and neuropsychological affectations. In addition, studies on the possible development of Problematic Use of Pornography and its possible consequences in personal, academic, social, sexual and emotional aspects stand out.

Discussion & recommendations: In regard to the possible risk that pornography may have on childhood and adolescence, this debate becomes a matter of sexual justice. It will be of interest to explore the relationship with pornography and the non-fulfillment of sexual rights as well as its specific relationship with sexual justice with the objective of favoring a healthy affective-sexual development in these stages of life.

Category : 1. Sexual Rights & Ethics

1086 - QUALITATIVE META ANALYSIS OF THEATRE FOR A CHANGE'S PARTICIPATORY DRAMA BASED PROGRAMS

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KIT Royal Tropical Institute conducted a qualitative meta-analysis for Theatre for a Change (TfaC) between January - April 2023 to provide insight into the effects of TfaC's participatory drama-based programmes on at-risk groups' and community knowledge, attitudes, skills, and behaviours (KASB) related to sexual and reproductive health and rights (SRHR). TfaC uses theatre-based techniques such as interactive improvisations and dramas to share experiences, embody emotions, and role-play in a safe environment.

The '4R-framework' guided our analysis. Used in applied theatre and media studies, it analyses Relevance, Reach, Resonance, and Response, here in relation to immediate, intermediate and long-term SRHR outcomes.

The methodology consisted of:

1. A document review, consolidating existing M&E information
2. An online Sprockler survey of activity participants, employing the Most Significant Change (MSC) technique
3. Five interviews with key informants

The evaluation found improvements in understanding of rights and abuse, as well as safer sexual practices, self-confidence of individuals, and gender attitudes. The immersive experience of TfaC activities achieves internalisation of new KASB, and enables gender-transformative teaching methods and institutionalisation of protection pathways in communities. TfaC's multi-stakeholder approach contributes to community-level outcomes around prevention of child marriage, and supportive school environments for marginalised learners.

Our analysis identifies several recommendations for behaviour and social change programming. These include conducting larger-scale research, and discourse references such as literature, music and media. More dedicated resources and evidence-informed approaches to working with duty-bearers is also advised. Inclusion of health workers and community/religious leaders in activities could change community norms, (implementation of) laws and service delivery. Changing SRHR outcomes also requires changes to national laws and policies, suggesting the value of investing in movement building, advocacy, and increased monitoring of policy-makers' commitments. In addition, TfaC could make more strategic use of communication channels to amplify SRHR messages and stories of change.

Category : 1. Sexual Rights & Ethics

1162 - HOW TO DEAL WITH SEXUAL RIGHTS IN ULTRA CONSERVATIVE CONTEXTS

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Introduction/Rationale

New generations of professionals in the sexuality and gender fields need to become acquainted with the experience gained by former generations, so as to facilitate their work, for example, in the area of sexual and reproductive health and rights (SHR) and gender, as is the case of adolescent pregnancy. After 50 years of academic, research, policy design and activist work in adolescent SHR, there is much to share at forums such as the WAS Congress. A much more complex approach to early pregnancy in traditional contexts is required, considering structural, intersectional, gender inequality and violence factors. Early pregnancy is the outmost expression of societies not willing to accept sexuality in adolescents. Social values and norms, traditions and laws may not only impede preventing early pregnancies, but foster them. WAS professionals in the field need to become fully aware of these constraints.

Action/Population

While in past decades other age groups have reduced unwanted pregnancies, this is not the case in the Southern hemisphere adolescent girls, specially in poorer contexts. This illustrates the difficulties adolescents confront to prevent pregnancies, mainly girls in exclusion and violent settings, unable to exert their sexual rights, their gender rights and their rights to development.

Outcome/Lessons Learned

Denying adolescent girls their SHR has a long history and some contexts are more resistant to change. WAS professionals working in this field have to be updated in scientific, ethical, and legal information, but also, need to become familiar with the history and current social, religious and political contexts in which early pregnancies are embedded.

Discussion/Recommendations

Discussion of new strategies for the complex ecology of sexual and gender rights is needed. We can no longer keep unfulfilling the ICPD, WCW, MDG, and, currently, the 2030 SDG with regard to adolescent girls SHR and gender equality.

Category : 1. Sexual Rights & Ethics

1197 - FORESKIN RESTORERS MOTIVATIONS RESULTS AND EXPERIENCES WITH HEALTH PROFESSIONALS

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Introduction and Objectives

Non-surgical foreskin restoration among circumcised individuals is an increasingly common topic in online social platforms and popular media. Concerns of this population regarding long-term adverse consequences of non-therapeutic childhood circumcision remain largely uninvestigated or are often ignored, ridiculed or dismissed by medical and mental health professionals and society-at-large.

A highly targeted survey was initiated to gain insights into motivations for circumcision sufferers to begin the foreskin restoration process, to assess impacts of restoration on restorers and their relationships, and to explore respondents' experiences with seeking help from medical and mental health professionals.

Methods and Sample

An online survey in English, Spanish, German and French was conducted in 2021 consisting of 58 experiential questions about circumcision and foreskin restoration, plus 10 demographic questions, and an opportunity to upload photos of restoration progress.

Almost 1,800 respondents across 60 nations participated, including heterosexual, gay and bisexual men, intersex individuals, and transgender women who were subjected to non-therapeutic childhood penile circumcision and who are or were involved in foreskin restoration to regain their bodily integrity.

Discussion and Recommendations

In this qualitative survey respondents reported that through the process of non-surgical foreskin restoration they experienced increased sexual pleasure and satisfaction, greater emotional health and self-esteem, and enhanced relationships with their partners. Respondents also described unhelpful experiences with a variety of medical and mental health professionals. Co-presenters Hammond and Fahmy will provide statistical findings, personal quotes, and genital images submitted by respondents.

Further investigation is encouraged into the often unreported adverse consequences of non-therapeutic childhood penile circumcision so that medical and mental health professionals will be better informed and prepared to positively respond to the distress experienced by circumcision sufferers and the concerns of foreskin restorers.

A separate Roundtable discussion chaired by ethicist Brian Earp is planned to complement this presentation.

Category : 1. Sexual Rights & Ethics

1203 - PRELIMINARY FINDINGS FROM RESEARCH EXAMINING THE EXPERIENCES OF PEOPLE WITH DISABILITY WHO PAID FOR SEX WORKER SERVICES IN AUSTRALIA

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Introduction & objectives

This paper provides a preliminary analysis from a current PhD study: Exploring the experiences of people with disability who access sex workers services, in Australia (PASA – Research). Since the early 2000's first-person accounts from people with disability, and from sex workers who provide services to people with disability, have been emerging. However, research of this nature is most often embedded within broader sex and sexuality research in the disability sector, rather than as a stand-alone inquiry. Studies exploring non- heteronormative experiences between people with disability and sex workers is still sparse within academia.

Method(s) and sample

Participants were recruited via a purposive snowball sampling approach, utilising advertisements distributed via preferred communication channels of disability support organisations, sex worker networks, online disability communities, social media and in-person disability expos. All relevant information was also available on a purpose-built website: www.pasa-research.com.au. Data was derived from both an anonymous on-line survey and semi-structured , in-depth interviews.

Findings & discussion

108 viable anonymous online surveys and 27 semi-structured interviews were collected. People with disability of all genders and sexual identities were encouraged to participate, which was positively reflected in the results. The motivational factors for people to seek out sex worker services was explored along with barriers to access, contributions to a person's sense of self and wellbeing, and funding/ financial difficulties.

This research builds upon previous findings while contributing to identified gaps in academia. For example, a UK study recommended increased 'research into moral, social, practical, financial, legal and emotional dynamics of buying a sexual service for people with impairments' (Sanders, 2007).

Recommendations

It is anticipated that these findings may contribute to future policy development, legislative reform, educational programs and training within the disability, aged care, rehabilitation, and sex worker sectors.

Category : 1. Sexual Rights & Ethics

1205 - EXAMINING THE SIMILARITIES AND DIFFERENCES BETWEEN SEX WORKERS SEXUAL ASSISTANTS & SEX SURROGATES AND HOW THEY SUPPORT THEIR CLIENTS' SEXUAL AND EDUCATIONAL NEEDS

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Introduction & Rationale

Globally there's a range of professional sexual services people can access. These include sex workers, sexual assistants, and sexual surrogacy services (more recently known as 'partner surrogacy'). There are many similarities and differences between these three modalities. While all roles may include levels of sexual and educational interactions with a client, there are many myths and preconceptions held about each type of service. Additionally, many Allied Health professionals are unsure about their professional and legal responsibilities for referring clients or utilising these services in partnership with their own.

Project / Population and settings

This presentation defines each of these occupations. This includes describing the range of services each provides, mapping their geographical locations, outlining the legal parameters in which they operate and the nuances within each modality. For example, some services are offered explicitly to people with disability while others are available to anyone, working within a short and long-term goal orientated therapy framework. Services are sometimes provided utilising a triangulated model while others can occur simultaneously or independent to Allied Health services.

Outcome

All Allied Health services strive to expand their professional 'tool kit' to provide the best possible care, support and therapy to their clients. Alleviating the confusion and concern about utilising an external professional, that can provide 'hands- on' education and experiences, can give people an increased capacity to best support their clients' needs.

Discussion & recommendations

Building awareness around these current and emerging practices can significantly assist people to differentiate between the different – and most appropriate - types of sexual services that may be available in their location. This information can also heighten awareness in Allied Health professionals to encourage their support for positive legislative changes in their home country, to allow all options to be legally recognised occupations in the future.

Category : 1. Sexual Rights & Ethics

1300 - SEXUAL AND REPRODUCTIVE HEALTH THROUGH A SCREEN ON TECHNOLOGY AND ACCESSIBILITY IN THE ARAB REGION

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Tech For Health, Fellowship, Cairo-Egypt ¹

In the Arab Region, the availability and accessibility of sexual and reproductive health and rights (SRHR) resources is directly impacted and hindered by cultural limitations, structural barriers, and conservative social norms. In response to these challenges, advocates and organizations have turned to online platforms such as websites, blogs, and social media to improve access to SRHR information, experiences, and services. While these digital initiatives have increased accessibility, they also inadvertently perpetuate inequalities due to limited internet access.

This research focuses on examining the influence of social media platforms and technology in disseminating SRHR-related information to youth, while also analyzing the associated disparities in access. Drawing inspiration from Asef Bayat's concept of social non-movements, this study analyzes collective mobilization efforts around SRHR in repressive and conservative settings within the Arab region. The methodology employed includes digital ethnography of four prominent digital platforms and a qualitative survey involving individuals aged 18-30 years. By shedding light on the urgency of improved access to knowledge and services pertaining to gender, bodily autonomy, and sexual and reproductive health. It is important to acknowledge that these online platforms should serve as a complement, rather than a replacement, to the urgent need for holistic public healthcare systems and services in addressing SRHR issues in Arab states.

To improve SRHR in the region, recommendations include prioritizing comprehensive sexual education through reformation of educational system and curricula, normalizing SRHR through media and targeted outreach, enhancing accessibility and support, adapting information to local contextual culture and language, engaging online platforms, and promoting trusted SRHR services.

This project receives funding from Transform Health as part of the Youth Experts: Tech 4 Health fellowship.

Category : 1. Sexual Rights & Ethics

1389 - THE EROTIC EXPERIENCE IN WOMEN WITH BREAST CANCER

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In recent decades, breast cancer has become one of the main public health problems. Women who live this experience face not only a painful process during diagnosis, treatment, and surgical interventions, but also intimate changes in their perception of their body image, the relationship with their partner, sexuality, and family relationships, as well as effects on their economy and labor aspects. In this context, the general objective of this work is to give a voice to women who live the experience of cancer; by telling their stories, where they also mention the repercussions on their erotic life. This paper is a compilation of life testimonies from women who are surviving breast cancer, to provide resources to other women who are going through the same path and with the possibility of showing alternative stories of resilience that can provide information and support for women with breast cancer. It is also a tribute to one of our colleagues who participated in this project since its inception and who faced the consequences and sequelae of cancer treatments, strongly impacting her health. Qualitative research where a compilation is made through a guided interview of life testimonies of women who are surviving breast cancer, their encounters and disagreements, affections, sexuality and ruptures, other opportunities, other visions. The guided interview was carried out with 12 women who lived the experience of breast cancer from different sociocultural strata. And from two states of the Republic, Merida, and Guadalajara. The results highlight the fact that the erotic life of women can be affected by chemotherapy and radiation treatments; nevertheless, there are women who continue to experience pleasure and desire despite the disease, avoiding encounters because of the perception that they create about themselves.

Category : 1. Sexual Rights & Ethics

1407 - STATUTORY RAPE IN HEALTHY ROMANTIC RELATIONSHIPS AMONG TEENAGERS.

Brianda Decastro¹

N/a, N/a, San Jose-United States¹

This presentation aims to address the social justice among teenagers and legal considerations around the statutory rape regulations. Laws and regulations vary from state to state in the US as well as in other countries. For instance, in California, individuals under the age of 18 is incapable of giving informed consent to sexual relations. Due to natural age of discovery of teenagers' sexuality, fourteen years old who engage in a sexual relationship with a partner who is thirteen years old could face imprisonment to 3, 6, or 8 years and listed as a sex offender for the rest of their life. Following laws and regulations provide standardized approaches in society and must be valid. On the other hand, laws and regulations can also hamper a teenager sexual wellness, discovery, and an understanding of a romantic relationship. The focus of this presentation is on providing the aspect of social justice to the legal system when minors are asking and giving consent in their romantic relationships and could face a legal repercussion if discovered. Participants will benefit from a reflection on the importance to advocate to teenagers who are giving and asking for consent and could be considered sex offenders when they are sexually active in a consensual romantic relationship.

Category : 2. Social & Behavioral Sciences

1017 - SOCIODEMOGRAPHIC COMPARISON BETWEEN SPANISH AND CHILEAN BDSM POPULATION

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Although BDSM is nowadays a subculture extended all around the world, there're still differences depending on the cultural and political situation of the country they're located. Understanding that situation helps to understand the challenges BDSM practitioners may have to confront. Spain nor Chile are though as core countries in the BDSM subculture and although their shared history, they've had different paths in acquiring a mature BDSM community.

The objective of this investigation is to compare the situation of Spanish and Chilean BDSM practitioners and to situate it in a historical context. This has been done comparing sociodemographic data obtained by Puig-Rodas (2017) and Catalán (2020).

The Spanish sample has an n=828, an average age of 35.26±10.56 years, 51.82% were auto identified as females, 45.28% as males and 2.91% as other genders. The Chilean sample has an n=679, an average age of 24±5.84 years, 67.5% were auto identified as females, 14.9% as males and 17.6% as other genders. Spanish BDSM community appears to be older, with a fewer sexual and BDSM frequency but had have more sexual and BDSM partners all along the live than Chilean's. There's a bigger presence of non-monogamies types of relationships in Spanish BDSM practitioners and they're more left-winged than Chilean's, although both samples are far-left situated. Both samples have a low religiosity, in countries where Catholicism has a wide presence.

As BDSM history in Spain is conditioned by the late entrance in a democratic regime, the same has happened in Chile, but with some decades of difference. Those decades appear to be an explanation of the differences in both communities, as Spanish one has had more time than Chilean to establish a subcultural network.

It will be interesting to complete those data with qualitative interviews to have a better understanding of them.

Category : 2. Social & Behavioral Sciences

1018 - DAMNATIO MEMORIA THE ERASURE OF KINKY IDENTITY AFTER A BDSM PRACTITIONER'S DEATH

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Most BDSM practitioners hide their sexual interests to their relatives. When their relative know about it, it's usual that it is conceived as a tabu. When BDSM practitioners die their families will face the challenge to manage their legacy, that includes their kinky identity (including the BDSM toys arsenal). Part of this legacy may be discovered just after death.

The objective of this study is to explore the kinky erasure phenomenon in Spanish BDSM population. For this, data of 6 different cases has been collected both with interviews with the deceased's BDSM partners and friends and ethnographic collection of data on the Internet. Two of the cases asked not to show their names (nor nicknames) in the study.

4 of the deceased were preeminent members of the community, but 2 were anonymous members. 3 causes of death where natural sudden death, 2 where a long term cancer and the last 1 was supposed to be an autoerotic asphyxia accident. All the known members relatives knew about their sexual interests, but not the 2 anonymous ones. Only Clubmaster Kurt had a public BDSM funeral.

Being an important member of the BDSM community shows to help keeping intact the kinky identity (with commemorative acts as death anniversaries or halls of honour). The more their relatives knew and accept their sexual interests, the more they help their BDSM partners to keep their BDSM gear as a memory of their kinky identity. No legacy rights have been observed to the BDSM partners when those were not the official partners. No memory of the BDSM reality is kept by their relatives in their official live (grave, epitaph, memory albums).

It was difficult to have access to the relatives and their opinion. That has hindered to have a deeper understanding of the experience of the relatives.

Category : 2. Social & Behavioral Sciences

1036 - EFFECTIVENESS OF TWO INTERVENTIONS ON CONDOM USE AMONG MOZAMBICAN WOMEN

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Introduction & objectives: In Mozambique, women are the most affected by HIV/AIDS and heterosexual encounters remain as the main route for HIV/AIDS in Africa. Consistent condom use is the most effective method of sexual prevention. Therefore, the objective of this study was to evaluate the efficacy of two psychosocial interventions - the Didactic and ACCENT Interventions, which were compared to a Control Group- to prevent HIV/AIDS in Mozambican Women, through increased condom use.

Method and Sample: The study was designed as a randomized controlled trial on Mozambican women at HIV/AIDS risk (N = 150), users of the gynecology consultation of the Central Hospital of Beira. The participants were randomized into three groups: Didactic Intervention (experimental group - information-only), ACCENT intervention (experimental group - skills training) and control group. Condom use was assessed using a question about the number of times women used condoms in the last four sexual encounters.

Results: No differences were found between groups, at pre-test in condom use, $F(2, 170) = .23, p = .792$. There was a significant effect of group for condom use, $F(2, 146) = 6.45, p = .002$, in short term. Post hoc Bonferroni corrections indicated significant differences between the ACCENT intervention and the Control group ($p = .002$) and between ACCENT intervention and Didactic intervention ($p = .022$). No significant differences were found for the other pair comparison: Didactic intervention and Control group ($p = 1.000$). The ACCENT intervention showed better results than the Control group and Didactic intervention, both in the short and in the medium term.

Conclusion & recommendations: We hope these results can be replicated in other Mozambican women at sexual risk. This goal would be possible if Mozambican health institutions implement psychosocial interventions, such as the ACCENT and the Didactic interventions, to promote sexual health.

Category : 2. Social & Behavioral Sciences

1037 - PSYCHOSOCIAL MECHANISMS UNDERLYING ASSOCIATIONS BETWEEN RELIGIOSITY FAITH AND SEXUAL RISK TAKING

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Although a number of studies reported negative associations between young people's religiosity and risky sexual behavior, psychosocial mechanisms underlying these links have not been directly assessed. Utilizing structural equation modeling approach, current study explored three such mechanisms: (1) internal motivation (internalization), (2) external motivation (peer influence), and (3) and mixed motivation (collective identification). For the analysis, we used data from a population-based commercial online panel of 1,200 emerging Croatian adults aged 18-25 years. According to the findings, observed mechanisms were gender-specific. While a combination of internal and external motivation was found among female participants, both mixed and internal motivations were relevant for their male peers. Overall, the weak associations found in this study suggest that religiosity and personal faith do not play a substantial protective role in emerging Croatian adults' sexual and reproductive health.

Category : 2. Social & Behavioral Sciences

1041 - DATING APPS USAGE IN JAPAN

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We present data on the use of dating apps in Japan using a national survey.

The extent to which dating apps are being used in Japan has not been determined using scientifically based data. Arbitrary data has been used to make it seem as if many young people are using matching apps, but is this true?

According to Illouz (2012), online dating services are offered for the purpose of finding a romantic relationship or genuine love with a partner who is compatible in personality as well as in sexual attraction. This service is a representation of the sharply defined characteristics of courtship in modern society. Specifically, she says that the online (after that offline) meeting has taken on the aspect of "cold intimacy": intellectualization, streamlining of the meeting process, visualization, commercialization, competition (ranking of attractiveness), and maximization of utility.

In our presentation, we will empirically clarify to what extent the use of the dating apps is widespread in Japanese society, and who is using it.

In addition, we will examine several hypotheses sociologically. The first is a hypothesis related to the social capital. Dating apps are services that provide users horizontal networks. If dating apps provide horizontal networks, they may be reinforcing the social capital of their users.

The second hypothesis is that Dating apps are media that promotes the commercialization of intimacy culture and provides a competitive market.

We will present the results of our analysis based on behavioral data to determine whether this is a medium that strengthens social relational capital and whether the commercialization of intimacy culture is possible.

Category : 2. Social & Behavioral Sciences

1043 - FOSTERING A POSITIVE IDENTITY DEVELOPMENT IN CHILDREN

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Research shows that children are taking in information about identity from infancy. However, most strategies about how to talk to young children about identity start at ages 3-5. It is imperative that early childhood professionals initiate conversations about identity; including but not limited to race, culture, ethnicity, gender, language, religion, and family structure beginning at birth. This workshop will serve as a foundational tool towards navigating and implementing Anti- Bias curriculum with infants and toddlers. This workshop will examine questions including: What do developmentally appropriate conversations about identity sound like with very young children? What does an anti bias/anti racist classroom look like for children and youth? and What would it take to create an anti bias treatment perspective? This workshop will examine the importance of self reflection and accountability of parents, educators and support providers and invite participants an opportunity to reflect on their own biases.

Throughout the workshop, participants will learn how to invite discussion about identity with very young children, including setting up provocations and providing developmentally appropriate language. Participants will leave with practical tools and takeaways for inviting identity exploration for children and youth including guiding questions, appropriate language, and inviting materials.

Participants will develop understanding that if we as the grown ups in these children's lives don't initiate these conversations, children might begin to internalize that these topics aren't something that we can talk about or may internalize negative stereotypes about themselves, resulting in a damaged sense of self. Participants will leave with a clear understanding about the importance of addressing these topics from a very young age as well as specific takeaways for how to begin having these conversations.

Category : 2. Social & Behavioral Sciences

1052 - WHY AND HOW HUMAN SEXUALITY IS THE 11TH MAJOR ART.

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The concept of sexual health was developed in the 1970s: it is a state of well-being, involving respect, safety, freedom, requiring care, education and counselling. But does these indications define human sexuality? Not really: these elements are a paradigm but not inform about nature and essence of human sexuality. Sexuality is an Art, because as Art, Sexuality is the only human's activity which has for finality herself. As Art, Sexuality has become emancipated from the assignments imposed by beliefs and social roles. Sexuality is to the person what Architecture is to the City: ordering steps, behaviors and thoughts, building identities. As Architecture, Sex mixes visual, kinesthetic and tactile perceptions and delimits private space from public space.

As Art, Sexualities disrupts academic practices, old representations and identities: sarcasms, stigma and discrimination, accusations are the shared price of Contemporary Art and Sexualities.

As Art, Sex is a mystery, accomplished in secret, his result does not have priority over his action: action constitutes It.

As Art, Sex imposes new features, defying disbelief, moving back religious, crushing prohibitions, indifferent to anathema, Sex and Art erases the border between sacred and profane. If all is Art, Sex is all, "the sensual expression of a free mind in a medium" (Hegel) Art uses painting, marble and all materials, for Sex, fantasies, bodies and all dreams are the medium.

As Art, in Sex no matter the material, no matter the condition: the value of work is always sentimental, determined by the time spent for its realization and its contemplation, and given by its resistance to the test of the passing years.

Highest expression of life, universal, not nature and requiring experience: Sex, Art are "the powerfull form of self-expression" (Einstein).

"Art incidentally assumes the task of preserving", Nietzsche: preserve idea, emotions, affection, bodies. Sex too.

Category : 2. Social & Behavioral Sciences

1055 - CONCEPT MAPPING PERSPECTIVES ON SEXUAL HEALTH AND INTELLECTUAL DISABILITIES

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Introduction & objectives

To address the barriers faced by people with mild intellectual disabilities toward their sexual health, it is crucial to align sexuality support and education with their sexual needs. This requires insight in what sexual health means to them, their relatives and support staff. By gaining insight in this understanding, relatives and support staff are better able to meet the sexual health needs of people with mild intellectual disabilities through sexual support and education.

Method(s) and sample

A concept mapping procedure involving brainstorming, sorting, and ranking statements was conducted with people with mild intellectual disabilities (n=9), relatives (n=7) and support staff (n=15) to answer the focal question: 'Sexual health for people with mild intellectual disabilities consists of...'. All statements were collected and analyzed for each participant group and interpreted by an expert group.

Findings & discussion

People with mild intellectual disabilities, relatives, and support staff identified key aspects of sexual health, such as developing a sexual identity, learning sexual preferences, and respecting boundaries to ensure pleasurable sexual experiences. However, there were differences in opinions regarding the social aspects of sexual health. People with mild intellectual disabilities prioritized relationships as the most important aspect, while relatives and support staff prioritized sexual support and education to prevent sexual risk. Notably, people with intellectual disabilities did not include any form of support or education in their concept of sexual health.

Recommendations

Future research and practice on sexual support and education for people with mild intellectual disabilities should prioritize relationships, incorporate a positive attitude, and adopt a developmental perspective to promote sexual health. Furthermore, research is needed to understand the motivation of people with mild intellectual disabilities to attend sexual support and education programs.

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Category : 2. Social & Behavioral Sciences

1064 - SEX TOY USE BENEFICIAL FOR SEXUAL LIFE AND RELATIONSHIP SATISFACTION

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Even though sex toys remain a taboo topic across different countries, sex toy use is widespread amongst several populations, with prevalence rates ranging from 15% to 76%. Studies examining the prevalence of sex toy usage often do not focus on the outcomes associated with such use, in terms of sexual satisfaction, life satisfaction, and relationship satisfaction.

The current study aims to comprehensively examine the association between sex toy use and sexual satisfaction, life satisfaction, and relationship satisfaction in a large multinational sample (N = 11,944) drawn from Denmark, Sweden, Norway, Finland, France, and the United Kingdom.

In regard to sexual satisfaction, life satisfaction, and relationship satisfaction, differences were observed across countries. Individuals from France reported higher sexual satisfaction than all other countries, and higher life satisfaction as compared to people from Finland, Norway and the UK, but not Denmark and Sweden. For relationship satisfaction, individuals from the UK reported higher satisfaction as compared to those from Sweden, Norway, Finland and France, but did not differ from those from Denmark.

Controlling for gender, age, educational level, sexual orientation, and relationship status, and country, owning (any) toys and owning more toys was associated with greater sexual satisfaction, life satisfaction, and relationship satisfaction. Higher frequency of sex toy use alone was associated with greater sexual satisfaction and life satisfaction, but not relationship satisfaction. Among those in relationships, higher frequency of sex toy use with the romantic partner was associated with greater sexual satisfaction, life satisfaction, and relationship satisfaction. Of note, these associations did not differ by country.

The current study provides a more comprehensive overview of the outcomes of sex toy usage, suggesting the value of sex toy use as a tool for health promotion in the general population to encourage overall life and sexual satisfaction and well-being.

Category : 2. Social & Behavioral Sciences

1073 - RELIGIOSITY AND SEXUAL BEHAVIOR IN EMERGING ADULTS POPULATION BASED STUDY (2010 2021)

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Recent faith-based opposition to comprehensive sexuality education in Croatian schools emphasized the primary role of parents in helping young people navigate sexuality-related issues. The aim of the study was to examine whether recent social changes in expression of religiosity among emerging Croatian adults are associated with changes in associations between religiosity and age at first sexual intercourse, number of sexual partners, and sexual abstinence (i.e., delayed intercourse). Two surveys were conducted on large-scale national probability-based samples of emerging adults aged 18-25 in 2010 (n = 1,005) and 2021 (n = 1,210). Unlike the 2010 study which was conducted by face-to-face interviewing, the 2021 study was conducted online. Due to the different sampling and data collection procedures, data harmonization was carried out to explore the direct comparability of findings. Taking into account non-linearity of the relationship between religiosity (measured by the frequency of religious service and the degree of personal faith) and emerging adults' sexual behavior, our analyses indicated a change in the association between religiosity/faith and sexual abstinence only; the link significantly decreased in the observed period (OR₂₀₁₀ = 4.88, OR₂₀₂₁ = 1.76). Associations between religiosity on the one hand and age at first sexual intercourse and the number of sexual partners on the other hand were found almost exclusively among the most religious youth. In addition, this relationship remained stable and marginal in the observed period. Although a significant decrease in sexual risk taking among emerging adults has been observed in the last decade, this change cannot be attributed to the protective role of religiosity/faith.

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1074 - CONTRACEPTIVE REFUSAL IN HPERMODERN AGE “THE LEISURE SEEKER”

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Medical contraception conceived and developed since the 1960s has been a powerful lever for women's emancipation. 60 years later its use is in free fall.

Autonomy/ Digitalization, ecology/ gender equality, do the health care providers answer to the 21st century's shift?

Sexualities have disaffiliated from morality and religion, will they disaffiliate from science, 50 years after the birth of the sexual health concept?

Aim: understand the causes of hormonal contraception refusal: how can we talk about hormonophobia, when 2,2 millions of morning-after pills are sold in France each year? Can the obligation of a medical prescription create a cognitive distorsion, making the pill perceived as dangerous, because it is not available without medical prescription?

method: statistical inventory of the use of hormonal contraception in France since the contraceptive crisis in 2012. literature review for the last 5 years with the keywords contraception over-the-counter and orgasmic gap between gender. Literature about captology, computer as persuasive technology, effects of new techniques of information and communication on mental representations

Result: literature reports that hormonal contraception provided over-the-counter supports women's empowerment and would reduce unwanted pregnancies. hormonal contraception is already available over-the-counter in many countries, with no health damage reported. lack of sexual pleasure for the women could explain that it is not worth to take medical contraception. in the ATAWAD era, anytime- anywhere- any device, the non accessibility to an object builds a negativ representation of it

conclusions: contraceptive refusal is the symptom of a social and health crisis in sexual and reproductive health with multiples issues: massive public access to scientific informations, access to care and treatment, ecology, gender equality, imperative of a radical exeat from medical patriarchy. Human sexualities do not want guardianship anymore, but need education, counseling and care focused on the person.

Category : 2. Social & Behavioral Sciences

1089 - AUSTRALIAN HETEROSEXUAL CISGENDER WOMEN'S SEXUAL HEALTH KNOWLEDGE BEYOND SCHOOLING

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As a receptive sexual partner, heterosexual cisgender women assume twice the risk of acquiring some STI/BBVs than their male counterparts. In Australia, formal sexuality education usually finishes at school or university. Unlike higher-risk populations, heterosexual women in Australia have limited exposure to sexual health promotion campaigns.

Using an online survey, this exploratory, cross-sectional study investigated factors that influence women's sexual health literacy by assessing sexual health knowledge and comparing it against variables in the domains of demographics, exposure to medical/healthcare settings, and sexual behaviours. Participants (n=250) were self-reported heterosexual cisgender women 18+ years, living in Australia. Participants' mean age was 33.39 years (SD = 12.81), and 47.9% self-reported a bachelor's degree as their highest level of education.

Data were collected online using the validated Sexually Transmitted Diseases Knowledge Questionnaire (STD-KQ) with researcher-designed questions measuring demographics, exposure to medical/healthcare settings, sexual behaviours, sexual health knowledge, and information acquisition. Overall, participants' sexual health knowledge was acceptable, with 43.8% correctly answering 70% or more questions from the STD-KQ. Factors influencing sexual health knowledge included age, education, having studied/worked in healthcare, having experienced a medically-supervised pregnancy, mammogram engagement, attending a sexual health clinic or hospital, seeking medical care for ongoing non-sexual illness/injury, and taking measures to protect their sexual health (barrier contraception, regular STI testing).

However, discrepancies were found in participants' awareness of some STI/BBVs, transmission routes, and HIV viral suppression and prophylaxes. Continuous education is required to keep abreast of epidemiological changes. This has significant implications, since outdated or poor knowledge inhibits women's ability to make informed decisions about their sexual health. For example, contemporary awareness of risks and treatments could motivate more women to seek medical assistance following sexual assault. Heterosexual women may be a low-risk population, but only by addressing every population at risk can the burden of STI/BBVs be eliminated.

Category : 2. Social & Behavioral Sciences

1096 - U.S. BISEXUAL WOMEN'S MEANING MAKING OF SAME SEX PERFORMANCE

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Introduction & objectives: Same-sex performativity (SSP) refers to the public performance of sexuality between heterosexual women, and it is often perceived as an example of the objectification of women for male attention and associated with the trivialization, depoliticization, and delegitimizing of queer women's identities. Yet, little is known about bisexual women's perceptions of SSP. In the present study, we aimed to understand bisexual women's lived experiences and meaning making of SSP.

Method and sample: Bisexual women (N = 187, mean age = 25.69 years; 74.5% white) completed an online survey and provided qualitative descriptions of their perceptions of SSP. Two research questions guided this grounded theory study: (1) How do bisexual women perceive and make sense of SSP, including women who engage in SSP? and (2) What influences bisexual women's perceptions and conceptualization of SSP?

Findings & discussion: Our data analysis indicated that bisexual women made sense of SSP by situating their perceptions in the context of their lived experiences, characterized by heterosexualization and patriarchal norms around women's sexualities, which informed their understandings of women's motivations for engaging in SSP. Some women's SSP was perceived as bids for attention from cis-heterosexual men, and this was interpreted by bisexual women as a challenge to bisexual legitimacy and as reinforcement of negative stereotypes. In contrast, many women in our sample were resistant to decrying SSP behavior, expressing that it enabled women to explore their sexuality in safe, maybe even pleasurable, ways. The grounded theory that emerged from the data explains how bisexual women negotiate SSP in the context of tensions between androcentrism and sexual agency and pleasure.

Recommendations: Future research that examines women's SSP in various contexts, including queer spaces, will elucidate how bisexual women negotiate tensions between SSP as performative or agentic.

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1110 - SEXUAL BEHAVIOR AMONG SEXUAL MINORITY YOUTH IN EIGHT EUROPEAN COUNTRIES

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Introduction & objectives. Sexual minority youth (SMY) are more likely to engage in risky sexual behaviours than their heterosexual peers. The study of sexual orientation and sexual behaviours lacks cross-cultural comparisons; indeed, most empirical evidence on the sexual behavior of SMY is from North America. To address this knowledge gap, we explored sexual health outcomes among SMY using nationally representative data from countries participating in Health Behaviour in School-aged Children (HBSC), a WHO collaborative cross-cultural study. **Method and sample.** In the 2018 HBSC survey, 10,583 participants aged 15–17 across eight European countries answered the question on sexual intercourse. Students were categorized into four groups based on their romantic attraction: attracted to the same gender (n=219), other gender (n=9138), both genders (n=490), or not attracted to anyone (n=644). Sexual health outcomes included engaging in sexual intercourse, early sexual initiation, and recent contraceptive use. Our logistic regression analysis controlled for gender, socioeconomic status, and county. **Results.** Adolescents attracted to the same gender or both gender partners were more likely than those attracted to the opposite gender to have engaged in sexual intercourse and to have done so before the age of 14. Regarding contraceptive use, adolescents either attracted to the same gender or not attracted to others had greater odds of not using a condom or birth control pills during their most recent sexual intercourse than those attracted to the opposite gender. Patterns varied slightly by country. **Conclusion & recommendations.** The disproportionate burden of sexual risk experienced by SMY was evident across the eight European countries included in this study. These disparities may be attributed to minority stress and stigma management or experimentation and developing sexual identity. Our findings emphasize that sexuality and relationships education needs to consider and address the specific needs of LGBTQ+ youth.

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1121 - CHILD WELFARE YOUNG PERSONS WITH SUBSTANCE ABUSE AND SEXUAL HEALTH

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Substance abuse and sexual ill health often go hand in hand. Despite this, no previous studies have investigated whether, and if so how, young people's sexuality is given meaning in child welfare assessments due to suspected substance abuse. To investigate this, 15 child welfare workers in Sweden were recruited for a semi-structured interview through a strategic selection. The interviews were examined with the support of thematic analysis, which resulted in an overarching theme showing a lack of an area of knowledge. The social workers stated that they had not been trained in SRHR during their basic training or through further training in the roles as child welfare workers. However, this did not mean that they dismissed sexual health matters, rather that they developed individual approaches to face such questions. A common and recurring motto was "to not investigate more than necessary", which meant that social workers often focused on risk and vulnerability in relation to substance use and related life conditions, and they also related to other areas of knowledge such as violence and crime. The social workers often referred to young persons' right to confidentiality and privacy when it came to talking about positive aspects of young people's sexuality, which meant that young people were rarely given space to talk about possible lustful connections between substance use and their sexuality. Overall, the lack of an area of knowledge within the child welfare services illuminates a need for targeted educational efforts toward child welfare professionals, efforts that are in line with the Swedish national strategy regarding sexual and reproductive health and rights for all.

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1125 - DEVELOPMENT PROCESS OF AROMANTIC ASEXUAL IDENTITY IN JAPAN

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Introduction and objective

In recent years, there has been a growing social concern for lesbian, gay, and bisexual -LGBT- rights and an international trend toward respecting the rights to love whomever they want to love. However, the aromantic, who are not romantically attracted to others, and the asexual, who are not sexually attracted to others are easily invisibilized in this context. Research on aromantic/asexual is extremely scarce in Japan, and most of their psychological experiences were largely unknown. The purpose of this study is to clarify the identity development process of aromantic/asexual in Japan.

Method and Sample

Semi-structured interviews lasting approximately 60-90 minutes were conducted with 14 Japanese adults who identified as aromantic/asexual (7 aromantic and asexual, 2 aromantic with sexual attraction, and 5 asexual with romantic attraction). Participants were asked about their experiences and feelings before, during, and after identification.

Findings and discussions

Qualitative analysis of interview transcripts using the Modified Grounded Theory Approach (M-GTA) revealed four main processes: phase 1 “sense of the majority,” phase 2 “awareness of characteristics,” phase 3 “identification,” and phase 4 “exploring ways of life.” It was suggested that the norms of romantic love and compulsory sexuality, internalized in oneself and/or prevalent in the surrounding people and the society, influenced throughout the processes and contributed to the participants’ conflicts. It was found that many participants felt especially pressured by their relatives. In comparison to LGB identity development processes shown in the previous studies, the absence of established role models and a low sense of belonging were suggested as the characteristics of the aromantic/asexual.

Recommendations

In Japan, there is strong pressure from relatives to get married and/or have grandchildren, which can be stressful for the aromantic/asexual. It would be desirable to enhance social security for single-person households in Japan.

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1127 - CROSS CULTURAL STUDY IS SEX STILL IMPORTANT IN ROMANTIC RELATIONSHIPS

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Sex is considered one of the most important and meaningful components in a romantic relationship. Sexual touch can release hormones like oxytocin, which can create feelings of closeness and attachment. However, societal changes such as the feminist movement and technological advancements may have impacted the sexual aspect of romantic relationships. This is evident from phenomena such as sexless marriages and millennials being the group that were the most likely to report problems with sexual desire in the past year. These changes suggest that the concept of romantic love may have evolved over time. To understand the social reality about romantic relationships, we collected data from 850 respondents in the United Kingdom, Japan, and Malaysia, with 13.53% Japanese, 59.53% Malaysian, and 26.94% British participants, 62.24% identifying as female and 36.94% identifying as male, and an age range of 18 to 41 with a mean age of 21.98. We separated romance into long-term and short-term relationships and asked respondents to describe what comes to mind when they think of these concepts. Using the structural approach of the theory of social representation, we analyzed the core values and norms of our respondents regarding these concepts. The results showed that respondents in all three countries did not associate “sex” with long-term romantic relationships. Regarding short-term romantic relationships, respondents from Malaysia and Japan indicated that sex is important, whereas respondents from the UK had other priorities in romantic love, such as fun, excitement, flings, and passion. The results suggest that there may be cultural differences in how young adults perceive the role of sex in romantic relationships. This study also provides insight into the contemporary social reality that young adults hold regarding sex and romantic love .

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1131 - SEXUAL AND REPRODUCTIVE HEALTH THROUGH A SCREEN

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Cultural and structural limitations and conservative social norms have direct effects on the availability of sources of sexual and reproductive health and rights (SRHR) in the Arab Region. Nevertheless, SRHR advocates, healthcare providers, and organizations have created online spaces like websites, blogs, and social media platforms to increase people’s access and ability to share information, experiences, and services. While these efforts help increase the accessibility to information and services, they also create and reflect inequalities based on limited internet access. Furthermore, these emergent ways of sharing and raising awareness online cannot be seen as a substitute for the urgent need for public healthcare systems and services to address SRHR issues in Arab states. This research aims to analyze the impact of the increasing importance of role social media platforms and technologies in the dissemination of SRHR-related information online to the youth as well as the associated inequalities of access. It also seeks to assess the effects and inequalities of the dependence on online platforms which should be complementary to public and private SRHR services. I adopt Asef Bayat’s concept of social non-movements to analyze how collective mobilization is around SRHR issues is exercised in repressive and conservative settings in the Arab region. Using digital ethnography of four prominent digital platforms and a qualitative survey of people aged 18-30 years, the research draws attention to the urgent need for better access to knowledge and services around gender, bodily autonomy, and sexual and reproductive health in the Arab region.

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**1147 - ON MOURNING AND SEXUALITY CONTRIBUTIONS ON TWO COMPLEX
MULTIDIMENSIONAL UNIVERSES**

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This essay aims to address two subjects still seen with caveats in contemporary society, mainly occidental society. Focusing mainly on death, the work exploits life in sexuality and how these two main areas of research interact and integrate to contribute and elaborate grief and coexistence with it. A look at ritualization and the current aspects of the production / performance society, aiming to understand possible ends, including the end of sex as it was, are aspects of study in this work in which practical experiences are considered.

With the outbreak of COVID-19 grief has gained a special dimension and to have a look at pleasure in scenarios of crises, losses or at painful and conflicting processes, with means and resources that could contribute to the necessary one's life stages was the goal in this social and historic study.

Talking about education and guidance on ending, emotions and feelings, learning to name them in contexts still considered huge taboos – finitude and sexuality – is also at stake for understanding where these two objects appear as part of people's lives. Strange as they may seem, constitute the most certain and unavoidable events: ending and being born, finitude and libido, life drive.

So, between two poles and extremes, we are presented with rites, wheels of exchange in this respect, mediation of mourning and orgasmic experiences as crossing elements, among other experiences, not only of a collective nature, but also processes as a possibility of being individually conducted.

At some point, the very end of sex, as we know it, proved to be a pertinent object of current study, because the new generations are already totally "virtual" in the matter. How to deal, then, with the loss of touch, the real, other exchanges resulting from and typical of sexuality, the experience of pleasure, among others?

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1169 - SEXUAL SELF SCHEMAS AND SEXUAL I POSITIONS EXPLAINING WOMEN'S SEXUAL SATISFACTION

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Introduction & objectives: A number of factors crucial for experiencing high sexual satisfaction have already been identified, people's mindset being one of them. The goal of this research was to investigate further how a women's mental attitude towards sex refers to their sexual satisfaction. Two different theoretical approaches were applied for this aim: 1) the cognitive model and the notion of self-schemas; 2) the phenomenological Dialogical self theory, which states that people's self is plural and composed of different self-aspects or I-positions to use another word. It was hypothesized that: 1) sexual I-positions predict sexual satisfaction stronger than sexual self-schemas; 2) there are concrete sexual I-positions, such as "I-as-guilty" or "I-as-wild" which explain sexual satisfaction the most.

Method(s) and Sample: The study was conducted online on a group of 228 heterosexual Turkish women, aged 19-64, who were in a relationship for at least a year. They completed The New Sexual Satisfaction Scale, Sexual I-Position Profiles and Women's Sexual Self-Schema Scale.

Results: Analyses showed that I-positions predict sexual satisfaction much better than self-schemas. Sexual I-positions explained 48.8 % of the variance. Interestingly, it was observed that positive I-positions explain sexual satisfaction much better than negative ones. The following I-positions were the most important for sexual satisfaction, "I-as-his-lover", "I-as-wild", "I-as-sexy", "I-as-not interested", "I-as-princess" and "I-as-blessed". Results for sexual schemas showed that only romantic-passionate schema is significant for sexual satisfaction when analyzed together with I-positions.

Conclusion & recommendations: The results suggest that the notion of I-positions might be valuable for sexual satisfaction investigation. Findings indicate that concrete I-positions, activated in women during sex, may increase or decrease the satisfaction. Obtained results also suggest that instead of reducing the negative feelings and thoughts of women about their sexual selves, concentrating on developing a positive mindset may be beneficial in increasing sexual satisfaction.

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1172 - CLIMATE CHANGE AND SEXUAL HEALTH LINKAGES WITH URBAN REFUGEE YOUTH

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Background: There is increasing attention to linkages between climate change and sexual health. To address knowledge gaps of climate change-related impacts of food insecurity (FI) and water insecurity (WI) on sexual health, we conducted a multi-method study with urban refugee youth in Kampala, Uganda.

Methods: This study involved in-depth individual interviews (IDI) (n=24) and focus groups (FG) (n=4) with urban refugee youth aged 16-24 and key informant (KI) interviews (n=15), followed by cross-sectional surveys with urban refugee youth (N=440) in Kampala. We applied thematic analyses to explore linkages between resource insecurity and sexual health. We conducted multivariable logistic regression analyses to examine associations between FI and WI and: past 12-month transactional sex, unplanned pregnancy, disrupted sexual and reproductive healthcare [SRH] access, condom self-efficacy, and sexual relationship power (SRP), adjusting for age, gender, and informal settlement.

Results: Key themes across qualitative narratives (n=48 refugee youth; n=24 women, n=24 men, mean age: 20.5 years [SD: 2.3]; n=15 KI, n=7 men, n=8 women) included: a) economic insecurity increased transactional sex to meet survival needs; and b) transactional sex converged with disrupted access to sexual health services, increased migration, and increased unplanned pregnancy. Survey participants (n=440; mean age: 21 years old, 51% women, 49% men) reported high FI (65%) and WI (47%). WI (aOR: 1.82, 95%CI: 1.12-2.96) and FI (aOR: 1.89 95%CI=1.10-3.27) were associated with increased disrupted SRH access. WI was associated with increased likelihood of transactional sex (aOR: 2.67, 95%CI=1.03-6.93) and unplanned pregnancy (aOR: 2.49, 95%CI=1.11-5.62) and reduced SRP (β = -2.34, 95%CI= -4.58, -0.09). Women (vs. men) (adjusted β = -3.61, 95%CI= -5.07, -2.16) and WI participants (adjusted β = -3.96, 95%CI= -5.44, -2.47) reported reduced condom self-efficacy.

Conclusions: Climate change exacerbates FI and WI—which were associated with poorer sexual health and HIV vulnerabilities. Climate-informed sexual health promotion can address resource insecurity needs, particularly in humanitarian contexts.

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1176 - SEX POSITIVE AND INCLUSIVE SEX EDUCATION CHALLENGES AND WAYS FORWARD

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Introduction and objectives. Even though the Netherlands are well-known for their high-quality comprehensive sex education (CSE) programs, Dutch adolescents are not satisfied with the sex education they receive at school. They desire to learn more about the positive aspects of sexuality and want CSE to be more inclusive regarding sexual and gender minorities. Discussing topics such as pleasure, consent and sexual and gender diversity in class can however also lead to resistance among some students and/or their parents. The current study examines barriers and facilitating factors that CSE teachers and students have experienced (or expect) with the inclusion of a sex-positive approach and LGBTI+ inclusivity at their school.

Method(s) and sample. We held 7 focus groups with each 3-4 CSE teachers (total N = 23) at secondary schools that were located in different geographical areas within the Netherlands. Most were biology teachers; all participating schools had a culturally diverse student population. In parallel, we held focus groups with students (total N = 37; age 14-18).

Findings and discussion. Large differences exist in how schools organize CSE. At most schools, teachers receive very few hours to prepare and provide their classes. Many teachers feel insecure (and only very few were trained) regarding discussing sensitive topics in class. Resistance was mainly encountered when discussing LHBTI+ topics. Methods that facilitated discussing sensitive topics in class include explicitly discussing different views; normalizing the pleasurable aspects of sex; and giving students an active role, for example by letting them choose a theme or by offering a physical exercise in which they practice with indicating personal boundaries.

Recommendations. CSE should become less teacher- and school-dependent. Clear national curriculum guidelines and teacher support are needed. Rather than being part of the biology curriculum, interactive CSE classes should become an independent, recurring theme within the curriculum across all grades

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1179 - HEALTH AND RESILIENCE AMONG RACIALLY AND GENDER DIVERSE BISEXUAL ADULTS

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Introduction & Objectives: Bi+ people (those with bisexual, pansexual, and other non-monosexual identities) represent the largest proportion of the LGBTQ+ community in the United States. Given stigmatization from both heterosexual and gay/lesbian communities, however, bi+ people face significant physical and mental health disparities, with risks amplified for racialized and gender minority bi+ individuals. There is a critical need to investigate protective factors specific to how bisexual people navigate stigma in healthy and productive ways as these may, in turn, buffer against negative health outcomes.

Method(s) and Sample: This mixed methods study identifies specific protective factors that buffer negative health outcomes associated with multiple minority stressors for bi+ communities. Quantitative data, collected via the Prolific platform with oversampling for marginalized racial and gender identities, focuses on health outcomes and risk/protective health factors for 500 bi+ adults with diverse social positions. Three qualitative focus groups further elucidate the experiences of bi+ adults with differing racial/ethnic and gender identities to contextualize quantitative results and assist with generating culturally-tailored intervention recommendations.

Results: Bi+ adults will report individual-, family-, and community-level protective factors, which are expected to differ across social positions (i.e., race/gender). Participants will report minority stress specific to their non-monosexual orientation (i.e., binegativity). Higher levels of minority stress will correlate with more negative health outcomes. Protective factors will mediate the relationship between minority stressors and health outcomes.

Conclusion & Recommendations: This novel project will: (1) result in identified protective factors specific to the health and well-being of diverse bi+ adults, and (2) model how these factors interact with minority stressors to impact health. Overall, combining quantitative and qualitative data from bi+ adults with intersecting identities will inform risk prevention and intervention efforts aimed at reducing health disparities in this frequently overlooked community.

Category : 2. Social & Behavioral Sciences

1182 - EFFECTS OF PORNOGRAPHY CONSUMPTION ON SEXUAL INTERESTS AND ACTIVITIES

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Introduction & objectives:

There has been little research on how Japanese people consume pornography and how they are affected by their consuming behavior. Since the mid-2000s, there has been an increase in the number of Japanese young people who are sexually indifferent and inactive, but it is unclear how this change relates to the spread of online pornography. This study attempts to elucidate the relationship between pornography consuming behavior and sexual interest and sexual activity among Japanese youth.

Method(s) and sample:

This research recruited 60 university students (23 males, 34 females, 4 others) from all over Japan, with convenience sampling but attention was paid not to deviate greatly from the national survey of university students in terms of their faculty, gender, sexual experience, etc. The results of interview research of sexual lifestyles and sexual life stories are analyzed.

Findings & discussion:

Hypothesis that unintentional exposure to online pornography may cause sexual indifference and inactivity among young women because of their uncomfortable feeling, is not supported by this study. Sexually indifferent female participants told they had never experienced sexual desire, arousal, or pleasure; had never masturbated. They react to the unexpected exposure to the online pornography with simple ignorance. Most of the sexually interested participants consume their preferred genre of pornography, without significant adverse effects on their sexual behavior. But there are also cases in which consuming pornography harms sexual behavior, including a man who uses animation pornography very frequently and feels disgusted by live women's bodies, and a woman who strongly believes she cannot have sex because she feels she is ugly compared to the porn actresses.

Recommendations:

Further research is needed in the following respects. Larger number of participants, research on the effects of pornography consumption on sexual relationships and partners, and longer-term effects of pornography consumption.

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1183 - DISCOURSES ON SEXLESS COUPLES IN JAPANESE MAGAZINES 2015 TO 2020

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Introduction and objectives:

The rate of sexless marriage has increased in Japan since 2000. One of the factors can be seen the couples dis-communication on their sex lives. In general, (dis-)communication is socially constructed, and media plays an important role in the process. This study attempts to clarify how Japanese media have contributed to the couples dis-communication.

Method and sample:

This study collects all the articles with “sexless” in the titles of major magazines from 2015 to 2020, from the archives of Oya-Soichi Library. The magazines are categorized as men’s, women’s, and all gender magazines, by the gender rate of the readers. The sample articles are 122 in total (76 articles from men’s magazines, 25 from women’s magazines, 21 from all gender magazines).

Findings and discussion:

In men’s magazines, the topic of sexless-ness is treated as a component of pornography, or as a joke making fun of some men. Many men’s magazines never deal with the topic of sexless couples. While many women’s magazines feature sexless couples, moreover in 2016 started publishing comics and novels on sexless couples, offering the readers the opportunities to consider this topic. These apparently different sexual representations in men’s and women’s magazines can be thought to impede communication between heterosexual couples on their sex life. All gender magazines have introduced evidenced comments of the sexology experts since 2016. Their advice has changed the way the people look at the topic of sexlessness, from a focus on simple sexual acts to a more holistic view of couple relationships.

Recommendations:

Today many media are still intentionally or consequentially divided into male and female ones, however we must pay attention that the division leads to misunderstandings and disconnections between the genders, hinders heterosexual couples from understanding each other in their sexual lives.

Category : 2. Social & Behavioral Sciences

**1196 - ON MOURNING AND SEXUALITY CONTRIBUTIONS ON TWO COMPLEX
MULTIDIMENSIONAL**

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This essay aims to address two subjects still seen with caveats in contemporary society, mainly occidental society. Focusing mainly on death, the work exploits life in sexuality and how these two main areas of research interact and integrate to contribute and elaborate grief and coexistence with it. A look at ritualization and the current aspects of the production / performance society, aiming to understand possible ends, including the end of sex as it was, are aspects of study in this work in which practical experiences are considered.

With the outbreak of COVID-19 grief has gained a special dimension and to have a look at pleasure in scenarios of crises, losses or at painful and conflicting processes, with means and resources that could contribute to the necessary one's life stages was the goal in this social and historic study.

Talking about education and guidance on ending, emotions and feelings, learning to name them in contexts still considered huge taboos – finitude and sexuality – is also at stake for understanding where these two objects appear as part of people's lives. Strange as they may seem, constitute the most certain and unavoidable events: ending and being born, finitude and libido, life drive.

So, between two poles and extremes, we are presented with rites, wheels of exchange in this respect, mediation of mourning and orgasmic experiences as crossing elements, among other experiences, not only of a collective nature, but also processes as a possibility of being individually conducted.

At some point, the very end of sex, as we know it, proved to be a pertinent object of current study, because the new generations are already totally “virtual” in the matter. How to deal, then, with the loss of touch, the real, other exchanges resulting from and typical of sexuality, the experience of pleasure, among others?

Category : 2. Social & Behavioral Sciences

1238 - ADDRESSING A NEED FOR SEXUAL WELLBEING ASSESSMENTS FOR PEOPLE WITH NEURODEVELOPMENTAL DISORDERS

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Introduction and Rationale

Healthcare professionals, government policy makers, caregivers, friends, and family, can unintentionally deprioritise and exclude people with disabilities from receiving support and education for sexual health and wellbeing. These topics are particularly neglected for children and adults with neurodevelopmental disorders. Therefore, people with neurodevelopmental disabilities are at a significantly increased risk of physical, psychological, and sexual abuse, and are less likely to report abuse. They are also under screened for sexual health infections and have high sexually related incarceration rates. Comprehensive support and education for sexual wellbeing is therefore required to improve people with neurodevelopmental disabilities' overall health and wellbeing.

Action and Population Group Concerned

It is critical that effective support for people with neurodevelopmental disorders contains an accurate knowledge and awareness assessment prior to intervention. However, existing tools are typically binary, gendered, heteronormative, not culturally inclusive, can cause unintended harm, and may negatively impact the therapeutic relationship. A passionate group of international researchers, health professionals, sexuality educators, and people with lived experience has been established. This group is conducting a multi-phase research project to address the need for relevant, valid, and reliable assessment tools.

Outcome

Numerous limitations and suggestions have been obtained throughout the investigative phase. Expert consensus results further indicate a demand for an up-to-date assessment tool/s alongside more resources and training. These results are being used to inform the remaining project phases.

Discussion and Recommendations

The development of an appropriate assessment tool for use in a supportive environment, will help healthcare professionals and educators to effectively and comprehensively assist people with neurodevelopmental disabilities. Adapting existing tools to be inclusive, relevant, valid, and reliable is vital, and feedback or input into the new assessment development is always welcome to further ensure an intersectional and accurate tool is designed.

Category : 2. Social & Behavioral Sciences

**1248 - “PROBABLY SHY OTHERWISE THEY WOULD BE MORE EXPERIENCED”
EXPLORING SEXUALLY EXPERIENCED ADULTS’ PERCEPTIONS OF SEXUAL
INEXPERIENCE IN EMERGING ADULTHOOD**

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An increasing number of studies are documenting the stigma encountered by sexually inexperienced emerging adults (SIEA). However, most have focused on the perspectives of the stigmatized population itself, and not how SIEA are perceived by others. This study addresses this gap by identifying perceptions of SIEA by sexually experienced adults, and by examining whether these perceptions vary by gender. The sample for this cross-sectional study was drawn from the VisaJe project, with data collected through an online questionnaire administered between October 2020 and June 2021. A total of 1409 sexually experienced participants completed the questionnaire (Mage = 28.52, SD = 8.39; 58.7% cisgender women). The questionnaire included open-ended questions regarding participants’ perceptions of SIEA. Latent class analyses (LCA) were conducted using MPlus 7.4 to identify distinct groups of individuals with different perceptions, and to determine whether group membership was associated with sociodemographic characteristics. Descriptive analyses revealed that “shy” was the most frequent attribute ascribed to SIEA by both sexually experienced men and women, and that approximately 20% of participants reported having no preconceived notions about SIEA. Focusing on descriptors identified by latent class of 10% or more of the sample for either men or women (e.g., shy, no preconceived idea, insecure, etc.), a LCA with a 5-class solution was retained. These classes differed in terms of demographic factors. The developmental and clinical implications of these findings will be discussed.

Category : 2. Social & Behavioral Sciences

1255 - MEASURING SEXUAL HEALTH AND WELLBEING EXPERIENCES ADAPTING A GLOBAL SEXUAL HEALTH SURVEY INSTRUMENT FOR USE IN KENYA

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Introduction and rationale

Efforts to improve sexual health and wellbeing are impeded by a lack of data on the broad domains of sexual health and wellbeing. The lack of data stems partly from the absence of a 'global' standard instrument that can be used to measure sexual health-related practices and behaviours in different contexts. To address this gap, the World Health Organization led a global initiative to develop a sexual health survey instrument that can be used in multiple setting. This paper focuses on our experiences adapting the tool in Kenya.

Project/population and settings

In Kenya, the study was implemented in three sites: Korogocho, Kileleshwa and Lari. Korogocho is an informal settlement in Nairobi that is characterized by pervasive poverty. Kileleshwa is an upper-middle-class residential neighbourhood in Nairobi. Lari is a sparsely populated rural community about 40 kilometers from Nairobi. We undertook forward and back-translations from English to Kiswahili (Kenya's national language), and cross-cultural cognitive interviews with a purposively selected sample of 21 male and 23 female participants. Participants included hard-to-reach populations such as sexual and gender minority groups, and people with disabilities.

Outcome

The rigorous translation approach coupled with two rounds of cognitive interviews resulted in a tool that can be used among Kiswahili speakers. However, translating phrases and words related to sexual practices from English to Swahili was complicated. Some English words and phrases used (e.g., spermicide) do not have direct corresponding translation in Kiswahili. In other instances, the Kiswahili words are considered taboo, offensive or embarrassing (e.g., 'punyeto' the direct translation of 'masturbate'). In such situations, the translators had to identify neutral words or had to translate by providing an explanation.

Discussion and recommendations

Our findings underscore the importance of investing in developing conceptually equivalent sexual health measurement tools that can be used in multiple settings.

Category : 2. Social & Behavioral Sciences

1259 - SHAMELESS PLEASURE NAVIGATING NORMS IN SEX EDUCATION ON INSTAGRAM

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Feminist critique has long exposed the deficiencies in formal sex education for women, which focuses heavily on sexual risks, negates the joyousness of sex, and ignores female pleasure. Moreover, it perpetuates white heteronormative culture, maintaining the gender binary, privileging male subjectivity and excluding women with intersecting identities. Informal sex education networks may prove more useful in accessing more diverse information. However, they are also limited by anecdotal and intergenerational messaging, and constrained by internalised cultural values and power structures. Sexual health experts who practise on Instagram lie at the nexus of formal and informal sex education, providing credible, evidence-based knowledge in an informal and accessible way that helps them relate to their online communities. The present study thus aims to understand how sexual health experts construct contemporary educational narratives on female sexuality for intersectionally diverse audiences on Instagram. A qualitative methodology was employed in the form of in-depth interviews with five sexual health experts and a thematic analysis. Previous research on the subject has privileged content analyses of sex-related feminist imagery on Instagram, therefore this study fills a gap in the literature. Guided by three concepts that recur in the literature on female sexuality narratives, namely sexual literacy, cultural sexual scripts and sex positivity, three main themes were identified: unlearn hegemonic sexual norms; get intimate with yourself; and become an agent of pleasure. The findings suggest a paradoxical uniqueness and universality to female sexuality and pleasure, expose the role that the experts' social positionality plays and reveal the need to include male sexuality narratives within the feminist paradigm if liberation from patriarchal oppression is to be possible. This research may inform sex educators who practise both in formal settings and digital spaces to consider how best to connect with diverse audiences and create more progressive and inclusive sexuality narratives.

Category : 2. Social & Behavioral Sciences

1268 - THE SEXUALITY OF YOUNG ADULTS IN JAPAN AUSTRIA GERMANY POLAND AND THE U.S.A WITH THE FOCUS ON SEXUAL FUNCTIONING FROM THE CROSS CULTURAL PERSPECTIVE.

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Introduction

Although there are studies on the sexuality of young adults in different countries, there is a paucity of multinational and cross-cultural comparative research on multifactorial analysis aiming at the sexual lifestyles and sexual functioning. The team of researchers decided to investigate the multidimensional sexuality of young adults in several countries, including Japan, Austria, Germany, Poland and the U.S.A.

Method(s) & Sampl

The online questionnaire focused on quantitative data has been prepared in several languages and is being administered. The project is continuation of previously conducted research in 2019 and based on the previous results the method has been reviewed and modified to fulfill the methodological criteria. The data is still being collected and it is expected to complete the data analysis and results in August/September 2023.

Results

This presentation aims at offering the results focused on FSFI and MSFI, which are the part of the project to be completed in 2024. Considering sexual function, preliminary results suggest Japanese women have lower FSFI scores than USA women, comparing averages, in all the domains including desire, arousal, lubrication, orgasm, satisfaction and pain. On the other hand, Japanese men have higher MSFI scores than USA men in most of the domains. Which factors impact these results in each country will be further analyzed. The final results will also include a comprehensive analysis of a large number of sexual phenomena among several countries mentioned above.

Conclusion & recommendations.

The Multinational Comparative Analysis in Sexuality of Young Adults including Japan, Austria, Germany, Poland and the U.S.A. project offers unique insights into very complex reality of sexuality in several countries and therefore will be helpful not only to better understand Euro-Asian-American sexual issues, but also it attempts at solving the puzzle of why young adults represent very different attitudes towards cross-cultural sexual environment, which forms the foundation of satisfactory sexual well-being.

Category : 2. Social & Behavioral Sciences

**1274 - NATIVE+ ADOLESCENTS WHO TRADE SEX PREVALENCE RATES AND
DISRUPTION STRATEGIES**

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Introduction/objectives: Historical and continued oppression of Native+ [self-identification as American Indian/Alaska Native (AIAN), AIAN and another race (+), Native Hawaiian/Pacific Islander (NHPI), and NHPI+] people contributes to disproportionate rates of youth sex trading and related negative outcomes. However, culturally-driven research is sparse. This study presents findings from a youth participatory action research (YPAR) project which include: prevalence rates of Native+ high school students who reported trading sex, qualitative assessment of socioecological context of sexual violence, exploitation, and sex trading, and identification of disruption strategies to improve prevention and intervention.

Method(s)/sample: Quantitative data come from the 2022 Minnesota Student Survey. Students self-reported grade, racial/ethnic identity, sexual orientation, gender identity, sex trading experience, and select health outcomes. The analytic sample included 2,045 Native+ 9th and 11th graders who answered the sex trading question. Disruption strategies for transformative change were identified through qualitative analysis from the YPAR team (N=8).

Results: Among Native+ youth, 4.3% reported trading sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else. Sex trading was highest among LGBTQ+2S Native+ adolescents (8.9%) compared to heterosexual cisgender girls (1.7%) and boys (1.6%). Additionally, 81% of Native+ LGBTQ+2S adolescents who traded sex reported having seriously considered suicide. Disruption strategies included, but were not limited to, decolonizing and revitalizing language and knowledge, promoting Native+ youth-led civic education and engagement, supporting basic resource access, and creating opportunities to grieve and heal.

Discussion/recommendations: Findings show that Native+ youth trade sex at higher rates than their peers and experience associated negative health outcomes. While socio-structural inequities and involvement in trading sex are closely related, disruption and prevention strategies should be rooted in community and youth vitality and strengths. It is critical to surface the wisdom of Native+ youth in developing culturally appropriate strategies to disrupt and prevent sexual exploitation.

Category : 2. Social & Behavioral Sciences

1287 - THE PENIS AND THE PHALLUS FROM THE ORIGINS TO THE EROSMART COLLECTION OF CONTEMPORARY EROTIC ART

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From the world of prehistory several images have come down to us with the penis as protagonist. Among them the bird-man of the caves of Lascaux in France, the stone phallus of Hohle Fels in Germany, the orgasmic man of Foz Coa in Portugal, the first coital intercourse found at Cueva de Los Casares in Spain. In the Greek and Roman world, three divinities are associated with the phallus: Priapus, Hermes and Pan. Priapus, whose name means “the thing that protrudes or is in front”, is a god with an immense member. Hermes, often confused with Priapus, is depicted on the so-called Herma, large phallic pillars. Pan, with animal features, refers to an aggressive and violent sexuality. In man the male organ can have two meanings, the biological one of genetic instinctuality and organic functionality and the psychic one of desire and erotic pleasure. In the transition from a physical and concrete reality to a reality made up of images and symbols, the penis acquires another dimension and becomes a figure of the mind: phallus, cock and winged erote penis. Sexuality, omnipresent in the contemporary world, sees in the penis - understood as an expression of man’s need to be and to desire - its absolute protagonist. The penis is present in the intellectual, narrative and artistic production of many artists. Among those to remember in this regard – Mapplerthorpe, Warhol, Louise Bourgeois, Tom of Finland, Cattelan and the contemporary artworks included in the Erosmart Collection of Erotic Art.

Category : 2. Social & Behavioral Sciences

1296 - SEXUAL DOUBLE STANDARDS IN THE POLISH FEMALE AND MALE POPULATION

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Sexual double standards (SDS) are social norms that impose a greater social stigma on women than on men, or that allow one gender more sexual liberty than the other. The aim of the study was to examine whether there are differences in Sexual Double Standard Scale (SDSS) within the Polish population across variables such as gender, age, place of living and education.

A nationwide, representative cross-sectional survey on the life and sexual health of Poles was used to present the results. The survey was conducted 06/2021 using an online questionnaire administered on a research panel. Results are presented based on SDSS, Cronbach’s alpha = 0.923. The scale consists of Double Standard for Sexual Freedom (IDS-SF), Double Standard for Sexual Shyness (IDS-SS) and Global Index for Sexual Double Standard (GI-SDS). In terms of gender differences, women scored higher on all three indices, which means that compared to men, they were more likely to support more sexual freedom for men ($p < 0.001$), more sexual shyness for women ($p < 0.001$), and overall, a higher double standard that is more favorable to men ($p < 0.001$). Older people were reporting lower levels of SDS. Statistically significant differences were found for the IDS_SS ($p < 0.001$) and GI_SDS ($p < 0.001$) scales. Those living in cities, reported lower levels of SDS. Statistically significant differences were found for the IDS_SF scale ($p = 0.008$) and GI_SDS ($p = 0.005$). Those with higher education declared lower SDSS levels on the GI-SDS and IDS-SF, with statistically significantly lower scores recorded for the IDS-SF subscale. Understanding which conditions are supportive of internalizing attitudes that promote gender equality is a primary aim. SDS have been proven to exist and have many negative effects, such as leading to confirmation bias and harming women’s health. However, it was shown that sex education can effectively reduce SDS in individuals.

Category : 2. Social & Behavioral Sciences

1313 - PERCEPTIONS OF DANGER AND IMPORTANCE OF CONSENT AMONGST BDSM PRACTITIONERS

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The negotiation of consent is essential for Bondage/Discipline, Dominance/submission, and Sadism/Masochism (BDSM) sexual practices. Due to the risks involved, the BDSM community has a concerted focus on consent negotiation - practitioners are held to high standards of behavioural conduct (Graham et al., 2015; Kaak, 2016; Pitagora, 2013; Williams, 2006). Graham et al. (2015) demonstrated that BDSM practitioners regard their community as a valuable educational space for consent and safety related topics. However, it is unclear whether consent is exercised only with potentially risky BDSM activities, or if these values hold constant in other sexual domains. It is also of interest to examine whether perceptions of risk and consent differ across BDSM role (e.g., Dominant, submissive, switch).

As part of a larger study on BDSM and consent, 428 self-identified BDSM practitioners (48% women, 38% men, 13% gender diverse; mean age = 33.06, SD = 10.7) completed an instrument which examined perceptions of harm and importance of consent for a variety of sexual behaviours. It was found that for both “Dominant” and “submissive” participants, likelihood and severity of harm were positively correlated ($r = 0.86$, $p < 0.001$ and $r = 0.78$, $p < 0.001$ respectively), however, neither were significantly associated with importance of consent. For individuals who identified as a “switch”, likelihood and severity of harm were both significantly associated with perceived importance of consent ($r = 0.22$, $p = 0.03$ and $r = 0.27$, $p = 0.009$ respectively). Likelihood and severity of harm predicted a non-significant amount of variance in consent for all groups. It appears that individuals within the BDSM community are acutely aware of the risks that certain behaviours pose, however, this knowledge is seemingly unrelated to how important explicit sexual consent is for the same behaviours. Future studies should examine the extent to which community/social pressures affect motivations for engaging in consent negotiation.

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1323 - WHY DO WOMEN SEEK HELP IN PELVIC PHYSICAL THERAPY PRACTICE

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Introduction: Many women with pelvic floor complaints experience different types of distress. It is unclear which complaints cause this distress and a lacking comprehensive overview thereof makes it difficult to understand the impact on women. This impact might vary and might be related to women's decision to seek professional help. Women with pelvic floor complaints also experience sexual functioning problems. Therefore, the research question in this study is: Which pelvic floor-related, sexual, or psychological factors predict help-seeking in pelvic physical therapy practice?

Method: Two mixed-method studies were performed for the purpose of theory development and the construction of a conceptual model of the pelvic floor complaint-related distress that women experience in their daily, social, and sexual functioning, and in their intimate relationships. In two other studies, women completed an online survey and an implicit association test to assess the predictive value for help-seeking of pelvic floor complaint severity, their level of sexual functioning, psychological burden, and implicit associations between pursuing help and sexual dysfunction. A new Pelvic Floor Complaint-related Psychological Burden Inventory was developed and the used Implicit Association Test was validated. In a separate survey, pelvic physical therapists scored how often they registered women's sexual and psychological distress.

Results: Pelvic floor complaint-related distress differed between women who did and did not seek help. A new valid and reliable psychological burden inventory and a reliable implicit association test about pursuing help for sexual dysfunction emerged. Pelvic floor complaint severity, psychological burden, and implicit associations were predictive of seeking help, but sexual functioning was not. Preliminary analyses show that pelvic physical therapists under-register women's psychological burden.

Discussion: Further research is needed to understand the full implications of these findings. Outcomes might help to better inform women, increase collaboration between different pelvic healthcare providers, and further optimize pelvic health in women.

Category : 2. Social & Behavioral Sciences

1324 - THE ROLE OF SEXUAL MOTIVATIONAL FACTORS IN HETEROSEXUAL MEN'S SEXUAL AGGRESSION PERPETRATION

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Introduction & objectives.

Although sexual aggression, especially as perpetrated by men towards women, is highly prevalent in society, the factors that contribute to sexually aggressive behavior are still poorly understood. Malamuth's Confluence Model of Sexual Aggression (CM) has been highly influential in research on predictors of sexual aggression. The model posits that two attitudinal constellations, Hostile Masculinity (HM) and Impersonal Sex (IS), are predictive of sexual aggression, especially if they co-occur. However, Impersonal Sex is a composite construct reflecting an impersonal attitude towards sex and engagement in casual sex. The latter, however, may be multidetermined and also reflect high sexual motivation. The current study examined and compared the value of incorporating sexual motivational factors, in particular sexual excitation and inhibition, into the Confluence Model.

Method(s) and Sample.

A convenience sample of 622 young (age M = 22.7, SD = 3.6), heterosexual men filled out an anonymous online set of questionnaires, including the Sexual Strategies Scales (SSS), the Sociosexual Orientation Inventory (SOI), the Auburn Differential Masculinity Inventory (ADMI), and the SIS/SES-Short Form.

Results.

Negative binomial models revealed that the combination of Hostile Masculinity with Sexual Excitation (SES) and Sexual Inhibition (SIS2) significantly predicted self-reported sexual aggression perpetration and provided a better fit to the data ($\Delta AIC=43$) than the combination of Hostile Masculinity and Impersonal Sex.

Conclusion & recommendations.

Hostile masculinity and individual differences in sexual arousability, specifically a combination of high sexual excitation and low sexual inhibition, were predictive of sexual aggression perpetration in this sample of young, heterosexual men. These findings indicate that sexual traits warrant more attention in the study of sexual aggression perpetration.

Category : 2. Social & Behavioral Sciences

1330 - EXPLORING THE FORMATION OF A KINK IDENTITY UTILISING CASS'S MODEL OF DEVELOPMENT

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Introduction and Objective

There is a dearth of knowledge on of kink identity formation and the “coming-out” process. Kink is defined as ‘unconventional’ sensual, erotic or sexual behaviour or fantasy, which may promote emotional intimacy and connection, intensify sexual experiences and/or provide erotic energy. Kinks are culturally bound. A review of Cass’s model and its applicability to minority groups, along with a review of the research on kink/fetish, identity development and the disclosure process was undertaken.

Method and Sample

This ethnographic-informed, qualitative inquiry explored ‘kinksters’ identity formation with Cass’s Model of Identity Formation as a framework. Eleven Australian kinksters undertook semi-structured in-depth interviews. Data were examined using thematic analysis.

Results

A person’s environment, reactions from others when disclosing, and minority stress, were found to influence a person’s formation, acceptance and/or rejection of identity. Kinksters may engage in concurrent formation processes for different kinks. Cass’s model was not linear, with stages engaged concurrently, skipped or re-visited. Technology altered aspects of the formation experience. Engagement with kink was pivotal to identity acceptance. Acceptance prompted positive emotional states, confidence, empowerment, facilitated disclosures to sexual partners and psychological wellbeing. In contrast to Cass’s model, integration of identity did not necessitate kinkster-identity becoming public. Kinkster disclosures after synthesis continued to be mediated by minority stress, fear of discrimination and personal values, such as viewing sexual acts as private.

Discussion

Cass’s model has utility for kinksters identity formation. Kinkster identity formation mirrored the model and highlighted the non-linearity of the model with participants engaged at multiple steps. Therapists and health professionals play a significant role in assisting kinksters to affirm their identity, navigate self-/stigma and support in the disclosure process. To date therapists’ lack of knowledge has hindered their ability to support kinksters. These findings will enhance therapists’ capacity to work effectively in this space.

Category : 2. Social & Behavioral Sciences

1334 - WANT AND SEXUAL CONSENT CONCEPTUALLY DISTINCT BUT CAN STUDENTS PERCEIVE A DIFFERENCE

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Background: In 2007, Peterson and Muehlenhard suggested that while sexual consent and want/desire typically go hand-in-hand in most non-coercive sexual encounters, the two should be understood as separate concepts for both research and education. There are situations where people want or desire to have sex, but do not consent to it, as well as situations where individuals consent to have sex that they don't necessarily want in the moment. Prior to this theoretical paper, most of the literature (and the general public) conflated the two concepts. Peterson and Muehlenhard (2007) qualitatively documented numerous sexual situations and motivations that highlight this conceptual distinction. While participants might be able to come up with situations that illustrate the separation, can they reliably distinguish between the two concepts experimentally? This distinction is relevant because only one of the two concepts – sexual consent – is grounds for determining the legality of sexual encounters.

Method: The present study is a cross sectional, experimental design using four vignettes that manipulated the presence or absence of consent and want/desire in a sexual encounter. Participants complete an online survey in which they are randomly assigned to read one of four vignettes and respond to questions asking the level of 'consent' and 'want' they perceive in the scenario. They also assess levels of 'acceptability' and perceived levels of sexual coercion in the vignettes. The sample was recruited from an Ontario university, MTurk (restricted to Canadians) and social media.

Results: Preliminary evidence using one-way ANOVA analyses (and Tukey HSD post-hoc testing) demonstrates that participants can clearly distinguish between all four vignettes when perceiving levels of want and consent. Perceptions are less clear when only one of 'want or consent' are present and the other is absent. Perceptions of acceptability most closely resemble perceptions of consent (versus want). This suggests that participants are more often using their assessment of consent to judge the acceptability of sexual situations. Separate analyses for each sample, support the findings of the combined sample.

Discussion: The implications are promising since consent is the legal bar for assessing sexual coercion and assault. This is the first study to experimentally manipulate want and consent to examine perceptions.

Category : 2. Social & Behavioral Sciences

1344 - EVALUATION OF SEXUAL QUALITY OF LIFE IN FEMALE PATIENTS FOLLOWED UP IN CONSULTATION LIAISON PSYCHIATRY

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Introduction: Physical factors such as bodily changes, diseases, and medical interventions have notable roles in sexual life. Along with physical deterioration, a considerable amount of patients show somatization, which leads to a constant focus on their body, beyond the objective effects of the illness. Although the relationship between depression and anxiety has been widely shown, not much research has focused on the role of somatization on sexuality in medically ill. We investigated the relationship between psychological features and sexuality in patients who are followed-up in a specialized outpatient unit due to their psychological problems related to medical illness.

Method: Female patients who were followed-up in the Consultation-Liaison Psychiatry (CLP) unit at Istanbul University Faculty of Medicine were included. Sexual Quality of Life Questionnaire-Female (SQLQ-F) and Patient Health Questionnaire-SADS (PHQ-SADS) were applied. Analyses were conducted using descriptive statistics, the Kruskal-Wallis test, and the Pearson correlation.

Results: The mean age of the participants (n=79) was 47.63 ± 11.98 . Participants were referred from neurology (n=26, 32.9%), dermatology (n=20, 25.3%), internal medicine (n=17, 21.5%), physical medicine and rehabilitation/algology (n=14, 17.7%), and other disciplines (n=2, 2.5%). The mean duration of physical illness was 9.08 ± 8.65 years, and CLP follow-up was 4.04 ± 4.53 years. Psychiatric diagnoses were grouped as depressive disorders (n=39, 49.4%), somatic symptom disorders (n=39, 36.7%), and anxiety disorders (n=10, 12.7%). SQL scores were negatively correlated with somatization ($r = -0.260$; $p = 0.021$) and age ($r = -0.339$; $p = 0.002$) but not with depressive scores ($p = 0.500$); anxiety scores ($p = 0.262$); the duration of physical illness ($p = 0.587$) or CLP follow-up ($p = 0.970$); psychiatric diagnosis ($p = 0.724$) or referring discipline ($p = 0.347$).

Discussion: In medically ill patients, sexual problems may be related to the direct effects of medical problems or psychological status secondary to medical illness. Our results reveal that SQL in medically ill patients is related to somatization rather than other psychiatric symptoms and indicate the importance of evaluating sexuality regardless of patients' diagnoses and duration of illness, but related to their level of somatization and increased age.

Category : 2. Social & Behavioral Sciences

1379 - SEXUAL BEHAVIORS OF 14 16 YEAR OLD TRANSGENDER BOYS AND OTHER GENDER DIVERSE YOUTH ASSIGNED FEMALE AT BIRTH IN THE UNITED STATES

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Objective: The paucity of data about the sexual experiences of gender diverse youth assigned female at birth is hampering the development of gender-inclusive sexual health programming.

Methods: 4,687 14-16-year-olds were surveyed online across the US between June 2018 – March 2020.

Results: 808 youth, 17% of the sample, were assigned female at birth (AFAB) and identified as a transgender boy (n=51) or with another gender diverse (i.e., non-binary, unsure, or other (write in) gender; n=757) identity. These youth reported an average of 4.5 lifetime sexual partners, and 1.7 past-year sexual partners. Rates of penile-vaginal sex were lower for trans boys and other gender diverse AFAB youth (14%) compared to youth of other genders (i.e., cisgender youth and gender diverse youth assigned male at birth, 17%; p=0.09); as were rates of penile-anal sex, which were reported by 6% of trans boys and other gender diverse AFAB youth compared to 9% by youth of other genders (p<0.007). Nonetheless, only 37% of trans boys and other gender diverse AFAB youth used a condom at last penile-anal or -vaginal sex; just under one in three (30%) said they never use a condom when they have sex. On average, trans boys and other gender diverse AFAB boys who had had penile-anal sex did so for the first time when they were 13.9 years of age. Half (56%) said their sexual partner was more than one year older.

Discussion/conclusion/implications: Although overall rates of sex are lower, a relatively high number of trans youth have had sex for the first time under the age of 14 years and have older partners – both of which may be contributing to lower than optimal condom use behaviors. As with cisgender youth, trans boys and other gender diverse AFAB youth need to be engaged in affirming and inclusive sexual health education.

Category : 2. Social & Behavioral Sciences

1380 - SEXUAL HEALTH BEHAVIORS OF 14 16 YEAR OLD TRANSGENDER GIRLS AND OTHER GENDER DIVERSE YOUTH ASSIGNED MALE AT BIRTH IN THE UNITED STATES

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Objective: To address the gap in research contextualizing the sexual behaviors of trans youth assigned male at birth.

Methods: 4,687 14-16 year-olds were surveyed online across the US between June 2018 – March 2020.

Results: 122 youth, 2.6% of the sample, were assigned male sex at birth (AMAB) and identified as a transgender girl (n=47) or with another gender diverse identity (i.e., non-binary, unsure, other (write in); n=75). These youth reported an average of 2.8 lifetime sexual partners, and 1.2 past-year sexual partners. Although rates of penile-vaginal sex were similar for trans girls and other AMAB gender diverse youth (16%) compared to youth of other genders (i.e., cisgender boys, cisgender girls, and transgender and gender diverse youth assigned female at birth; 16%), rates of penile-anal sex were higher (22%) compared to youth of other genders (8%; $p < 0.001$). At the same time, 30% of trans girls and other gender diverse AMAB youth did not use a condom at last penile-anal or -vaginal sex. On average, trans girls and other gender diverse AMAB youth who had had penile-anal sex did so for the first time when they were 13.5 years of age. 44% said their sexual partner was more than one year older.

Discussion/conclusion/implications: Some trans girls and other gender diverse AMAB youth are having sex for the first time before they are 14 years of age, and some have older partners – both of which may make it difficult to affect preventive behaviors, including condom use. That these 14-16 year old trans youth had an average of just over 1 sexual partner in the past year suggests that high school age is an important time to provide gender inclusive sexual health information so that we can arm youth with the skills necessary to reduce their risk for HIV and other STI acquisition.

Category : 2. Social & Behavioral Sciences

1387 - LEY LINES ENERGY CENTERS AND PSYCHEDELIC ORGASMS

Tara Galeano¹

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Introduction and Objectives:

Ley lines are energy centers on the earth. Literally, ley lines are centers of energy on the earth where light is spinning; oftentimes referred to as vortexes. Ancient peoples knew about this energy and many sacred sites across the globe are built on ley lines, such as the Great Pyramids, Stonehenge, etc. We too have energy centers in our body. We will explore the historical perspective of ley lines, the ancient origin of these earth energy centers, and how they correspond to the energy centers in our bodies based on modern science. We will conclude with how when both the earth energy centers and the human ones are in alignment there can be an amplification of the energy through sacred sexuality.

Target Audience: General audience

Learning Objective: To provide a basic understanding of the historical perspective of ley lines; to teach the energy centers of the body from the perspective of both ancient traditions and modern science; and how the potential for psychedelic cervix orgasms can be experienced through sacred sexuality.

Approach/Teaching Methods: Lecture

Brief Description of workshop leader: Author Tara Galeano is a certified sex therapist who has worked with women and couples for over two decades. She knows that there is pleasure in the body, beyond our wildest dreams, and everyone can access it. In her book “Rediscovering My Body”, Tara teaches how to show up for pleasure, how best to proceed from this wisdom, and most importantly, how to transform your life through reclaiming your sensuality. She offers unique couple’s retreats and ceremonial, sensual journeys that open doors to more intimacy with oneself and others.

Findings and Discussions:

Based on the work of researcher Dan Shaw, physicist Claude Swanson, and geneticist Mae-Wan Ho, ley lines provide a grid of the earth’s energy. In these ancient sites, like the corridors of Mesa Verde, the megalithic temples of Malta, and New Grange in Ireland, the solstice sun lights up these spaces. In these cultures, the goddess was present in these cultures and sacred sexuality was practiced. The solar energy penetrated the cavern of the stone, that lead to a internal womb area where ritual was conducted, a space native North Americans would call a “kiva”. The ritual site was often for sacred sexuality.

Pairing the ley lines of the earth with the energy of the body resulted in amplification of the energy centers of both. Ancient people knew this. In Gobekli tepe in Turkey, people gathered together for sacred sexuality to access higher consciousness over 9500 years ago.

We’ll explore how activating the energy centers in the body by placing awareness on each chakra using “open focus” can induce a psychedelic state that releases endogenous DMT.

Sources/References: Rainbow & The Worm, Mae-Wan Ho; The Torsion Field & The Aura, Claude Swanson; Biophoton interaction in biological systems: evidence of photonics info-energy transfer, Katherine Creath, et al

Category : 2. Social & Behavioral Sciences

1391 - WHAT ROLE DOES COLOURISM PLAY IN HOW BLACK WOMEN ACCESS SEXUAL AND REPRODUCTIVE HEALTH CARE IN THE UK

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Colourism is discrimination towards a person or group of people based on how light or dark their skin colour is perceived to be. The discriminatory essence of colourism is rooted in the belief and practise of white supremacy which is the belief, theory, or doctrine that white people are inherently superior to people from all other racial and ethnic groups, especially Black people, and are therefore rightfully the dominant group in any society. The conversation about colourism is ever-present across communities and cultures globally, however, the dominant narrative typically focuses on the experiences of those who identify as mixed heritage or biracial.

Through using a qualitative methodology this presentation seeks to explore how Black women in the UK experience sexual and reproductive health care and to what extent colourism features as an issue within how care is delivered, received and advocated for. Within this exploration, colourism has been identified as a critical area of inquiry due to the notions of privilege and power that surround whiteness alongside the concepts of what is seen as a 'typical' patient. It is vital to understand and explore how biases linked to colourism impact how Black women experience care, provide care and advocate for care within the sphere of sexual and reproductive healthcare provision in the UK. There is a need to further understand how these experiences present and impact Black women in the hope of providing solutions to address the problem long term.

Category : 2. Social & Behavioral Sciences

1410 - THE INFLUENCE OF SEXUAL ACTIVITY ON SLEEP A DIARY STUDY

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Aiming to promote overall health and well-being through sleep, the present studies examine to what extent sexual activity serves as a behavioural mechanism to improve sleep. The relation between sexual activity, i.e., partnered sex and masturbation with or without orgasm, and subjective sleep latency and sleep quality is examined by means of a cross-sectional and a longitudinal (diary) study. Two hundred fifty-six male and female participants, mainly students, completed a pre-test set of questionnaires and, thereafter, a diary during 14 consecutive days. The cross-sectional study was analysed using analysis of covariance and demonstrated that both men and women perceive partnered sex and masturbation with orgasm to improve sleep latency and sleep quality, while sexual activity without orgasm is perceived to exert negative effects on these sleep parameters, most strongly by men. Accounting for the repeated measurements being nested within participants, the diary data were analysed using multilevel linear modelling (MLM). Separate models for subjective sleep latency and sleep quality were constructed, which included 2076 cases at level 1, nested within 159 participants at level 2. The analyses revealed that only partnered sex with orgasm was associated with a significantly reduced sleep latency ($b = -0.08$, $p < 0.002$) and increased sleep quality ($b = 0.19$, $p < 0.046$). Sexual activity without orgasm and masturbation with and without orgasm were not associated with changes in sleep. Further, no gender differences emerged. The present studies confirm and significantly substantiate findings indicating that sexual activity and intimacy may improve sleep and overall well-being in both men and women and serve as a directive for future research.

Category : 2. Social & Behavioral Sciences

1419 - CONCEPTUAL BACKGROUND AND PSYCHOMETRIC PROPERTIES OF A SEXUAL PLEASURE MEASURE

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Introduction and objectives: The Amsterdam Sexual Pleasure Inventory (ASPI 1.0) is a revised self-report battery based on a recently proposed conceptual framework of sexual pleasure. It is designed to measure multiple domains of state and trait sexual pleasure in diverse gender, sex, and relationship populations. We will present the ASPI's conceptual background and psychometric properties.

Method(s) and sample: The conceptual background is based on a narrative review of the theoretical and empirical literature integrating theories of basic rewards, sexual motivation, sexual response, affect, and personality with the literature on sexual pleasure. Psychometric analyses are based on a quantitative (n = 706) and qualitative online convenience sample (n = 637) collected using a cross-sectional multi-method design targeting the general (German-speaking) population.

Results: The conceptual background differentiates between state and trait sexual pleasure across five reward facets. The respective 5-factor exploratory structural equation models showed good structural validity evidence and were measurement invariant across male and female and sexually functional-scoring and dysfunctional-scoring participants. Principal component analyses of two general exploratory index-scales showed acceptable structural validity evidence. All scales, except those of one facet, showed acceptable to very good internal consistency according to coefficient omega. Overall, the ASPI showed good construct validity evidence in terms of convergent and discriminant associations with sexological and psychological constructs and differences between known-groups. According to participants, items were understood as intended and covered relevant facets of sexual pleasure. Limitations and potential for improvement of the questionnaire will be discussed.

Discussion and recommendations: The conceptual background of the ASPI puts pleasure central to sexual response and function and may aid to understand what rewarding aspects make sex pleasurable. The ASPI might shed light on individual differences in the experience of sexual pleasure and help understand and close sexual pleasure gaps.

Category : 3. Clinical Sciences & Therapy

1014 - FROM PAIN TO PLEASURE COGNITIVE BEHAVIORAL TECHNIQUES AND LOW SEXUAL DESIRE

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Cognitive-behavioral therapy (CBT) is a well-established form of psychotherapy that has been found to be effective in treating a range of mental health conditions, including sexual dysfunctions such as low sexual desire. CBT can also be used to address sexual difficulties related to psychological conditions, such as depression or sexual trauma. These problems can have significant impacts on individuals' relationships, self-esteem, and overall quality of life. CBT approaches are based on the idea that negative thoughts, beliefs, and behaviors can contribute to the development and maintenance of sexual problems, like low desire. By challenging these negative thoughts and beliefs, and replacing them with more positive and realistic ones, individuals can learn to overcome their sexual difficulties. A study published in the Journal of Sexual Medicine found that CBT was effective in improving sexual desire and arousal in women with Hypoactive Sexual Desire Disorder. A recent meta-analysis of 17 studies found that CBT was effective in improving sexual satisfaction and reducing sexual pain in women. This project explores the impact of CBT techniques on individuals with low sexual desire issues. Central to this study is a short questionnaire that deals with sexual attitudes, emotions, and the capacity to explore pleasure. Self-reported data was obtained from 130 couples, in newly and long-term relationships, mostly American white (70%), ranging in age from 25 to 65 years old. Primary attention was focused on how females and males thought about sexual pleasure, and the impact that it had on their sex life and sexual satisfaction. These findings are consistent with a larger body of research that suggests CBT can be an effective treatment for various sexual difficulties, including low sexual desire. The findings led to the conclusion that; CBT approaches can play a significant role in treating lack or low sexual desire.

Category : 3. Clinical Sciences & Therapy

1015 - THE EFFECTIVE NAVIGATION OF SEXUAL BOUNDARIES IN THE PROFESSIONAL RELATIONSHIP

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Introduction and objectives: Although sexual violence is considered an important social problem, little is known about sexual boundary violations within professional relationships. Especially problematic is the general lack of training for professionals on how to recognize and manage the sexual dynamics in the relationship with clients. The objective of the study was to: (1) offer a portrait of cases of sexual misconduct in the province of Quebec (Canada) and their management by professional licensing and regulating bodies; and (2) provide concrete solutions for the prevention of sexual misconduct.

Methods and sample: A search of all published disciplinary decisions between January 1998 and December 2020 on the CANLII and SOQUIJ legal internet databases yielded 296 cases of sexual misconduct. The search was conducted using the key words “sex”, “misconduct”, “59.1” and “59.2” (the two articles of the Professional code regulating sexual misconduct). Cases included 248 male and 48 female members of 22 professional orders. Descriptive and correlational analyses were conducted.

Results: Cases of sexual misconduct concerned male (83.3%) and female (16.2%) professionals, mostly from general (66.9%) and mental (31.4%) health professions. The mean number of years of practice of professionals targeted by complaints of sexual misconduct was 16.66 years (SD = 11.2). Victims were mostly adult females (74.3%). Acts of sexual misconduct mainly took the form of sexual intercourse (47.9%) and sexual touching (30.1%), and occurred during consultations (76.7 %). The delay of treatment of cases was on average 638.3 days (SD = 528.84, n = 279). In 92.0% of cases, professionals were found guilty of at least one count of sexual misconduct. Of those, two thirds (66.2%) eventually re-entered practice.

Conclusion and recommendations: Findings will be used as a base to provide professionals with effective solutions for navigating the sexual dynamics and boundaries of the relationship with clients.

Category : 3. Clinical Sciences & Therapy

1080 - CONSEQUENCE OF PORNOGRAPHY USE IN A MEXICAN AND SPANISH SAMPLE

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Introduction & objectives: Pornography use has proliferated in recent years among adolescents. It has become a common practice to explore sexuality. The use of pornography is related to different variables such as sociocultural aspects, which is why it will be of interest to distinguish the differences between Spanish-speaking populations and the impact of pornography. We aimed to understand cross-cultural differences in the development of Problematic Pornography Use (PPU) in Spain and Mexico.

Methods and sample: Using a cross-sectional sample of Mexico and Spain aged 12-18 years (N=1810) we examined the relationship between sociodemographic variables (age, sex, sexual orientation, and familiar relationships) loneliness, sexual risk behaviors and religiousness with the development of PPU and the cultural differences between the two Spanish Speaking populations.

Results: Mexican adolescents show higher levels of loneliness and greater religiosity. Spanish participants showed more significant scores in the use and problematic use of pornography. Males were more likely to use pornography in both samples. In the Spanish sample, pornography use is a mediator of risky sexual behaviors, with this association being greater in males, older and with a non-heterosexual orientation. Non-use of condoms is directly predicted by older age, poor family relationships, low religiosity and a higher frequency of pornography use.

Conclusion & recommendation: Cultural differences in the behavior of the variables in the different samples (Spanish and Mexican) are observed, the clinical implications of these socio-cultural factors for the attention of these variables in the different spanish-speaking cultures are discussed. It will be of interest to further explore in depth the sociocultural variables in these populations.

Category : 3. Clinical Sciences & Therapy

1093 - A DYADIC APPROACH TO WOMEN'S SOLO MASTURBATION

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Introduction: Women's masturbation is likely influenced by her own and her partner's assumptions and expectations about how one should behave sexually when in a relationship. While research on women's masturbation has increased, we still know little about mutual partner influences related to experiences of, and attitudes toward, women's solo masturbation, especially among couples.

Aims: The primary aim of this study was to assess similarities and differences in overall attitudes toward women's solo masturbation between partners and whether these are associated with recency of women's solo masturbation. A secondary aim was to explore both partners' solo masturbation recency and associations with sexual satisfaction and sexual self-esteem.

Method: One hundred and five mixed-sex couples ($M = 27.62$ years), recruited through social networking websites and Prolific, completed an online survey about their experiences of solo and partnered sex and validated measures of attitudes about women's masturbation, sexual satisfaction, and sexual self-esteem. Dyadic data were analyzed using correlational methods and APIM via multilevel modelling.

Results: Solo masturbation was a common sexual behavior, although more so among men than women, both lifetime and within the past week. Women and their partners reported similar and positive attitudes about women's solo masturbation. There was no association between partners' similarity in attitudes and women's solo masturbation recency. Reporting solo masturbation within the past week was not associated with sexual satisfaction or sexual self-esteem, for either partner.

Conclusions: Solo masturbation within romantic relationships is complex but our findings support the idea that women's masturbation is now less stigmatized than commonly thought. Normalizing solo sex and including masturbation in the sexual script while in relationships may help maximize one's own, and one's partner's, sexual pleasure.

Category : 3. Clinical Sciences & Therapy

1094 - THE ROLE OF MUTUAL MASTURBATION WITHIN RELATIONSHIPS

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Introduction: Research on masturbation as a solitary sexual activity has increased but very little is known about mutual masturbation. However, incorporating sexual activities with clitoral stimulation, like mutual masturbation, into partnered sex could enhance mutual pleasure within romantic relationships, and could contribute to closing the well-established “orgasm gap”. The aim of this study was to explore feelings about, and experiences with, mutual masturbation and to investigate any associations between recent mutual masturbation and sexual satisfaction and sexual self-esteem.

Method: 117 women and 151 men (Mage = 29.7 years), all in current relationships, completed an online survey covering experiences of solo and partnered sexual activities, feelings about mutual masturbation, feelings about partner’s masturbation, and validated scales assessing sexual satisfaction and sexual self-esteem. Data were analyzed using simple and multiple linear regressions.

Results: 53.8% of women and 48.3% of men reported mutual masturbation within the past two weeks ($p > 0.05$). Although men reported significantly higher positive feelings about mutual masturbation than women, both women and men reported more positive than negative feelings. When considering their partner’s masturbation experience, “happy”, “good”, and “healthy” were the most frequently reported feelings. For both women and men, recent mutual masturbation was independently positively associated with sexual satisfaction but not with sexual self-esteem.

Conclusions: Sexuality does not have to follow traditional sexual scripts and broadening one’s sexual repertoire with mutual masturbation can create diverse sexual opportunities with a partner that may uncover new pleasures. Sex and couple therapists can recommend mutual masturbation to enhance sexual satisfaction after exploring personal feelings and values about solo and partnered masturbation.

Category : 3. Clinical Sciences & Therapy

1136 - LONGITUDINAL ASSOCIATIONS BETWEEN CHILDHOOD MALTREATMENT AND SEXUAL MOTIVATION IN COUPLES

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Childhood maltreatment (CM) has been linked to negative sexual outcomes in adulthood including sexual avoidance or compulsion, lower sexual satisfaction and higher sexual distress – primarily via cross-sectional studies among individuals (Bergeron et al., 2022). However, the extent to which CM is associated prospectively with differences in couples' sexual motivation orientations—the degree to which sexual behaviors are self-determined—has not been empirically examined, despite their contribution to sexual health and well-being (Gravel et al., 2020). Yet, self-determination theory posits that experiences of CM may inform motivation orientations by thwarting the fulfillment of basic psychological needs (BPN) for autonomy, competence, and relatedness (Vansteenkiste & Ryan, 2013). The present study examined the associations between CM and sexual motivation orientations (i.e., intrinsic, integrated, identified, introjected, external, amotivation) from a dyadic perspective, using autonomy, competence, and relatedness as potential mediators. Self-report data from 333 couples (51.2% women, M = 32.64 years, SD = 9.59) over three time points were analyzed using actor-partner interdependence mediation models. Overall, results revealed that participants' CM at Time 1 was linked with higher non-self-determined sexual motivation orientations at Time 3 through lower BPN satisfaction at Time 2. Specifically, participants' own autonomy and relatedness was negatively associated with amotivation. Moreover, autonomy was negatively associated with non-self-determined sexual motivation (i.e., external and introjected), while competency and relatedness were positively linked to more self-determined sexual motivation orientations, albeit still of an extrinsic nature (i.e., identified and integrated). In addition, participants' own experiences of childhood maltreatment were associated with their partners' lower levels of self-determined sexual motivation orientations (i.e., integrated and identified) through the partners' lower relatedness. These findings shed light on the interplay between psychological and sexual motivations in couples and suggest that interventions targeting basic psychological needs among individuals who have experienced CM may promote their self-determined sexual motivation orientations.

Category : 3. Clinical Sciences & Therapy

1161 - PREVALENCE OF HUMAN PAPILOMAVIRUSES IN A 5 YEAR COHORT IN COLOMBIA

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Introduction; cervical cancer is one of the leading causes of death among women worldwide despite being a preventable diagnosis through immunization and treatable at all stages through early detection. Human papillomaviruses (HPV) are a group of more than 200 related viruses and some of these are transmitted through vaginal, anal or oral sex. There are two groups of sexually transmitted HPV: low risk and high risk. Epidemiological surveillance systems report those related to cervical cancer.

Objective: This study presents genotyping in a 5-year cohort in 54 centers distributed throughout Colombia.

Methodology: a descriptive cross-sectional study was developed, which includes the results of HPV typing during 5 years.

Results: In total, results from 64960 tests performed on women between 16 and 87 years of age throughout Colombia were included. The results show 22% (14308) positive results for HPV. 16% (2012) belong to genotype 65,59,66; genotype 16 was found in 13.6% (1909) genotypes 35, 36, 39 were found in 12.2% of the samples.

Conclusion and discussion. despite immunization efforts, there is still a high circulation of high-risk genotypes and it is necessary to review the effectiveness of vaccination in the territory. is service.

Category : 3. Clinical Sciences & Therapy

1204 - BRIDGING THE GAP BETWEEN THERAPISTS AND SEX WORKERS TO SUPPORT THE SEXUAL AND EDUCATIONAL NEEDS OF THEIR CLIENTS

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Introduction & rationale

An emerging body of work, specifically situated within the disability sector, has begun to explore positive therapeutic alliances between Allied Health services and sex workers to support their clients' psychosexual and educational needs. This presentation draws from empirical evidence derived from a number of recent research studies in Australia and the professional lived experience of the author. In her capacity as a sex worker working with clients with disability, she has worked in conjunction with numerous psychologists, sex therapists, counsellors and doctors to support the individual needs of their mutual clients.

Project / Population and settings

This discussion is situated in Australia where sex work is a legally recognised occupation. This allows for open and frank discussions and the ability for multi-disciplinary support to be provided to support peoples' psychosexual and educational needs.

Outcome

Sex workers provide a range of services outside of - or in addition to - the stereotypical sexual activity that mainstream society assumes to occur. A range of additional roles have been identified that sex workers offer, including sexual functioning assessments; educational opportunities; assistance within rehabilitation programs and end-of-life companionship. An emerging role involves supporting individuals to 'test run' different sexual aids – something that therapists are not able to provide. This not only takes into consideration the dexterity and mobility of a person when fully clothed, but factors in how their naked body reacts to the shape, weight, feel and movements of each sex toy before purchase.

Discussion & recommendations

Shifting pre-conceived ideas and prejudices about what sex workers can offer clients, and acknowledging these additional roles, may support more Allied Health practitioners to explore working in partnership with sex workers. This in turn can offer additional opportunities for clients to expand their sexual growth and development in a safe and supportive environment

Category : 3. Clinical Sciences & Therapy
1206 - THE SERIE PREVENTION PROJECT

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Prevention Project SeriE (2018–2023) provides support for clients in Finland who experience sexual or romantic interest in children. Professional counselling and consultation for social and health care professionals are provided within the project. Additionally, the project offers support for people who are concerned about their friend's, partner's, or family member's sexual preferences or behaviour towards children. SeriE services are free of charge.

SeriE support services help clients discover ways of living good and fulfilling lives without violating anyone's boundaries. Services are tailored to meet each client's individual needs and circumstances. The aim is to increase well-being and develop life management skills, and thus reduce the risk of committing a crime. Providing accurate information will reduce stigma and encourage potential offenders to seek support.

In 2022 the service met 74 clients between the ages of 17 and 67. Most of our clients are between the ages of 21 and 29. 95,45% of our clients define themselves as men and 4,55%. Managing a life as a pedophile and the concern of committing a sexual offence are the most common reasons for seeking support. 74% of our clients have had or currently have self-destructive thoughts or attempts. To measure the impact of our programme the clients fill in a form after every appointment. 89% of our clients evaluate that their risk to commit a sexual offence has decreased and 89% of clients evaluate that their wellbeing has increased.

The project is funded by STEA and the Ministry of Justice in Finland. Supportive services are provided in Finnish, Swedish and English.

Category : 3. Clinical Sciences & Therapy

1223 - INNOVATIVE PHYSIOTHERAPY FOR OVERCOMING THE SEXUAL SIDE EFFECTS OF PROSTATE SURGERY

*Helen Shaw*¹

My Sexual Health, Physiotherapy, Cape Town-South Africa ¹

A substantial improvement of the sexual side effect of prostatectomy surgery can be achieved with innovative rehabilitation tools. These include improved understanding of the impact of cancer and contributing to the adjustments needed to achieve a “new normal” in sexual functioning.

Erectile dysfunction, of varying degrees, is a primary side effect. It is experienced as major loss. Other effects are climacturia, loss of ejaculation, diminished sensation, shortening of penile length, loss of fertility and lack of libido. These disturbances may be due to radiation, hormonal therapy and/or surgery. The umbrella covering all of these effects is often depression.

Sexual rehabilitation includes the learning of the ability to have orgasms without erections. This is known as outercourse. In this way maximum use is made of the excitation of nerve endings and the firing up of muscles in the genitalia. This greatly enhances the rehabilitation of erections where the Cavernosal nerves have been partially or fully spared. In non nerve sparing surgery, this technique is used as an alternate form of sexual intimacy. Partner participation is always encouraged

A diagnosis of prostate cancer is a hard roller coaster ride. It is important to enable the individual or couple to mourn the loss of abilities and to invite them to adjust their ideals and perceptions of sexuality in order to obtain sexual satisfaction in line with what is realistically possible. Being able to help men limit the consequences of surgery and to return to a sense of manhood is both my privilege and my passion.

Category : 3. Clinical Sciences & Therapy

1224 - SYSTEMATIC REVIEW ON EFFECTIVE INTERVENTIONS IN PROBLEMATIC USE OF PORNOGRAPHY

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Introduction: Currently there is no empirical research with rigorous methodologies that analyses the different interventions for compulsive sexual behaviours and the problematic use of pornography. This systematic review analyses and describes the efficacy of the treatments implemented to reduce hypersexual behaviour. **Method:** In the Web of Science, PsycINFO and PubMed databases, uncontrolled trials, randomized clinical trials and single case designs were retrieved from 1995 to 2022, which report on interventional efficacy, using the narrative synthesis model to synthesize and analyse information. **Results:** Twenty studies accomplished the inclusion criteria. Five types of intervention were observed: multimodal psychological therapy, cognitive behavioural, acceptance and commitment, twelve steps and medical treatment, where the most used was with a low multimodal approach. All therapies were effective in reducing sexually problematic behaviours. **Conclusions:** All the interventions in this systematic review prove to be effective in reducing dysfunctional sexual behaviours, however, it is not possible to compare most of these studies due to the heterogeneity of their elements (conceptualization, terminological criteria, methodology, sample and theoretical therapeutic approaches). Consequently, solid generalizable evidence cannot be inferred, therefore, this present work analyses and, at the same time, describes these implemented interventions.

Category : 3. Clinical Sciences & Therapy

1226 - IMPROVING CARE FOR GAY AND BISEXUAL PROSTATE CANCER PATIENTS RESULTS FROM THE RESTORE STUDIES

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Objectives: Prostate cancer is the most common invasive cancer in males, including gay and bisexual men. In all, 1:7 gay/bisexual men and 1:3 male couples will be diagnosed. Yet, prostate cancer in this population is very under-researched. This presentation will report findings from the two largest studies of gay/bisexual prostate cancer patients conducted to date.

Methods: Restore-1 (2016-7) was a mixed methods study involving 29 qualitative interviews and an online survey of 193 gay/bisexual prostate cancer patients in North America. Restore-2 (2018-23) was a study to research disparities and to conduct an RCT to test the effects of a tailored sexual rehabilitation program (N=401 gay/bi prostate cancer patients treated in the US).

Results: As compared to heterosexual patients, gay/bi patients are more likely to be single, sexually active, and lack social support. They experience treatment outcome disparities including worse urinary and hormonal function but better sexual function. Sensitive handling of sexual orientation disclosure is critical. In addition to erectile dysfunction, treatment increases rates of anodypareunia and climacturia. Role-in-sex identity is diminished. Treatment appears a high-risk period for HIV/STI acquisition for 5-11%. Clinicians address sexual effects less with gay/bisexual patients than other patients. In both studies, 50% of participants reported discrimination during treatment. Discrimination (and HIV status) predicted poorer outcomes. We found no evidence that rehabilitation works for gay/bisexual patients. Instead, sexual aids including anal dilators, vacuum pumps, and “cock rings” proved popular, enduring aids to accommodate dysfunction.

Implications: Lack of training in culturally responsive care leads to discrimination which negatively affects treatment outcomes for gay and bisexual prostate cancer patients. Gay/bisexual patients have unique concerns that should be addressed during treatment. Clinicians should not over-promise sexual rehabilitation as effective.

Funding: National Cancer Institute of the US National Institutes of Health (Grant awards: R01CA218657 and R01CA218657: PI: Rosser).

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1240 - SENSATE FOCUS MINDFULNESS AND BODY CENTERED INTERVENTIONS WITH SURVIVORS OF SEXUAL TRAUMA A LITERATURE REVIEW

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Introduction & Objectives

Since Masters & Johnson developed Sensate Focus touch in the 1960's, many clinicians have devised modifications to this foundational technique in order to address diversity and sexual concerns. While much literature on treating the psychological sequela of survivors exists, few authors have published detailed suggestions for working with the sexual healing of survivors and even fewer have published suggestions for the use of mindful, body centered and somatic strategies, including Sensate Focus.

Methods

The professional and self- help literature was reviewed and combined with clinical experience and the input of other professionals.

Results

A review of the literature revealed several major contributors to the sexual healing of survivors and a plethora of newer techniques such as somatically and energy- based techniques including sensate focus modifications (Weiner-Avery-Clark, 2017), body awareness (Seal & Meston, 2018), body movement (Walker, 2020,) and other body centered approaches (Richmond, 2021).

Most authors suggest that the emotional and cognitive/behavioral aspects of sexual trauma be addressed before sex therapy is undertaken while others interweave the two (Weiner & Avery-Clark, 2017; Richmond, 2021)

Conclusions & Recommendations

Mindfulness, energetic and body centered/somatic therapies are emerging as important approaches to addressing the sexual distresses and dysfunctions experienced by survivors of sexual trauma.

There are a few authors who provide detail about sexual healing through touch, somatic or mindful interventions, notably Maltz (2002), Haines, (2007), Brotto & Rellini, (2012), Weiner & Avery-Clark (2017).

However, more studies of these approaches to positive sexual health outcomes are needed.

Category : 3. Clinical Sciences & Therapy

1245 - DIAGNOSING AND TREATING SEXUAL ENCOUNTER OCD IN THE #METOO ERA

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The #MeToo movement has shed light on the widespread issue of sexual harassment and assault against women, especially in the workplace. This movement aims to validate survivors of sexual assault and hold the perpetrators accountable. As media coverage of this issue continues to grow, often involving prominent figures like Harvey Weinstein, more men are seeking psychological treatment to address concerns about their past sexual behaviour and fears of having engaged in non-consensual sexual acts that may have harmed others. Despite the significance of this increased awareness and the need for accountability, individuals suffering from “Sexual Encounter OCD” face intrusive and distressing thoughts, along with false memories of their own encounters. They may engage in compulsive behaviours, such as repeatedly reviewing memories or seeking reassurance, in an attempt to confirm the validity of their concerns. Unfortunately, these efforts do not alleviate their doubts regarding their involvement in unwanted sexual encounters. Paradoxically, the more they engage in such behaviours or mental acts to manage their distress and seek certainty, the more their condition worsens. Cognitive-behavioural therapy interventions, like exposure and response prevention (ERP), can be effective in helping sufferers learn to tolerate the uncertainty and discomfort caused by their obsessions. By engaging in activities such as reading news coverage about sex crimes while resisting the urge to perform compulsions like mentally reviewing past memories, contacting assumed victims, or providing self-reassurance, individuals can gradually alleviate their distress. To provide effective treatment for these sufferers, it is crucial for clinicians to possess the necessary clinical expertise to accurately diagnose and treat this specific type of OCD. Additionally, clinicians must be able to differentiate this clinical presentation from a patient disclosing their own sexual assault of a non-consenting individual.

Category : 3. Clinical Sciences & Therapy

1246 - ATTACHMENT AND IFS INFORMED EMDR FOR DYSpareunia A COMPOSITE CASE STUDY

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Introduction and Rationale:

Dyspareunia preventing penetrative sex is a common presentation to sex therapy.

Sex therapists give exercises such as graded exposure which helps clients who are frustrated and want something to practice straightaway. It also shows impatient partners that the client is trying. However, without deeper therapeutic work, underlying impacting psychological factors will not change. Eye Movement Desensitisation and Reprocessing informed by Attachment Theory and Internal Family Systems (Attachment & IFS informed EMDR) is a non-pathologising modality that can change contributing fears and attitudes about sex.

Project/population and settings:

A composite case-study, highlighting the effectiveness of Attachment and IFS informed EMDR (as taught by Annabel McGoldrick of Insight EMDR) in treating dyspareunia. Client is a cis gender, heterosexual woman in her 30s. She avoids sex and says her partner is feeling neglected by lack of intimacy, which is creating subsequent relationship issues. Utilising Attachment and IFS informed EMDR, we mapped inner parts relating to sex, such as a protective part that avoids sex. A young part that holds shame and an empowered sexual part repressed by other parts of her inner system. Specific memories were processed using EMDR and future sexual encounters were targeted to reduce the fear / avoidance cycle.

Outcome:

Following therapy, she reported engaging in non-penetrative sex and enjoying orgasms and partnered interactions in a new way. She is seeing a pelvic-floor physiotherapist, something she was too frightened to do previously. Client said penetration is still uncomfortable and hopes to enjoy penetrative sex one day through practicing with dilators, but no longer experiences fear and avoidance of sexual intimacy. Client reports her partner is very happy to experience sexually intimate time without penetration.

Discussion and recommendations:

Delegates may be familiar with medicalised approaches and could benefit from learning about a psychological modality that treats the deeper aspects of sexual challenges.

Category : 3. Clinical Sciences & Therapy

1266 - DISORDERED EATING BEHAVIOURS AMONG THE TRANSMASCULINE POPULATION A LITERATURE REVIEW

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Introduction and objectives: The recent increase in scientific interest towards sexual minorities has led to concerns about their mental health and well-being, as findings suggest that they may be at a heightened risk for various forms of psychopathology and lower quality of life.

Method and sample: A review of selected papers is used to investigate the existing literature on disordered eating behaviours among the transmasculine community.

Results: Transgender people experience elevated rates of disordered eating behaviours in comparison with their cisgender peers, due to factors such as gender dysphoria, high body dissatisfaction, social stigma and minority stress. These variables are examined and the positive role of gender affirming medical care is highlighted, along with the benefits of access to gender affirming hormone therapy and/or surgeries.

Discussion and recommendations: The results of the review lead to an overview of possible implications and recommendations for healthcare professionals and relatives of a transgender person. Moreover, they highlight the importance of trans-competent care and the role of an informed family as predictors of well-being and access to healthcare.

Category : 3. Clinical Sciences & Therapy

1277 - PERCEIVED SEXUAL DESIRE DISCREPANCY THE ROLE OF COMMUNICATION AND SATISFACTION

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Introduction and objectives: Despite the fact that sexual desire discrepancy (SDD) is one of the most common difficulties reported by couples in therapy, research on this topic is still scarce. To develop effective clinical and treatment guidelines, researchers and clinicians need to further explore the underlying factors and dynamics. The present study aimed to test the role of both dyadic sexual communication and sexual satisfaction on increasing or decreasing perceived SDD in individuals involved in a romantic relationship.

Method(s) and sample: An online protocol was administered on social media platforms to a convenience sample in a romantic relationship, assessing dyadic sexual communication, sexual satisfaction, perceived SDD, and relevant covariates. The hypothesized mediation model was tested using the Model 4 of the SPSS Macro Process.

Results: As expected, a better quality of sexual communication was related to a lower perception of SDD through increased sexual satisfaction ($\beta = -0.17$, $SE = 0.05$, [95% CI = -0.27, -0.07]). The effect held over and above the effect of the covariates considered.

Discussion and recommendations: The current results seem to show that the quality of sexual communication and sexual satisfaction have an impact on the perceived discrepancy between one's own sexual desire and that of one's partner. Sexual health researchers and clinicians should continue to investigate the dynamics underlying SDD, without losing sight of its complex dyadic nature.

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1309 - UPLIFTING VOICES MINNESOTA SOMALI WOMEN'S VIEWS ON DEINFIBULATION

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Background: The past decades have seen large numbers of Somali women migrate across the globe. Thus, it is critical for healthcare workers in host countries to understand unique healthcare needs of Somali community members. The majority of Somali female migrants experience female genital cutting/mutilation (FGC/M) (WHO, 2018). The most common type of FGC/M in Somalia is Type 3 or infibulation, the narrowing of the vaginal introitus with the creation of an external vulvar covering (WHO, 2018). Multiple health risks are associated with infibulation (Berg et al., 2014). Deinfibulation is an intervention that opens the introitus, reduces sexual pain, allows vaginal birth, improves urinary function, and removes blockages to menstrual blood flow (Berg et al., 2018). The optimal time for deinfibulation remains unclear based on strength of evidence and differing recommendations by professional associations (Abdulcadir et al., 2015).

Our research question: What are the experiences and perspectives of Somali women in a large metropolitan area in the state of Minnesota, USA regarding deinfibulation?

Method: We recruited 75 Somali women who had experienced FGC/M through community-based participatory research methods. Bilingual community researchers conducted qualitative interviews in Somali or English. University faculty and community-based researchers coded transcripts for themes together in a participatory-analysis process.

Findings: We identified four salient themes, with subthemes.

1. Personal Views – positive attitudes towards deinfibulation; positive attitudes only after marriage.
2. Decision Making - deinfibulation is a woman's choice; women should consult with husbands before decision-making; cultural/family expectations around timing; healthcare providers, family, and friends were resources.
3. Benefits – reduced/prevented sexual pain; better sexual health; less painful menstruation; alleviated urination problems.
4. Barriers/Reasons to not pursue – sex is painful while healing; stigma (others may question virginity); healthcare system.

Discussion: Participants viewed deinfibulation positively but varied in beliefs about timing of deinfibulation and involvement of others in making decisions --- stigma was a common concern. Healthcare workers have the opportunity and responsibility to assist women who have been infibulated make decisions.

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1310 - AFFIRMATIVE COGNITIVE BEHAVIORAL GROUP THERAPY FOR COPING WITH MINORITY STRESS AMONG TRANS AND GENDER DIVERSE PEOPLE IN TURKEY

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Objectives: The minority stress perspective suggests distal and proximal chronic stressors arising from society are associated with adverse health outcomes for trans and gender-diverse (TGD) individuals. Resilience is reported to benefit from better coping styles and social support. Group therapy is advantageous where access to mental health professionals and social resources are limited.

Method and Sample: Self-identified TGD individuals were invited and recruited if they could attend the planned eight group sessions, did not suffer from a severe mental disorder and were judged eligible in the evaluation interview. The interview was performed by two therapists, a social worker and a psychological counselor experienced with group work. The recruitment and sessions were supervised by a psychiatrist with expertise in minority stress, and psychotherapy. The sessions were structured through adaptation of earlier reported programs of cognitive-behavioral group therapy, including an emphasis on coping skills for minority stress and empowerment. Among ten enrolled individuals, seven members were present in the initial session and continued to attend sessions. Depression, anxiety symptoms, stress level, coping styles, dispositional hope, belongingness, and perceived discrimination were assessed using validated self-report instruments before and after the group work. Also, the Yalom's therapeutic factors were evaluated with the members at the end of group sessions. Detailed notes from each session were recorded for further analysis. The group work was conducted in a non-clinical environment and designed deliberately not to involve any interference with gender-affirming medical care.

Results and Discussion: The progress in group and individual characteristics through the process and the change in the scores of self-report instruments will be presented. The focus will be on main outcomes, stress level and coping styles; additional features will also be discussed. The researchers will also present their experience and comment on the model's limitations, practicality, and feasibility in the future.

Category : 3. Clinical Sciences & Therapy

1350 - HONOURING THE VOICES OF WOMEN THE JOURNEY TO A DIAGNOSIS OF SEXUAL PAIN

*Catriona Boffard*¹

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Unwanted sexual pain is a distressing experience for many self-identifying women, which can significantly impact one's overall well-being. In my experience as a clinical sexologist working with these clients, women seeking help for unwanted sexual pain have often been marginalised or dismissed by healthcare providers.

Using narrative inquiry (NI), I aim to explore the stories of cisgender women who sought help to overcome their pain, and understand how healthcare providers can improve their support. Grounded within a feminist framework, the research aims to understand the experiences that these women face on their journey towards healing and pain-free intercourse. Shedding light on their stories could honour their experiences and advocate for more inclusive and effective healthcare practices; using lived experiences of the client as motivation for comprehensive training and care from healthcare providers.

Utilising NI enables the honouring of stories; seeking to understand the complex intersections of gender, sexuality, and health within context and culture. Within the feminist framework, women's voices have historically been silenced or diminished, particularly within healthcare systems. This study aims to challenge these power dynamics by emphasising their narratives and experiences. Their stories, explored through NI, could reveal gaps and limitations within current healthcare systems and thus propose recommendations for inclusive and empathetic care, or to use their stories to motivate for continued patient-centred care.

The findings hold significant implications for healthcare providers, policymakers, and researchers. Little literature exists on the experience of seeking help for unwanted sexual pain. It is crucial to understand and address the challenges faced by women seeking support to improve their overall well-being and the quality of care received. By honouring women's voices, it is hoped that a contribution to the ongoing dialogue surrounding gender, sexuality, and healthcare will be emphasised, which could pave the way for more equitable and inclusive practices.

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1355 - HOW DOES EMOTIONAL SUPPRESSION AND COGNITIVE REAPPRAISAL RELATES TO SEXUAL AND MENTAL HEALTH A CLUSTER ANALYSIS OF AN ONLINE SURVEY.

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Introduction: There is little research on the role of emotion regulation strategies for sexual health, although such insights could offer valuable information for sexological care.

Objective: to determine whether distinct profiles in terms of preferred emotion regulation (ER) strategies (cognitive reappraisal and emotional suppression) are differentially associated with sexual and mental health.

Methods: a cross-sectional online survey was conducted. Participants answer the survey in one of the five available languages (English, French, German, Portuguese and Spanish).

Participants responded to 5 questionnaires: Sociodemographic questionnaire, Female Sexual Function Index (FSFI) – for women, International Index of Erectile Function (IIEF) – for men, Emotion Regulation Questionnaire (ERQ), Patient Health Questionnaire (PHQ-9), General Anxiety Disorder Scale (GAD-7). Cluster analyses were performed to generate profiles according to the preferred use of ER strategies.

Results: 5436 participants aged between 18 and 77 years ($M= 25.80$, $SD= 6.96$) took part in the survey. A gender stratified cluster analysis was performed to classify individuals according to their scores on scales measuring emotion regulation strategies, sexual health (assessed using gender-specific self-report questionnaires), anxiety and depression symptoms. The results showed a four-cluster solution for both men and women: low reappraisal and high suppression, $n=1243$; high reappraisal and low suppression, $n=1695$; high reappraisal and high suppression, $n=1425$; low reappraisal and low suppression, $n=1073$.

Conclusions: Better sexual and mental health scores were found for participants with high cognitive reappraisal and low expressive suppression scores. High expressive suppression was associated with higher anxiety and depression scores and worse sexual health.

Recommendations: sexological care should include an assessment of their emotion regulation abilities and emotion regulation training interventions fostering reappraisal should be offered when appropriate.

Category : 3. Clinical Sciences & Therapy

1356 - EMOTION REGULATION TRAINING FOR SEXUAL HEALTH RESULTS FROM AN INTERNET BASED EMOTION REGULATION INTERVENTION.

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Introduction: Emotion regulation interventions may offer a promising approach to improve sexual health although there is a scarcity of intervention trials investigating their effects in this context, much less using the Internet.

Aim: To investigate the effects of an Internet-based emotion regulation training for sexual health in men and women.

Methods: Participants were recruited based on their self-reported sexual problems, which for men was defined by a score of < 25 on the International Index Erectile Function (IIEF) and for women by a score of < 26.5 on the Female Sexual Function Index (FSFI). The final sample included 60 participants who were randomized to either an Internet-based emotion regulation training for sexual health or to a waitlist control group. Treatment consisted of an 8-week Internet-based emotion regulation training for sexual health. Participants were assessed at baseline, post-intervention and at 3-months follow-up.

Results: Of the 60 participants included, only six participants completed all three assessment points (n = 5 in the treatment group, n = 1 in the waitlist control group after receiving the intervention). At follow-up, there were no significant differences between groups in any measure. Among the intervention completers large to moderate within-group effect sizes were observed between assessment points on measures of emotion regulation, depression, lubrication, orgasm and thoughts of sexual failure and abuse during sexual activity. Adherence rate was very low limiting the generalizability of the findings.

Discussion and recommendations: Even if Internet-based emotion regulation training for sexual health might improve emotion regulation skills, mental health and some sex related outcomes, the present trial failed to collect sufficient data to allow for any conclusions to be drawn on treatment effects. Further studies are needed to better understand the efficacy and feasibility of such treatment option.

Category : 3. Clinical Sciences & Therapy

1366 - ARTIFICIAL INTELLIGENCE AND SEXOLOGY OPPORTUNITIES AND RISKS

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The recent popularity of artificial intelligence (AI) has opened a world of new opportunities as well as new risks in many areas of life. Sexology, and the work on sexual health, sexuality education, sexual justice, research, and policy development have been already impacted both in positive and problematic ways. A review of the literature on applications of AI to the different areas of activity of sexuality-related professionals and activists will be presented, examples of applications will be presented, and a series of considerations will be offered as to the possible advantages that these developments present, as well as some of the problematic aspects that potentially can appear.

In a short summary (obtained with AI application Perplexity) the following developments are already in place:

- + AI-powered chatbots for education
- + Promoting sexual wellness through AI Chatbots
- + Sex therapy and counseling: AI-powered virtual assistants
- + Language learning: SAI technologies can be used to teach sexology to students

The author considers that it is unavoidable the use, understanding, and implementation of educational, and clinical, activities to gain political incidence, research, and organizational activities that integrate and let the professionals, activists, students, and policymakers move to the positive consequences of this technological development

Category : 3. Clinical Sciences & Therapy

1368 - BEAUTIFUL VULVAS PROPOSING A MULTIFACETED INTERACTIVE METHOD FOR FEMALE GENITAL CUTTING SELF ASSESSMENT

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Visual imagery has long been used to educate health care providers, patients, and the public on Female Genital Cutting (FGC) typology and reconstructive procedures. However, culturally inclusive, diverse, and anatomically accurate representation of vulvas informed by women possessing lived experience of FGC is lacking. We applied World Health Organization (WHO) FGC typology to the development of type-specific visual imagery designed by a graphic artist and culturally informed by women with lived experience of FGC alongside a panel of health experts in FGC-related care.

Methods:

Development of the Vulva Drawings: Over a three-year process, a visual artist created watercolor renderings of vulvas with and without FGC across varying WHO types and subtypes using an iterative community-based approach. Somali women possessing lived experience of FGC were engaged alongside a team of clinician experts in FGC-related care. Women and clinicians provided descriptive input on skin color variation, texture, and skin tone.

Development of an iterative, self-reflective process by which participants self-described their own FGC status aided by visual depictions of vulvas. Using community-based participatory research, we recruited 50 Somali women from the Minneapolis-St. Paul, Minnesota, USA metropolitan area through convenience and snowball sampling to participate in semi-structured interviews. Participants were asked to discuss their recollection of their original circumcision --- including the procedure itself and their assessment of the type of circumcision they experienced. Anatomical drawings of uncircumcised and circumcised vulvas were shown to participants to assist them in identifying their FGC type. A panel of health and cultural experts reviewed and independently assessed participant FGC type. Interrater reliability and degree of concordance between participants and panel were determined.

Outcomes

- 1) development of WHO-informed, anatomically accurate visual depictions of vulvas representing FGC typology
- 2) development of an iterative, self-reflective process by which participants self-described their own FGC status --- aided by visual depictions of vulvas
- 3) application of WHO FGC typology by a panel of health and cultural experts
- 4) determination of the degree of concordance between participants and panel in the classification of FGC type

Results

High interrater reliability ($\kappa = 0.64$) and concordance (80%) between panel and participants were achieved.

Strengths & Limitations

Study Strengths:

- (1) development of visual imagery through an iterative community-based process that engaged women with lived experience of FGC alongside clinicians with expertise in FGC-related care, as well as the representation of historically underrepresented bodies in the anatomical literature
- (2) incorporation of anatomically accurate visual representation of FGC types
- (3) the iterative, educational process by which participants qualitatively self-described their FGC status
- (4) high interrater reliability and concordance achieved between panel and participants.

Study limitations: inability to conduct clinical genital exams (due to the community-based methodology used); recall bias, and small sample (n=50).

Conclusion: We propose a new method for the patient-informed and culturally relevant, multi-dimensional integration of anatomically-accurate visual imagery and iterative self-reflective discourse, with education. This method reflects a culturally-informed process for investigating sensitive topics and guidance for clinicians seeking to engage in more patient-centered, culturally-informed care for patients with FGC.

Category : 3. Clinical Sciences & Therapy

1370 - THE ROLE OF ANXIETY IN THE TREATMENT OF COMPULSIVE SEXUAL BEHAVIOR

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My previous research has shown that patients with compulsive sexual behavior are a diverse group. Based on my studies, compulsive sexual behavior patients, I divided into three groups: 1) compulsively masturbating, 2) having casual sexual intercourse, and 3) combining both behaviors simultaneously. 108 men participated in the study. The results of the study showed that group one (just under 70% of the subjects) were those with very high levels of anxiety, group two were those with a disturbed attachment style and group three were impulsive.

Due to the fact that compulsive masturbators are the largest group of people with CSBD during individual psychotherapy, I analyzed their anxiety and found that:

- 1) They confuse sexual tension with emotional tension and relieve any kind of tension in a sexual way, e.g. by masturbating
- 2) Anxiety causes tension in their pelvic floor muscles and causes symptoms in the pubic area such as tingling, itching, tickling, feeling of warmth, pushing on the bladder, etc.
- 3) These symptoms remind them of the symptoms of sexual arousal so they think they are aroused and start masturbating.
- 4) Because masturbation reduces the tension of the pelvic floor muscles and patients experience relief another incorrect interpretation occurs that it was sexual arousal since masturbation helped and the vicious cycle is reinforced.
- 5) In addition to symptoms from the pubic area, patients have no other symptoms of arousal.
- 6) Furthermore, in addition to high levels of anxiety, these patients were found to lack the psychosocial skills necessary to deal with emotional tension.

In view of the above observations, I applied to the patients:

- 1) Psychoeducation on how to distinguish between symptoms of anxiety and sexual arousal
- 2) Daily relaxation training in the form of bodyscan
- 3) Pelvic floor muscle relaxation exercises
- 4) Breathing techniques including quadrant breathing and breathing re-education

In all patients, the techniques used helped reduce the frequency of masturbation and further psychotherapy led to a return to their satisfactory sexual behavior.

Therefore, further research should be conducted in the area of the importance of working with anxiety and pelvic floor muscles in patients with CSBD. In addition, the work has shown the harm of treating CSBD as a so-called behavioral addiction because very important diagnostic elements leading to a proper treatment protocol for people with CSBD are being overlooked.

Category : 4. Basic Science

1021 - RARE COMPLICATIONS OF HYPOSPADIAS REPAIR

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Background: - Hypospadias is a common anomaly in boys, treatment options are surgical in nature with as many as 300 different operations, the overall post-operative complications are variable and could range from 20 to 50%, include early and late complications, some of these complications are acceptable and manageable like meatal stricture, but others are devastating and necessitate redo of surgery with unfavorable outcome like infection and ischemia.

Objective: - Detection and study of the rare complications encountered in different grads of hypospadias in relation to the type of hypospadias and the surgeon's caliber.

Materials and patients: - The records of 780 children with different types of hypospadias reviewed and 32 cases presented with different occasionally or unreported complications; like dorsal, perineal and lateral fistula, iatrogenic ectopic testicle and scrotal abscess.

Results: - Rare complications correlated with initial severity of the hypospadias, selection of the right operation, skill and experience of the surgeon, and concomitant another associated congenital genitourinary and anorectal anomalies.

Conclusion: -Hypospadias repair by unexperienced surgeon and in nonspecialized centers had a high incidence of rare complications, which necessitate a staged repair.

Category : 4. Basic Science

1022 - SPECTRUM OF CONGENITAL CIRCUMCISION (APOSTHIA)

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Almost all mammal penises have a foreskin which is known as the preputial sheath. Only monotremes (the platypus and the echidna) lack foreskins. Several congenital external genital anomalies related to the prepuce have been documented, however, natural circumcision or aposthia with a normal development of the penis and urethra is very rare.

The extensive study on aposthia may be helpful for proper understanding its development. Absent prepuce in a child is not a surgical problem, which needs no intervention; just exclusion of any other associated anomalies and family reassurance may be enough, but sometimes preputial reconstruction may be considered. Many procedures had been described to develop a neo-prepuce, either by non-surgical foreskin restoration, which accomplished through tissue expansion, or with a circular fasciocutaneous penile flap or other different grafts.

In this presentation I will discuss:

Isolated Aposthia

Complete or relative (Hyposthia or Microposthia)

Aposthia With Hypospadias

Aposthia With Epispadias

Aposthia with other penile anomalies

Category : 4. Basic Science

1023 - COMMON CONGENITAL ANOMALIES OF THE CLITORIS

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The clitoris is a highly neurovascular erectile part of the external genitalia, embryologically it is derived from undifferentiated phallus, the major difference between female external genitalia and male genitalia is that female genitalia are separate from the urethra and it consists of the paired corpora, vestibular bulbs, and the glans. The clitoris plays a major role in female casting and sexual function. Common clitoral anomalies will be presented and discussed. Congenital clitoromegaly is the commonest anomaly either primary idiopathic type or cases secundar to other anomalies. Clitoral cysts are usually acquired but rare cases were reported. Clitoral duplication and bifid clitoris are usually associating bladder exstrophy anomaly. Accessory phallic urethra, clitoral agenesis and clitoral hood anomalies will be also presented.

Category : 4. Basic Science

1065 - RISK FACTORS OF POSTPARTUM FEMALE SEXUAL DYSFUNCTION IN HUNGARY

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Introduction & Objectives: Women's sexual function is a complex phenomenon, and it is difficult to assess and address the factors that influence it. The prevalence of sexual dysfunction is relatively high in the postpartum period. The aim of this study was to assess sexual function in postpartum Hungarian women within a year after delivery and determine the potential influencing factors on female sexual function. **Methods and Sample:** A longitudinal study was designed to assess the connection between mode of delivery, relationship satisfaction, depressive symptoms, and sexual dysfunction at 3 (T1), 6 (T2), and 12 months (T3) postpartum. Online questionnaires were used, including self-constructed questions, the Female Sexual Function Index (FSFI) to assess sexual function, the Relationship Assessment Scale (RAS) to assess relationship satisfaction, and the Edinburgh Postnatal Depression Scale (EPDS) to assess depressive symptoms. Multivariate logit regression analysis was applied, and the final sample size was 293 (T1), 241 (T2), and 95 (T3).

Results: The proportion of women with sexual dysfunction decreased over time (T1: 44.7%; T2: 40.18%; T3: 23.15%). The lowest level of sexual function was in the desire domain of the FSFI at any time points. Mode of delivery was not a risk factor. The higher the EPDS score (T1: OR=1.11, p<0.001; T2: OR=1.07, p=0.035; T3: OR=1.12, p=0.043), and the lower the RAS score (T1: OR=0.90, p=0.016; T2: OR=0.90, p=0.010, T3: OR=0.84, p=0.032), the greater was the risk of dysfunction.

Conclusion and Recommendations: Temporary low level of sexual functions can be considered as normal in the first year postpartum. Relationship dissatisfaction and depressive symptoms increase the risk of sexual dysfunction. Adequate prenatal and postnatal counseling is necessary for every woman on this topic, especially for those who are in the risk groups.

No financial support was received, there is no conflict of interest.

Category : 4. Basic Science

1072 - BREASTFEEDING AND AMENORRHEA AS RISK FACTORS FOR POSTPARTUM SEXUAL DYSFUNCTION

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Introduction and Objectives: Although postpartum sexual problems are common, the impact of breastfeeding and breastfeeding-induced amenorrhea remains unclear. This study aimed to investigate the effects of different infant feeding methods at 3 months postpartum and amenorrhea at 3, 6, and 12 months postpartum on sexual dysfunction.

Methods and Sample: Online questionnaires were administered at 3 (T1), 6 (T2), and 12 months (T3) postpartum. The influence of infant feeding method on sexual function was assessed at T1 using the Kruskal-Wallis test (n=300). Women were categorized according to their infant feeding method into exclusive breastfeeding (n=180), mixed feeding (n=75), and formula-feeding (n=45) groups. In the same sample, the connection between amenorrhea and sexual dysfunction was assessed at T1 (n=293), T2 (n=214), and T3 (n=95) using the Pearson chi-square test. Sexual dysfunctions were evaluated using the Hungarian version of the Female Sexual Function Index (FSFI).

Results: The rates of sexual dysfunction were 44.70% (T1), 40.18% (T2), and 23.15% (T3). Of the women, 50.55% reported sexual dysfunction in the exclusive breastfeeding group, 42.66% in the mixed feeding group, and 31.11% in the formula-feeding group at T1. Significantly lower median scores were found in the exclusive breastfeeding group compared with the formula-feeding group for the total FSFI score (p=0.002), arousal (p=0.034), lubrication (p=0.020), orgasm (p=0.015), and pain (p=0.021) domains. No significant difference was found in the desire and satisfaction domain. Amenorrhea at T1 (p=0.007) and T2 (p<0.001) were significantly connected with sexual dysfunction.

Conclusion and Recommendations: It seems that exclusive breastfeeding or the hormonal changes due to breastfeeding are connected to sexual dysfunction within 3-6 months postpartum. Extensive and professional counseling is needed for couples regarding postpartum sexuality and its influencing factors to prevent sexual dysfunction and promote long-term breastfeeding.

No financial support was received, and there are no conflicts of interest.

Category : 4. Basic Science

1227 - IMMUNOHISTOLOGICAL AND NEURODEVELOPMENTAL STUDY OF THE PERIPHERAL NEURAL SUBSTRATES OF PENILE SEXUAL SENSATION IMPLICATIONS FOR PENILE SURGERIES

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Introduction and objectives: The penile surface contains regions of acute sensation with specialized erotogenic properties. The frenular area and adjacent ventral prepuce are uniquely innervated by the overlap of dorsal and perineal nerve branches and by heightened densities of nerve bundles and corpuscular receptors. The embryological basis of this innervation remains unclear. This study aimed to describe the ventral penile innervation during fetal penile development and its postnatal neural supply.

Methods and samples: Formalin-fixed, paraffin-embedded tissues from 30 fetal and 20 adult cadaveric penile specimens and 10 post-circumcision preputial specimens were serially sectioned and immunostained with a battery of neural markers.

Results: Nerve fibers were present at the distal tips of the fetal glans and early prepuce at 8 and 10 weeks of gestation, respectively. Over time, these nerves extended distally, concurrent with their non-neural glans and preputial targets, suggesting short-range target-derived chemoattractant effects on the nerves. The ventral stroma embracing the developing urethra carried a dense nerve supply. Fetal preputial innervation developed from an initial axonal hyperinnervation pattern with exuberant ventral intraepithelial fibers, to a pruned pattern with reduced terminal arbors, to a refined postnatal pattern displaying a diversity of corpuscular receptors and nerve bundles with higher distal ventral densities. The postnatal prepuce displayed extensive autonomic neurovascular and neuromuscular dartoic innervation.

Discussion and recommendations: These results will be discussed in relation to neurodevelopmental biology concepts, classical sexology, and contemporary urological literature. Recent research on the penile prepuce continue to support Cold and Taylor's conclusions that "the histology confirms that the external genitalia are specialized sensory tissues... If external genital tissue must be excised to combat a disease process that threatens the child's health, and is unresponsive to medical therapy, then the amount of tissue should be limited so as to preserve the anatomy and function of the external genitalia."

Category : 4. Basic Science

1295 - HOW PANSEXUAL PEOPLE REALIZE THEIR PANSEXUALITY

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Introduction

Pansexual is a sexual orientation that has romantic and sexual attractions toward all genders beyond gender binary (Belous & Bauman, 2017; Gonel, 2013; Lapointe A.A., 2017). Also, it is said that pansexual people focus on personality, rather than bodies and genitalia (Hayfield, 2020). So far, few studies have examined the process of pansexual identity. This study will reveal how pansexual people realize their pansexuality and trace their identity process.

Method

The author interviewed six pansexual people who were members of LGBTQ community in Japan. They were all cisgender women, aged from 18 to 29. In interview, the author asked the participant why you identified pansexual. The data was analyzed by modified grounded theory approach (Kinoshita, 2003) which was one of qualitative research, and the hypothesis was generated.

Results

The storyline was as follows: at first stage, interviewees had “the sense of sexual majority” and thought they were both a “woman” and “heterosexual”. However, when they compared their sexuality with others, they felt strangeness. Thereafter, they noticed that they were lesbian or bisexual. Again, they didn’t sound right because lesbian or bisexual didn’t represent their sexuality exactly. They got to know the word “pansexual” and noticed that they were pansexual. Yet, they questioned their pansexuality because they didn’t have confidence of pansexual, or because they had possibilities for other sexuality. After that, they strengthened their confidence through romantic or sexual relationships not based on gender binary but focused on personality. Finally, they realized they were pansexual.

Discussion

The analysis of interview data suggests that pansexual people experience discomfort with their sexuality twice, and realize they are pansexual through strengthening their confidence of pansexual. Further studies require more extensive data because the author interviewed only cisgender-pansexual women. Also, future research requests the verification of the hypothesis through statistical testing.

Category : 4. Basic Science

1318 - PATTERNS OF GENITAL AND SUBJECTIVE SEXUAL AROUSAL IN CISGENDER ASEXUAL MEN

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Introduction & Objectives: Human asexuality is often described as a lifelong lack of sexual attraction. Penile plethysmography is a reliable tool to differentiate between sexual orientations, and sexual arousal in response to preferred targets is a strong indicator of sexual attraction. We compared the genital and subjective sexual arousal of asexual men to heterosexual and gay men while exposed to two types of erotic stimuli: erotic films and sexual fantasy. We also explored group differences in arousal by examining sexual excitation (SE) and inhibition (SI).

Method: 67 cisgender men (19 asexual, 26 heterosexual, 22 gay) underwent phallometric testing and completed questionnaires.

Results: There were no significant group differences regarding number of non-responders to erotic stimuli. Allosexual participants showed higher average sexual arousal, both genital and subjective, to their preferred film stimulus compared to asexual men. Asexual men experienced lower than average genital and subjective arousal across film categories, corresponding to their lack of interest. Asexual men did not differ from allosexual men when viewing clips showing their non-preferred sex. All groups displayed similar levels of genital and subjective sexual arousal in response to engaging in sexual fantasy. Asexual participant's lack of SE (but not higher SI) may be driving lower levels of arousal.

Discussion: Asexual men were capable of genital and subjective arousal when engaging with content that was appealing to them suggesting that the cognitive and attentional pathways crucial for sexual responding are intact. Further, the lack of sexual interest experienced in asexuality appears to be the result of a lower level of sexual excitation and a natural variation of human sexuality. Asexual men may be more similar to allosexual men in terms of fantasy-based arousal than they are in regard to erotic-film based arousal and interest in engaging in sexual activities.

Category : 4. Basic Science

1381 - HOW NAVIGATING CISHETERONORMATIVITY MAY DIMINISH GENDER DYSPHORIA

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Introduction: The purpose of this study was to better understand how trans+ people with different identities experienced sexuality.

Methods: The study was conducted using a qualitative approach, involving 12 semi-structured interviews about the factors influencing the sexuality of transgender people. An in-depth thematic analysis method was used for the analysis.

Participants: transgender people (n=2); men (n=2); women (n=3); non-binary people (n=5). All participants are white Poles (n=12).

Results: Although participants were not asked about gender dysphoria, each of them raised this topic as the most relevant to their sexuality. The analysis revealed the importance of socio-cultural gender roles on the level of experiencing gender dysphoria during sexual encounters. Both the body and sexual behavior were judged and experienced in relation to cisheteronormativity. As one participant said: "I was afraid that this [sexual intercourse] was the last place I would not be able to be fully male." Individuals described moving between two processes related to the cis-heterosexual norm: rejecting it or internalizing it. Even if both processes were aimed at reducing gender dysphoria in a sexual relationship, rejecting seemed to be more effective in reaching this goal. Rejecting involved changing the language used to describe one's body, giving new meaning to both the body and sexual behavior, and following sexual preferences instead of gender roles. Internalizing cis-heteronorms entailed a fear of being dissatisfied with one's sex life. Partner's behavior was indicated as crucial in choosing between rejection/internalization of these norms.

Conclusions: Rejecting cisheteronormativity reduced feelings of gender dysphoria and improved sexual pleasure in the researched sample. Affirmative relationships helped to cope with body dysphoria during sexual encounters. The study's findings provide information for clinicians and partners of transgender people on how to support the sexuality of transgender + people.

Category : 5. Sexual Medicine

1034 - SEXUAL RELATED POST TRAUMATIC STRESS SYMPTOMS IN SURVIVORS OF CHILD SEXUAL ABUSE

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Introduction and objectives: Sexual-related post-traumatic stress symptoms (sexual-related PTSS) is a significant concern among survivors of child sexual abuse (CSA). The trauma of CSA seems to be implicated in survivors' sexual experience over time, leading to sexual difficulties and relationship dissatisfaction. The construct of sexual-related PTSS has been adapted from clinical work with survivors, and research examining this issue is limited. This gap led to the development of a new measure, PT-SEX, examining sexual-related PTSS among survivors of CSA.

Methods and Sample: Data were collected through surveys from 1031 adults, out of whom 264 identified as survivors of CSA (according to the cutoff score) in Israel.

Results: Study 1 revealed six factors: dissociation during sex, intrusiveness during sex, shame and guilt in regard to sexual aspects, pleasing the other during sex, interpersonal distress, and hypervigilance during sex. Study 2 showed that survivors of CSA had significantly higher levels of sexual-related PTSS than participants without such a history. Additionally, the study demonstrated that sexual-related PTSS, but not PTSD, had a unique and unshared contribution to survivor's sexual function, sexual self-esteem, sexual motives, relationship satisfaction, compulsive sexual behavior, and mental health.

Conclusions and recommendations: The findings of the current study highlight the importance of addressing sexual-related PTSS in the context of therapy. This study contributes to the growing body of literature on the impact of CSA on survivors' sexual experience and highlights the need for targeted treatment interventions for sexual difficulties among survivors of CSA.

There is no funding to disclose for this work. The author declares no conflicts of interest.

Category : 5. Sexual Medicine

1042 - PROSTATE W SPOT ORGASM MASSAGE (PWOM)

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Purpose: To investigate a convenient and effective prostate W-spot orgasm.

Methods: 200 cases were randomly selected from prostate disease recovered patients aged 40-60 years. They were divided into two groups, an observational one and a control one with a ratio of 1:1, the experimental group used the prostate W-spot massage (massage path resembles the letter W, hence the name) method, the control used the conventional prostate P massage method (P is the initials of Prostate, no specific positioning). After 1 or 2 courses of the treatment, the efficiency was investigated by questionnaires and interviews were conducted to compare the advantages and disadvantages (W and P were substituted throughout the text).

Results: 91% effective rate for W and 73% effective rate for P.

Conclusions:

- 1.W is better than P.
- 2.A certain duration of W-spot massage can help excrete prostate fluid, prevent or relieve prostatitis, facilitate the recovery of prostate disorders and timely detect the prostate tumors.
3. The W-spot massage path coincides with the intersection of multiple meridian paths in Chinese medicine, especially the Ren and Du meridians which intersect here. Massage can smooth and refresh Blood and Qi according to Chinese medicine theory.
- 4.Prostate W-spot massage is another way of sexual pleasure for non-heterosexual interpersonal sexual relations men, gay men and those who have erectile dysfunction. It may also be conducive to the rehabilitation of certain erectile dysfunction.

The prostate massage path can directly stimulate the ejaculatory ducts, producing an experience similar to that of an ejaculatory orgasm. However, its pleasurable physiological mechanism is unrelated to penile erection or stimulation, thus without an “off period” for prostate orgasm.

Category : 5. Sexual Medicine

1050 - THE CURRENT SITUATION AND REFLECTION ON COLLEGE STUDENTS HOOK UP

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Abstract: AIM: The aim of this study was to conduct a sampling survey of hook up behavior in undergraduate students in Beijing, and to discuss hook up from three aspects: definition, current situation and reflection. Method: Sampling survey was conducted in August 2019. Respondents were college students residing in universities in Beijing. Sampling method was proportional probability sampling (PPS). The sample size was 2218. The obtained data was cross-sectional data. Qualitative interviews and questionnaire surveys were simultaneously conducted. A stratified sampling (gender stratified) was conducted among successful respondents, with 151 being randomly selected. Result: In the questionnaire survey sample, hook up at least once accounted for 17.3 regular hook up (3-5 times per month accounted for 9.2 those who have not made an appointment but wanted to try accounted for 49.5. Among them, the proportion of males was higher than females in terms of all aspects. In the sample with a history of hook up, the proportion of men who have sex with men behavior was 60.2%. The range of age between participants is [1, 35]. Hook up participants had lower overall satisfaction with sex through self evaluation. Among them 7.8 felt satisfied throughout the process (men are twice as many as women), 31.2 felt passable, the majority felt a lot of regret afterwards: 45.5 for males and 78.5 for females. Discussion: In the modern society with multiple values, hook up seems to have become one of the options for college students engaging in sexual behavior. On the one hand there are young people with insufficient cognition and a vacuum in value, but their bodies ahead of them. On the other hand, there is a deeply ingrained sexual shame in the entire society and culture. What should we do with sex education?

Category : 5. Sexual Medicine

1063 - TREATING ERECTILE DYSFUNCTION IN PARAPHILIA WITH OPERATIONAL CONSTRAINTS CASE SERIES.

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Objectives:

The purpose of this study was to assist the sexual deviant population in overcoming erectile dysfunction during sexual activities with their partners using operational constraints.

Method(s) and sample:

There were total five couples including pedophilia (foot fetish), frotteurism (rubbing fetish), coprophilia (feces fetish), menstrual pad fetish, and high heels fetish. After confirming the willingness of both the individual and their partner to seek treatment for their cognitive and emotional relationship, operant conditioning was employed to progressively train them in mutually beneficial sexual behavior patterns and improve their erectile function together.

Findings & discussion:

We employed video crossover editing, positive reinforcement, and behavior weakening techniques to gradually lessen their dependence on paraphilic behavior for arousal. This process was repeated until the client become increasingly receptive to non-paraphilic content. When paraphilic content appeared, we did not reinforce it, thereby decreasing its likelihood of occurrence and ultimately eliminating it.

Sexual satisfaction went beyond traditional sexual intercourse, and mutual benefit was crucial for maintaining a healthy sexual relationship between partners. As such, we emphasized the importance of communication and collaboration between partners. Individuals with tendencies towards sexual deviance often experienced feelings of insecurity and difference, making it vital to engage with their partners' willingness. Through training and gaining an understanding of both themselves and their partners, individuals could cultivate satisfying sexual relationships.

Recommends:

Communication was the most crucial factor. Individuals should not feel ashamed of their sexual behavior and should be mindful of their partner's needs, striving for mutually acceptable sexual practices that both parties could embrace.

Category : 5. Sexual Medicine

1071 - PREVALENCE OF SEXUAL DYSFUNCTIONS AMONG YOUNG FEMALE STUDENTS

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Introduction & Objectives: During the last decade, the physiology of the female sexual response as well as female sexual dysfunction (FSD) have received increasing awareness from both the scientific and medical community. FSD is a complex subject comprising different conditions related to multiple causes including vasculogenic, neurogenic, endocrine and (socio)psychological factors. FSD has been reported to be age-related and highly prevalent in the female population in westernized countries (such that 30% to 50% of adult women complain of sexual disorders). However, with particular regard to young women, some studies were limited and, thus, these data have been discussed controversially. Our study aimed to evaluate the prevalence of symptoms of sexual disorders in a university-based cohort of young women.

Methods & Sample: A three-domain questionnaire was distributed to a cohort of 998 female students (mean age 24 years) who were enrolled at the Hannover Medical School. The form comprised 45 questions of which 31 were related to the sexual response and performance of the individuals, these questions addressed symptoms of hypoactive sexual desire as well as those of arousal, orgasmic and pain disorders.

Findings & Discussion: 648 (65%) of the women completed the questionnaire. Approx. 40% of the participants reported permanent or temporary conditions of an impairment of sexual desire, absent or diminished vaginal lubrication and/or the ability to attain an orgasm upon clitoral or vaginal stimulation. This resulted in episodes of sexual frustration or general problems in relationships. Interestingly, only a minority of the women had difficulties to get sexually aroused. The results indicate that FSD tends to have a relatively high prevalence among the young women evaluated. Impairments of sexual desire and orgasm function were more frequently than arousal and intercourse pain disorders.

Recommendations: Further studies are indicated in order to identify risk factors associated with FSD in young females.

Category : 5. Sexual Medicine

1108 - SEXUAL HEALTH CARE & THERAPEUTIC METHODS IN AYURVEDA

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Ayurveda is an organized ancient Indian medical system. Ayurveda is the science of life, the aim is the Prevention and longevity of humankind. Ayurveda is explained in detail about basic life necessities like daily regimen, seasonal regimen, balancing both mind & body by meditation and yoga, purificatory therapies (panchakarma), rejuvenation therapies, and also aphrodisiac therapy. Ayurveda is said to use the inherent principles of nature to maintain health in a person by keeping the individual's body, mind, and spirit in perfect equilibrium.

Vajikarana (Sexology) is one of the eight major specialties in Ayurveda. This branch deals with sexual and reproductive health.

Vajikaran is an important treatment modality for enhancing sexual health, improving the health of future progeny as well as in the treatment of many common sexual disorders.

The Vedas, a treatise of knowledge. Ayurveda is one of the parts of the Atarva Veda, here the saints recorded their experimental knowledge on human health. The most important scholars are Charaka, Sushruta, Vagbhata, Yogaratnakara, etc,

Sex education and sexual health are beautifully explained in Ayurveda 5000 years ago. Till now in any other disciplines sexology is not recognized as a prime branch. In later life, in India literacy rate was very low, so we can see sculptures of sex education in many ancient temples. Those days the majority of people were visiting temples regularly and obtaining sexuality education. Ayurveda considered diet, sleep, and sex as the three pillars of life, it shows how they gave importance to the enhancement of sexual health as well as treatment for sexual dysfunctions.

Category : 5. Sexual Medicine

1116 - SEXUALITY IN BREAST CANCER SURVIVORS A QUALITATIVE STUDY

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Introduction & objectives

From the diagnosis of breast cancer to the survival through the treatments, modifications, and adaptations are required in the different aspects of patients' daily life: at professional, family, social, and couple levels and also at the level of sexual life. The latter, often neglected by health professionals, can be seriously impacted by the experience of cancer either in the practice of intimacy or in the meaning attributed to the body, object of pleasure, and sexuality.

Method(s) and Sample

A qualitative study was carried out by semi-directed interviews until the saturation of occurrences. The breast cancer patients included were women who had been diagnosed with primitive breast cancer and were followed in our gynecology and obstetrics department. We included only sexually active patients under the age of 55 over a 6-month period (February 2022-July 2022).

Findings & discussion

Four themes were identified in this study:

First, the emotional crisis experienced by patients following surgery and adjuvant treatments. Secondly, some participants described particular beliefs in relation to the socio-cultural and religious context. Thirdly, the participants emphasized the need for a support system, especially their spouses. Others mentioned the importance of caregivers and their role in providing information and education regarding sexuality after the diagnosis of breast cancer.

The last theme was the management and adaptation of one's sexuality after the diagnosis, during and after treatments, especially regarding the bodily change. It encompasses three sub-themes: sexual interest, sexual dysfunction, and sexual satisfaction.

Recommendations

Knowledge of the psychosocial and cultural aspects that influence the sexuality of women after the diagnosis of breast cancer is important to contribute to improving cancer patients' care.

Category : 5. Sexual Medicine

1141 - DEVELOPMENT OF SCALES TO DISCERN PROBLEMATIC AND NON PROBLEMATIC HYPERSEXUALITY.

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Introduction & objectives- In this study we validated an item bank that differentiates between problematic hypersexuality (PH) and non-problematic hypersexuality (NH). PH is defined as the experience of distress and negative consequences due to hypersexual urges and behavior – to the extent that seeking help is at least considered. NH is defined as hypersexual preoccupation without distress. By making use of the distinction between NH and PH we were better able than previous validation studies to determine characteristics that uniquely pertain to PH.

Methods and Sample- Our sample consisted of PH and NH participants in an online survey interested in their level of ‘sex addiction’ (n=371, 116 women). We compared this sample with a representative sample from the general population (n=1211, 592 women). We used Items from, respectively, three previously developed instruments for sex addiction, hypersexual behavior, and compulsive sexual behavior and also included items we developed ourselves. After item selection, item response theory (IRT) analyses were performed.

Results- From the initial set of 58 items 27 showed sufficient power to differentiate between NH and PH subgroups. Two subscales could be distinguished: Emotion Dysregulation-PH, consisting of 9 items assessing negative emotional impact of hypersexual preoccupation; and 2) Negative Effects-PH, consisting of 18 items assessing negative consequences of patterns of hypersexual thoughts and behavior. The subscales met assumptions of IRT (unidimensionality, local independence, monotonicity) and individual scores showed sufficient reliability and interpretability.

Conclusion & recommendations- In depathologizing NH, this study recognized that increased levels of sexual preoccupation can be experienced without distress. When hypersexuality does become problematic, it is characterized by emotion dysregulation and negative effects. PH cannot be unequivocally distinguished from NH, and we therefore recommend PH not as a diagnosis but as a comprehensive construct that describes – but does not classify – increased distress related to hypersexuality.

Category : 5. Sexual Medicine

1286 - SCHOLA MEDICA SALERNITANA REALITY AND LEGEND ABOUT MEDICINE AND SEXUALITY IN MEDIEVAL TIMES

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The Schola Medica Salernitana is considered the oldest medical school of modern civilization. Founded in the 9th century the school was the most brilliant and richest synthesis of four medical cultures: the Greek, the Latin, the Hebrew and the Arab ones. The most famous work produced by the school is Regimen Sanitatis Salernitanum, a didactic treatise in Latin verses dated between the twelfth and thirteenth centuries. It is a practical guide with a collection of rational, dietetic, and hygienic precepts useful for procuring and maintaining health and well-being. The Trotula is a collection of several books on women's medicine - gynaecology and cosmetics attributed to Trota or Trotula de Ruggiero – a legendary female doctor at the school. It provides the earliest description of vaginismus “a tightening of the vulva so that even a woman who has been seduced may appear a virgin”. It also includes several remedies for re-gaining virginity with potions made of egg white, flowers, dracaena drago and other herbs. Another important scholar was Matthaeus Silvaticus, a teacher in botany and medicine, who set up the Minerva Garden of simple medicine, attached to Salerno's medical school. He mentions it in his 650-page encyclopedia about medicating agents, Pandectarum Medicinae, completed around 1317 and printed in at least eleven editions in various countries between the invention of the printing press and 1500. Constantine the African—an African immigrant and a Benedictine monk – a central figure in the history of the Salerno Medical School - is the author of De coitu (on sexual intercourse) a singular book on the potential harms and benefits of sexual intercourse.

Category : 5. Sexual Medicine

1358 - MSM ARE NOT SMALLER THAN HETEROSEXUAL MEN AND HAVE LONGER PENISES THAN STRAIGHT MEN. THE TBORNOTTB STUDY 8 755 MSM.

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University Of Paris, Sexology, Paris-France¹ Inserm, Statistics, Paris-France²

OBJECTIVES: Sexual anal positioning amongst men who have sex with men (MSM) is central to the understanding of this population, with important repercussions on the sexological and physical fulfillment of these individuals. The purpose of our study was to determine the real frequencies of the anal positions frequently referred to as “bottom,” “top,” “versatile,” and “side,” and to determine the factors that might participate in the conclusion of sexual negotiations. We present here the physical factors of MSM related to anal sexual positioning.

METHODS: An on-line anonymous questionnaire was made available in the French language to all cisgender MSM of at least 18 years of age between June 25, 2020 and October 26, 2020 on the subject of anal positioning. The questionnaire presented 104 questions, with a total of 190 items being evaluated. A statistician from the French INSERM (The National Institute of Health and Medical Research) performed all statistical analysis.

RESULTS: 9.734 individuals clicked on our questionnaire. After informed consent, 9,686 declared they desired to participate in the study. 8,755 respondents met all the inclusion criteria for statistical analysis. The findings were of high statistical significance.

CONCLUSIONS: The TBornotTB study is the largest study to date on anal sexual positioning amongst MSM. The height of the MSM in our study is above the average height of men in France and its neighboring countries. Penis length is significantly larger in MSM than in the general population. Most MSM do not vary their positioning according to a partner’s physical characteristics, although for a good proportion these can be determinant. Our study confirms that penis size and beautiful buttocks are significantly related to sexual positioning.

Category : 5. Sexual Medicine

1360 - CANCER AND SEXUALITY WHAT SHOULD THE NON SPECIALIZED HEALTHCARE PROFESSIONAL KNOW THE FRENCH AFSOS AIUS EXPERT GROUP POINT OF VIEWS.

*Bondil Pierre*¹

Aius, Sexology, Chambéry-France¹

In cancer, sexuality must be taken into account in order to improve the quality and the length of life. As the negative impacts are usual, the patients' demand for information and treatment is strong and too often unmet or ignored. However, to take care of sexual health and intimate life may reinforce their defense mechanisms and treatment adhesion. Forgetting this represents a real loss of chance for the patient (and the couple) and a bad medical practice: a) to inform about sexual morbidity is a right of the patients and a duty of caregivers owing to major iatrogenic impact, b) to be informed about sexual health and intimate life is mandatory in order to better adapt the both therapeutic choice and strategy to the needs/expectations of the patients, to the competitive morbidity/mortality and to the screening of undesirable side-effects (sexual or not), c) to correct sexual/intimate life disorders is part of the tertiary, quaternary and, also, secondary prevention of cancer. The sexual theme in oncology is named oncosexuality, i.e., a level 1 for all health care professionals or oncosexuality, i.e., a level 2 for referent ones. As supportive oncological care is mandatory in France for the cancer care journey, this new skill is part of a quality process by respecting 4 carcinological imperatives: shared decision, personalized treatment, relevance of care and correction of inequalities in care. Its collective appropriation by different health care professionals involved in cancer care journey still remains hampered by the persistence of taboos and false ideas impaired by a lack of knowledge, skills, dedicated offer and organization (Sexologies 2021; 30 (3)).

Category : 5. Sexual Medicine

1365 - HOW MASTURBATION(A TABOO) CAUSE HIGH INCIDENCE OF PSYCHOGENIC ED IN CONSERVATIVE MUSLIM SOCIETY

Muhammad Amir Farooq Nasim ¹, *Umer Farooq* ¹
Nasim Fertility Center, Sexology, Lahore-Pakistan ¹

Introduction

Masturbation is a taboo and is religiously inhibited. there is wrong information that masturbation leads to weakening of penile musculature. Semen is considered to be a precious matter responsible for vigor, vitality and good physical health in men. Loss of semen ruins sexual and physical health. Religiously masturbation is a minor sin if performed by an unmarried male but is normally preached as a major sin. Guilt feeling of sin after masturbation and fear of ruining physical and sexual health lead to sexual neurosis. This is a major cause of male sexual dysfunction.

Material and methods

430 patients of sexual dysfunction were treated at Nasim fertility center from Feb 2022 to Feb 2023. After detailed history and lab investigations diagnosis of Psychogenic or organic sexual dysfunction was established. 83% (357) of patients were diagnosed with psychogenic sexual Dysfunction. 17% (73) were diagnosed as having an organic sexual dysfunction. 86% (307) of Psychogenic patients were below 40 years of age. The remaining 16% (50) were above 40 years of age. Using Sex therapy counseling and minimum therapeutic doses of SSRI's, benzodiazepines Vitamins, Yohimbine, PDE-5 Inh and alprostadil. Natural sexual response cycle was restored in 96% of the patients after 10 weeks of treatment.

Conclusion

The high incidence of psychogenic sexual dysfunction is due to a lack of sex education and wrong religious information about masturbation. Using Sex therapy, counseling, and minimum therapeutic doses of SSRIs, benzodiazepines Vitamins, Yohimbine, PDE-5 Inh and alprostadil and placebo penile applicants

Category : 5. Sexual Medicine

1390 - 30 YEARS OF FEMALE SEXUAL DYSFUNCTION TREATMENT”EXAMINING THE IMPACT OF SEXUAL VIOLENCE”

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National Hospital Organization Chiba Medical Center, Obstetrics & Gynecology, Chiba-Japan ¹

The author treated 617 women and 372 men in sex therapy from 1987 to 2017 (data after which are being statistically processed). Of the 568 female sexual dysfunction “FSD” patients (classified as DSM5), Genito-Pelvic Pain/Penetration Disorders accounted for 84%. Of these, in the analysis of DSM5 classification, of 568 FSD patients, the “Genito-Pelvic Pain/Penetration Disorders” occupies 84%.

In the Intake questionnaire (1996-2017), 120 out of 327 (37%) wrote that they had had sexually bad experience. This was considered as a sexual traumatic experience. Many of these cases were not necessarily considered to be a direct cause of FSD, but rather a reflection of the fact that “many women are sexually assaulted to varying degrees.”

On the other hand, in the case of difficult-to-cure FSD, there were cases where patients themselves explained that they were “not particularly focused” at first, but when they examined the reasons for the lack of progress in behavioral therapy, they discovered that it was a great trauma.

Sexual violence, including childhood sexual abuse, is sometimes a major factor in sexual dysfunction, and in this case, it tends to be difficult to treat, such as the victimization experience is difficult to manifest even during treatment, and more specialized psychotherapy is needed along with sex therapy.

The author would like to announce this because she strongly felt this again from more than 30 years of medical experience.

Category : 5. Sexual Medicine

1394 - THE AIUS FRENCH SEXOLOGY ASSOCIATION WITH A STRONG COMMITMENT TO THE CONTINUING EDUCATION OF HEALTHCARE PROFESSIONALS.

*Pierre Bondil*¹

A major objective of the French official “national sexual health strategy” is to raise awareness among 100% of healthcare professionals (HCPs) by 2030. However, the small number of HCPs who are familiar with sexual health and its disorders (< 10,000) means that as many HCPs as possible need to be educated and trained. Reality dictates that it is impossible for those in the know to really meet the sexual health information and care needs of several million French people potentially concerned. Unfortunately, the majority of HCPs are uncomfortable due to problems of knowledge, skills, legitimacy and/or resources. The Aius has advocated that many of them should become the primary players in sexual health, subject to a minimum of training and a vade-mecum for standardizing and sharing knowledge and practices. With this in mind, in 2021, the Aius successfully responded to a national call for tenders from national ANFH to raise awareness of the “sexual health” dimension among all HCPs. The clinical approach to sexuality and intimacy requires knowledge of certain ethical rules. Accessible to all without being time-consuming, this base level (inform, be informed, screen, reassure, guide) makes it possible to: a) to legitimize and demystify the subject of sexuality, b) to engage in dialogue, reassure and better target/screen the people who need it most (proportionate universalism). After two years’ experience, the results are satisfactory but have highlighted a number of adjustments that need to be made. This continuing education strategy complements the university degree courses run by the French College of sexology and sexual health and supported by the Aius. In terms of professional standards, the AIUS and the French College agree on the definition of two levels: providing sexual health information; educating and providing appropriate care in sexual health and intimate life, and/or activating multidisciplinary sexology care networks.

Category : 5. Sexual Medicine

1395 - CANCER AND SEXUALITY WHAT SHOULD THE NON SPECIALIZED HEALTHCARE PROFESSIONAL KNOW THE FRENCH AFSOS AIUS EXPERT GROUP POINT OF VIEWS.

Pierre Bondil¹

In cancer, sexuality must be taken into account in order to improve the quality and the length of life. As the negative impacts are usual, the patients' demand for information and treatment is strong and too often unmet or ignored. However, to take care of sexual health and intimate life may reinforce their defense mechanisms and treatment adhesion. Forgetting this represents a real loss of chance for the patient (and the couple) and a bad medical practice: a) to inform about sexual morbidity is a right of the patients and a duty of caregivers owing to major iatrogenic impact, b) to be informed about sexual health and intimate life is mandatory in order to better adapt the both therapeutic choice and strategy to the needs/expectations of the patients, to the competitive morbidity/mortality and to the screening of undesirable side-effects (sexual or not), c) to correct sexual/intimate life disorders is part of the tertiary, quaternary and, also, secondary prevention of cancer. The sexual theme in oncology is named oncosexuality, i.e., a level 1 for all health care professionals or oncosexuality, i.e., a level 2 for referent ones. As supportive oncological care is mandatory in France for the cancer care journey, this new skill is part of a quality process by respecting 4 carcinological imperatives: shared decision, personalized treatment, relevance of care and correction of inequalities in care. Its collective appropriation by different health care professionals involved in cancer care journey still remains hampered by the persistence of taboos and false ideas impaired by a lack of knowledge, skills, dedicated offer and organization (Sexologies 2021; 30 (3)).

Category : 6. Public Health and Public Policies

1051 - PUBLIC'S PERCEPTIONS AND ATTITUDES TOWARDS PEOPLE LIVING WITH HIV AIDS

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Introduction & objective: HIV/AIDS rates are rising in the Middle East and North Africa. Socio-cultural and religious factors influence people's access to sexual health information, prevention, diagnosis and treatment services. The aim of this study was to explore Muslims perceptions and attitudes towards HIV/AIDS and people living with HIV.

Methods and sample: We conducted qualitative semi-structured interviews with people living in Gulf Cooperation Council (GCC) countries. Interviews were conducted virtually and analyzed using reflexive thematic analysis. A total of 27 participants from different countries in the GCC were interviewed. Two of the participants are living with HIV.

Findings and discussion: We identified the following themes: HIV/AIDS is not "our" disease, Sources of HIV infection in the GCC, Stigma towards HIV/AIDS, Experience of living with HIV. GCC communities were perceived to be protected from HIV through religious and social values. "Traveling" outside the GCC was often mentioned as a way of acquiring HIV/AIDS, and was used as a code for extramarital sex. Stigma towards people living with HIV was clearly evident. HIV/AIDS was linked to immorality, therefore GCC communities view HIV/AIDS as a punishment from God. Stigma had a significant impact on the lives of people living with HIV, making them feel isolated and excluded from society. The stigma also affected their prospects of marriage and work. The negative impact of living with HIV/AIDS on mental health was a direct result of the stigmatization experienced from society, leading to thoughts of suicide and self-harm

Recommendations:

There is a crucial need for efforts to reduce stigma towards HIV/AIDS in GCC countries and other Muslim communities. Research and policy efforts should be directed towards exploring interventions to reduce stigma and facilitate access to services and employment opportunities among people living with HIV.

Category : 6. Public Health and Public Policies

1059 - SEXUAL FUNCTIONING AND DATING VIOLENCE AMONG ADOLESCENTS AND EMERGING ADULTS

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Introduction & objectives. A systematic review on sexual and reproductive health outcomes associated with gender-based violence (Grose et al., 2021) reported limited attention to dating violence (DV) impact on sexual health of adolescent girls and young women. The Canadian Pixel survey estimated that 50% of young women and 40% of young men have been sexually active before age 17 (Lambert et al., 2016). The prevalence of DV is alarming; a representative sample of Quebec (Canada) adolescents (n = 8,024) revealing that 63% of girls and 49% of boys have experienced at least one episode of DV in the last year (Hébert et al., 2017). The present study aimed to 1) evaluate if the experiences of DV, including sexual victimization, adversely affects sexual functioning and to 2) capture how DV shapes cognitions, emotions, and behaviors of adolescent's body. **Methods and sample.** Based on a mixed-methods design, the quantitative component was conducted in Quebec sample of 451 adolescents and emerging adults and qualitative analysis conducted with a subsample of 32 adolescents. **Results.** Hierarchical multivariate regression analyses revealed that sexual DV and gender (girls) were significant predictors of sexual functioning. Surprisingly, adolescents (15-17 years old) who experienced DV reported higher sexual arousal and sexual satisfaction than non-victims, but this was not the case for emerging adults (18-25 years old) and victims of sexual DV. Based on developmental theory of embodiment (Piran, 2017), the qualitative analysis revealed that DV is posing different challenges to sexual arousal and sexual satisfaction. **Conclusion & recommendations.** Findings suggest that DV prevention programs should foster evidence-based, age- and developmentally appropriate interventions to address sexual health outcomes at an early age and to empower girls from DV.

Category : 6. Public Health and Public Policies

1067 - EVERY PREGNANCY A HEALTH THREAT EVERY ABORTION BAN A RIGHTS VIOLATION

Chris Creatura¹

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An honest, comprehensive description of the impact of pregnancy and childbirth on the human body has never been published. All pregnancies pose a health threat and childbirth has permanent irreversible effects that are cumulative and often late-manifesting. This reality refutes the anti-abortion, pronatalist claim that there is any such thing as a “medically-unnecessary” abortion. Maternal mortality and morbidity statistics are flawed and incomplete. None of these measures adequately captures the impact of pregnancy, whether voluntary or forced, upon the health of the parturient or her community. The cultural reluctance to seriously study the effects of pregnancy on health is linked to gender inequality and correlated with restrictive abortion laws. Abortion access supports the fundamental human right to bodily autonomy and sexual self-determination, thus every abortion is performed for a person's health. Involuntary pregnancy is a major preventable cause of human suffering. This report elucidates the unpredictable and often unattributed morbidity associated with pregnancy and childbirth, and argues for a democratic human rights approach to abortion policy.

Category : 6. Public Health and Public Policies

1100 - YOUTH FOR ACCESS TO ABORTION FOR YOUTH SHOWCASING YOUTH LED ADVOCACY

*Pratigya Kayastha*¹, Shilpa Lamichhane¹

Visible Impact, Solutions And Impact, Kathmandu-Nepal¹

Introduction and Rationale: Safe abortion is the most controversial component of reproductive health because the public often has a negative perception when they are not able to put abortion from a rights-based perspective. One of the major reasons for Nepal's reduced maternal mortality rate is the legalization of abortion. Yet, less than half of the population is aware that safe abortion is free and legal in Nepal. Hence, promoting conversation and improving access to abortion services will contribute to overall health indicators. YAAY is an advocacy program to advocate for stigma-free and youth-friendly safe abortion services at the national and provincial levels.

Action and Population Group: Considering young people as beneficiaries and change agents this project targets them in order to shift negative attitudes and enhance awareness regarding the availability of safe and legal abortion. Further, media professionals were value clarified to develop non-judgmental, stigma-free, progressive, and factual articles on safe abortion.

Outcome: Through YAAY, on average, the knowledge of safe abortion was increased by 87%, attitude became positive by 20%, and 56 factual media contents about safe abortion were published. Around 9.8 million people were reached through PSA and more than 200 participants through webinars.

Discussion & recommendations: Abortion remains a small chapter in "Sexual and Reproductive Health and Rights" which is not discussed openly, but through YAAY important resources were developed that focus on unleashing the capacity of young people to speak about abortion from a rights-based approach including advocating at the provincial and local levels about it. Collaborations are being done on the ground, and provinces are including youth-friendly SRHR and abortion in their policies and programs.

Category : 6. Public Health and Public Policies

1114 - RELIGIOUS COMMITMENT AND YOUTH EXPOSURE TO SEXUALLY EXPLICIT FILMS

Lim Mengzhen¹

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Religion plays a significant role in Malaysian society, affecting customs, traditions, and politics. However, it is unclear if an individual's level of religious commitment impacts their attitudes towards sexual activities, particularly watching sexually explicit films (SEF). Malaysia ranks fourth globally for visits to porn websites despite the practice being illegal, and many individuals are exposed to sexually explicit material before the age of 18. To address this gap, the present study used the theory of planned behavior as the foundation to explore the relationship between (i) religiosity, (ii) age of first exposure to SEF, (iii) attitudes towards pornography, (iv) subjective norms, (v) perceived behavioral control, and (vi) intention to quit consumption. A total of 361 young adults aged between 18-28 (M=20.05; SD=1.43) took part in the anonymous survey. Among the respondents, 224 (62%) identify themselves as a male while 137 (38%) identified themselves as being female; 304 (84.2%) self-reported being Malaysian; all of them are currently university students; and self-declared themselves as users of sexually explicit films. All variables were measured using a validated scale, and re-validated after data collection and Spearman correlation were carried out to examine the relationship between all variables using SPSS software. The study found that individuals with higher levels of religious commitment and those exposed to SEF at an older age had more negative attitudes towards pornography and felt less peer and parental acceptance about their SEF-watching behavior. These individuals also reported greater ease in stopping SEF consumption and a stronger intention to quit. However, the age of first exposure to SEF did not significantly affect the ease or intention to quit. The study's results could help support groups develop programs to aid quitting SEF and inform public health policies.

Category : 6. Public Health and Public Policies

1137 - MEASURING LAYPEOPLE'S NOTIONS OF INTERSEX IN THE NETHERLANDS AND FLANDERS

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Introduction & objectives

In emancipation policy, the 'I' is often added to the LGBTI+-acronym. Yet it is still unknown to what extent this term is known and understood by the general population, and what attitudes toward intersex (people) are. In the current study, we describe the construction and development of the Intersex Knowledge and Attitudes Scale (IKAS), as well as the results from this baseline measurement in the Dutch and Flemish population.

Methods & sample

The IKAS was developed after a carefully documented stepped process of literature scan, expert consultations, and pretesting. A representative sample of 2,003 respondents (1,000 Dutch and 1,003 Flemish) participated in the study.

Results

Two thirds of the Flemish and Dutch populations had no (or no correct) knowledge of the term intersex. People with prior knowledge of intersex had significantly more positive attitudes towards intersex people, than people without this knowledge. A number of factors were associated with less positive attitudes towards intersex people: having a male gender, lower levels of education, level of religious affiliation, majority status, and gender binary beliefs.

Conclusions & recommendations

Both in Flanders and the Netherlands there still is room for improvement in terms of knowledge and attitudes towards intersex people. More knowledge may lead to more understanding, so that intersex people can be more open. Second, it is recommended to challenge beliefs of sex and gender as binary categories, because people who have less issues with people who do not entirely fall in these categories, also have more accepting attitudes toward intersex people.

SOURCES OF FUNDING

Dutch Ministry of Education, Culture and Science, Department of Emancipation (Netherlands); Flemish Agency Domestic Administration, Department of Equal Opportunities, Civic Integration & Integration (Flanders).

Category : 6. Public Health and Public Policies

1142 - ACCESS TO HEALTHCARE SERVICES FOR FEMALE SEX WORKERS IN TUNISIA

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Faculty Of Medicine, Psychiatry Department, Sousse-Tunisia¹

Introduction and objective: Previous studies highlighted lower usage of health services by female sex workers. Research on this topic is scarce, especially in Tunisia. This study aimed to explore the factors that prevented female sex workers from accessing sexual health services in Tunisia.

Methods and sample: A qualitative research method was employed. Data were collected by semi-structured interviews with cisgender female sex workers aged 19 to 65 years. Content thematic analysis was used to analyze and interpret the data.

Findings and discussion: 13 female sex workers were interviewed. The experience of sexual health services varied, and several barriers were identified. Thematic analysis of the data identified three main themes: limited knowledge, a hostile care environment, and legislative and policy barriers.

The theme of limited knowledge revealed that the participants have a limited understanding of various emotional, psychological, and social issues related to their sexual health. Under the theme of a hostile care environment, the findings revealed that the major challenge proved to be the discrimination and stigma that they face on a daily basis. The theme of legislative and policy barriers highlighted the lack of social health insurance for sex workers in Tunisia.

Although private practice consultations were found to be a potential way to address these barriers, the study noted that access to care through this route was not without risk, even though many sex workers have their own network of free practice physicians.

Recommendations: Our results pointed out the need to improve accessibility and resources to provide optimal services and to concretely capture the various difficulties encountered by them and their way of circumventing them.

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1144 - EXPLORING HEALTH VULNERABILITY FACTORS AMONG FEMALE SEX WORKERS IN TUNISIA

*Ahlem Mtiraoui*¹, Amal Ben Abdallah¹, Hayder Mahjoubi¹

Faculty Of Medicine, Psychiatry Department, Sousse-Tunisia¹

Introduction and objectives: Based on existing studies, female sex workers are a particularly vulnerable population to health problems. They are predisposed to have poor health outcomes, high rates of morbidity, and reduced quality of life. This study aims to explore the health vulnerability factors of female sex workers.

Methods and sample: This qualitative research study utilized semi-structured interviews to collect data among a group of female sex workers until saturation was reached. Thematic analysis was employed to analyze the data and identify patterns and themes related to the research questions.

Findings and discussion: 13 female sex workers were interviewed. Thematic analysis of the data identified three main themes: sexual health vulnerabilities, mental health vulnerabilities, and social issues.

Under the theme of « sexual health vulnerabilities », the findings revealed that the participants engaged in risky sexual practices that can lead to contracting sexually transmitted infections (STIs). Many participants faced difficulties in negotiating condom use with clients and reported being subjected to violence or coercion by clients.

The theme of « mental health vulnerabilities » highlighted self-esteem issues, internalized stigma, and depression among the participants. Participants reported feeling marginalized by society, which led to feelings of shame and low self-worth.

« Social issues » emerged as a significant theme, with participants facing legal issues, low income, social rejection, and family-related issues. The participants reported experiencing discrimination not only from the general public but also from healthcare providers and law enforcement agencies.

Recommendations: This study stressed the need for positive actions in order to promote well-being through the female sex workers community and to develop guidelines to prevent them from health vulnerabilities related to their work

Category : 6. Public Health and Public Policies

1165 - CONCERN ABOUT LABIA MINORA IN ADOLESCENTS ANATOMY AND SELF PERCEPTION

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Introduction & objectives

Labiaplasty procedures keep raising every year and many women requesting them are adolescents. Most procedures are performed because of aesthetic reasons, but some women search for help in public health services, referring to have “abnormal” labia. Educational interventions are recommended by most scientific societies.

We aimed to know main characteristics of adolescents consulting gynecologist for this issue in our hospital.

Method(s) and Sample

We analyzed data from 39 women who consulted because of concerns about size of their labia minora in the gynecology service of Hospital 12 de Octubre, in Madrid (Spain) from November 2020 to February 2023.

We measured labia minora width with metric tape. Genital Self-perception was explored through Female Genital Self-Image Scale-Spanish (FGSIS-S), which is a 6-item Spanish validated scale, developed from original English FGSIS. Total score varies from 6 to 24 and higher scores resemble a more positive attitude towards genital self-image.

Findings & discussion

Women consulting were 13 to 50 years old (median 20.5). 20 women (51.3%) were under 18 years old. 11 of these adolescents were evaluated by a specialized gynecologist, and measurements were taken:

Adolescents were 13 to 17 years old (median 15.3). Concern about labia minora had started at 13.6 (median, range 11-16). Mean right labia minora width was 24.5 mm (range 7-38) and 30.2 (20-42) for the left one. Mean total FGSIS-S score was 13.8 (range 8-18).

Just 2 patients (18.2%) had one labia minora larger than 4 cm and none of them over 5 cm, which are measures reported by some authors as “normal”, nevertheless, genital image self-perception was poorer than previously reported in our population, which supports educational interventions to be taken.

Recommendations

Adolescents concern about genital self-image is raising. Educational interventions about anatomical function and diversity should be first-line to address this issue.

Further studies are needed in this field.

Category : 6. Public Health and Public Policies

1180 - VALUES BASED DIALOGUES ON ENGAGING MEN AND BOYS FOR GENDER EQUALITY

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Constructive and positive engagement of men and boys is critical for progressing gender equality, realizing transformative gender norms, building diverse and inclusive societies, and for effective HIV/STI and GBV prevention programming. Increasing male engagement is core for realizing and respecting the rights of women and people of diverse sexual orientation, gender identity and expression.

Often men are viewed as “part of the problem”, with violent and risky male behaviors seen as negatively affecting health and wellbeing. In some societies, long-established patriarchal norms still persist, with associated expression of male power and privilege, preventing full recognition of the human rights, bodily autonomy and agency of women and LGBTQI+ people. Despite progression, there is still much to do to achieve more equitable and balanced leadership, rates of pay and recognition of the diverse roles and contributions of people of all genders across society.

Globally, various efforts have been made to better engage men and boys, tackle unequal social norms, and harness what are traditionally seen to be positive attributes of cis-gender male identity and sexuality - such as strength and endurance, plus provider, protector and producer roles. The aim is to harness and direct these positive attributes for transforming male attitudes and behaviors, and for adjusting social structures to achieve more equitable, balanced, cohesive and inclusive communities.

UNFPA is one of several organisations globally who aim to eliminate GBV, female genital mutilation, child marriage and other harmful practices, and to prevent HIV/STI transmission. In Asia-Pacific region, a series of social “value-based dialogues” are underway to identify social transformation approaches for better addressing sexual and reproductive health issues and ending harmful cultural practices. This presentation focuses on one dialogue – seeking to better engage men and boys, and identify strategies for reducing destructive, oppressive and risky male behaviors for the benefit of all.

Category : 6. Public Health and Public Policies

1229 - SEXUAL HARASSMENT AND VIOLENCE IN THE MINING INDUSTRY A SCOPING REVIEW

*Jacqueline Hendriks*¹, Giselle Woodley¹, Sharyn Burns¹, Cheryl Yam², Laura Fruhen³, Sharon Parker², Catherine Drane²

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Introduction. The pervasiveness of sexual harassment and violence throughout Australian workplaces has been recently identified. Furthermore, male-dominated industries such as the mining sector, report disproportionate levels of abuse.

Method. As part of a broader remit to improve the health and wellbeing of workers in the Western Australian mining industry, a review was undertaken to examine the concept of sexual harassment and violence within the sector, both nationally and globally. Through application of a formalised scoping review protocol, specific research questions were generated, and relevant literature (28 peer-reviewed articles, 6 grey literature documents) were identified.

Results. The review synthesised evidence related to (1) the perceptions, prevalence and contributing factors to sexual harassment and violence within the mining industry, (2) current strategies and interventions seeking to reduce sexual harassment and violence, and (3) identified issues to strengthen future interventions. Whilst specific prevalence rates varied across studies, younger women and those of demographical intersectionality (e.g., people of colour, those with disabilities) were found to be most at risk. A broad spectrum of harmful behaviours were identified, and significant underreporting was repeatedly acknowledged. Contemporary response strategies include specialised workplace policies and training programs, improved reporting pathways, and initiatives to increase the visibility of women generally and their representation in management roles. However, data on the effectiveness and/or efficacy of interventions was notably absent.

Discussion and recommendations. Sustained attention and focus are required to both prevent and manage sexual harassment and violence in male-dominated industries. Based on this scoping review of the mining industry, future efforts require scaffolded and rigorous evaluation frameworks and should include opportunities for co-design with a diverse range of stakeholders and minority voices. Dynamics of power and intersectionality should also be considered, and support strategies should extend beyond victim-survivors to include perpetrators and bystanders.

Category : 6. Public Health and Public Policies

1237 - REVISITING PARENT CONNECTEDNESS AND DETERMINANT FACTORS OF EARLY ADOLESCENT PORNOGRAPHY USE IN INDONESIA

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INTRODUCTION AND OBJECTIVES:

Early adolescents' exposure to pornography is becoming increasingly alarming. Studies in Indonesia indicate that the prevalence of pornographic exposure among adolescents is between 22-94.7%. Parent connectedness is considered a super protector that can fortify adolescents against various challenges. This study aimed to investigate the relationship between parent connectedness and the likelihood of early adolescents watching pornography and identify the factors that determine early adolescents watching pornography in Indonesia.

METHODS AND SAMPLE:

This cross-sectional study was conducted using secondary data from the Global Early Adolescent Study (GEAS) Indonesia Wave 1 in 2018. The research sample consists of 3,844 students aged 10 to 14 from 3 big cities: Bandar Lampung, Denpasar and Semarang.

RESULTS:

The proportion of early adolescents who have watched pornography is 17.9 %. Determinant factors of adolescents' experience of watching pornography are poor parent connectedness (OR=1.44, 95% CI=1.19-1.75), male gender (OR=3.78, 95%CI=3.09-4.65), low religious obedience (OR=1.32, 95%CI=1.03-1.79), previous experience of risky sexual activity (OR=2.34, 95%CI=1.77-3.09) or un-risky sexual activity (OR=1.38, 95%CI=1.09-1.74), low parental education (OR=3.66, 95%CI= 1.50,8.92), bad influence from peers (OR=2.31, 95%CI =1.90-2.80), duration of social media access (OR=1.44, CI=1.18-1.75), desire to quit school (OR=2.02, 95% CI=1.52-2.67), and being in a relationship (OR=1.49, 95%CI=1.18-1.89).

DISCUSSION AND RECOMMENDATIONS:

This research has attempted to represent Indonesia by using many respondents with diverse backgrounds. This study also produces findings in the form of determinants of pornography in early adolescents so that it is expected to be the basis for various parties to prevent the use of pornography in adolescents. Early adolescents with poor parent connectedness have a 1.44 times higher chance of viewing pornography. It is hoped that parents can strengthen parent-child connectedness through good and open communication with adolescents, especially in early adolescence.

Category : 6. Public Health and Public Policies

1250 - PATHS FROM THE OLD TESTAMENT TO THE PRESENT STATE OF TRANSGENDER HEALTHCARE

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Background:

We experience an increase in cultural and political statements both against and in support of different ways to address and to assist TGD people.

The author was inspired by cultural and professional fights over the phenomena of gender incongruence, to explore human philosophical history for what might constitute the background for this sad state of affairs, which hardly serves the primary stakeholder's needs.

Method:

A search was performed through books and publications. The information found was extensive, contradictory and surprising. Feeling of shame stood out as a possible contributor to emotions influencing cultural perceptions.

Much ancient philosophy is based on the narratives of the Old Testament of the Bible, and rich sources in the works of Aristoteles, Galen, muslim philosopher and alkyimist thinkers.

The interpretations of the New Testament of the Bible, the writings of Richard von Krafft-Ebing, Magnus Hirschfeld, Zoë Playdon, Leah de Vun and many others, all contribute to the same diverse and contradictory outcome.

We can follow different paths of sex and gender perceptions and understandings leading up to two main attitudes and actions towards atypical gender expressions, namely those of pathologizations and natural gender diversity.

These two paths have nurtured culture, politicians and law-makers in diverse and contradictory ways.

They can be seen as precursors of health care offers ranging from gate-keeping, real-life test and psychiatrization, to those that are gender affirming and informed consent based.

Conclusion

Attitudes and healthcare offers do not evolve independently of history and philosophy. In order to obtain a deeper understanding, more optimally functioning health care offers and more beneficial cultural attitudes, it is timely to get more insides as to what brought us where we are today, and to access more depths as to why there is such a sharp and uncompromising public debate on these issues.

Category : 6. Public Health and Public Policies

1252 - STI X A NOVEL APPROACH TO STI TESTING IN RURAL AND REGIONAL VICTORIA AUSTRALIA

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Introduction and Objectives:

As rural and regional cities struggle to attract and maintain healthcare professionals, the need for new solutions to offset issues of access to appropriate services is imperative. Notwithstanding the COVID-19 period, sexually transmissible infections (STIs) in regional Victoria continue to exceed metropolitan rates. Therefore, an innovative strategy was needed.

Dispensing STI tests from a vending machine is not new for populations with higher health literacy or a higher propensity to regularly test. However, in regional and rural areas where conservatism remains an additional barrier, publicly placed STI test vending machines are a novel approach.

Two vending machines are currently active in northern Victoria. Continuing for a pilot period of 12 months, the machines will provide access to testing for key populations in five rural and regional areas.

Method and Sample:

Expanding on a previous postal STI testing service, three key cohorts have been prioritised for access to this service. These include people aged younger than 26 years, men who have sex with men (MSM) and Aboriginal and Torres Strait Islander people.

To collect a test kit, users need to answer six questions and possess a mobile phone (phone numbers are encrypted and not available to the research team).

The free test kits contain swabs for tri-site Chlamydia and Gonorrhoea testing, in addition to an Atomo rapid HIV test.

Results:

We will report on intervention reach (user demographics, number and type of kits dispensed), process outcomes, including experience of users and providers, and testing outcomes (return rates and positive tests).

Discussion and Recommendation:

In rural and regional areas, STI test vending machines could alleviate issues of access to sexual health services, increase the privacy afforded by vending machine use, and add a level of personal control for target populations to regularly monitor their sexual health.

Category : 6. Public Health and Public Policies

1253 - SWAPS SEXUAL WELLNESS ACTION PLANS BOOST COMMUNITY COMMITMENT AND ENGAGEMENT

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¹

Introduction and rationale

Sexual health and wellness promotion is an area often under-funded and under-prioritised within community health promotion. In regional and rural Victoria, Australia, this is due to workforce shortages, competing funding priorities and an element of conservatism. To lead meaningful change for rural communities, the need to enhance communities of practice and consolidate efforts across the stretched sector was evident. Working alongside local workforces to strategise, plan and deliver strong outcomes required a cohesive approach to streamlining best practice and successful partnerships. The result was Sexual Wellness Action Plans (SWAP).

Action and population group concerned

Utilising a framework such as appreciative inquiry can help identify needs and solutions using a strength-based approach. With a strong understanding of local communities, local workforces are in an ideal position to coordinate effective solutions for their populations, recognising the diversity of these populations.

Outcome

Four SWAPs are currently in place effecting change in their communities by supporting workforce collaboration and cohesion. Partnerships are stronger than before with an emphasis on best practice solutions and coordinated efforts towards a common goal. As SWAPs progress, review and reflection allows for new signatories to join, thus increasing the level of service provisions available and the scope of collaboration to expand.

Discussion and recommendations

Using SWAPs are an innovative way to coordinate service delivery at a local level with local workforces. Large regional plans can and do play an integral role but may miss nuances within diverse communities.

SWAPs may not demonstrate increased short term sexual health and wellness promotion production, but as the plans become embedded, local initiatives and innovations can grow and thrive, slowly shifting communities towards a more sex positive approach.

Category : 6. Public Health and Public Policies

1263 - MALE SEXUAL VIOLENCE VICTIMS WHAT ARE THE DIFFERENCES BETWEEN FEMALE VICTIMS IN A RAPE CARE CENTER SAO PAULO BRAZIL 2001 2021.

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Background

Sexual violence (SV) has been recognized by the World Health Organization as a public health problem. Although females are more affected by this crime, estimated at up to 62% for girls, little is known about male SV victims (SVV).

METHOD & POPULATION SAMPLE

Describe characteristics and compare female and male SVV who sought Rape Care Center in Sao Paulo, Brazil, 2001-2021. We analyzed demographic, clinical, and SV-related variables using chi-squared tests, and Wilcoxon Rank-Sum tests.

Results

Out of 825 SVV were 601(72.8%) female and 224(27.2) male, 564(70.2) white, mean age 15.8(IQR= 6.8-25.1) years old. As for the SV characteristics, 388(56%) declared that perpetrators were known, and 234(87.6%) episodes involved one perpetrator only. The SV episode occurred at home or nearby 399(56); SV was described by females as 334(71.7%) vaginal penetration; anal penetration occurred more often for male SVV 116(78.4) (p=0.00); 100(12.7%) received treatment for the sexually transmitted disease; HIV-prophylaxis was prescribed for 288(78.3) SSV who sought RRC before 72 hours after an SV episode; 450(55.5%) SVV completed the proposed 6-month follow-up. When we compared both sexes, SVV males were younger(p=0.00), abused by more than one perpetrator (p=0.00), sought health care after 72 hours of an SV episode (p=0.001), and were more frequently chronically abused(p=0.028). Over 18 years old, women showed more symptoms of mental disorders than male during the follow-up (p=0.008).

Conclusion

Although females are more vulnerable to sexual violence, the treatment of both sexes is essential, since SV has lifelong consequences for all victims.

Category : 6. Public Health and Public Policies

1294 - EVALUATING SCHOOL BASED COMPREHENSIVE SEXUALITY EDUCATION USING NON RANDOMIZED CLUSTER DESIGN STUDY.

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Introduction

Existing evidence demonstrated the effectiveness of Comprehensive Sexuality Education (CSE) in providing adolescents with rightful and appropriate information to improve knowledge, attitudes, and behaviours about sexuality. However, there is no consensus on the optimal methodological approach to evaluate CSE interventions. Here we propose a protocol to assess the outcome of a standardized evaluation strategy on adolescents' knowledge about sexuality. This research is part of a national Italian project on school-based CSE (EduForIST), funded by the Italian Ministry of health.

Methods and sample

A non-randomized, Solomon four-group study design will be applied. Classes in secondary schools participating in EduForIST educational activity will be assigned to one of the four arms. The activity will consist of five interventions regarding: changes in adolescence, emotions, consent and relationships, sexual identities, sexually transmitted infections, and sexual health services. Pre-tests will be administered at least one week before the start of the activity, in intervention group (1) and in control group (2). Post-tests will be administered to all groups at least one week later and four-six months later. The tests include questions regarding all the domains addressed. Paired chi-square test will be used to compare pre/post-tests results (within group), regression analysis will be used for comparison (between groups).

Results

At least 80 classes will be included in the study. Expected results include assessment of pre-post difference, post-test differences, effect of intervention on knowledge, and effect of pre-test on the outcome of EduForIST activity in the different groups, comparing post test results.

Discussion and recommendations

This work could potentially contribute to create robust evidence of effect of CSE on adolescents' knowledge. Additionally, we expect to contribute increasing evidence on how to effectively evaluate CSE interventions in schools.

Category : 6. Public Health and Public Policies

**1304 - BREAST TUBERCULOSIS OR IDIOPATHIC GRANULOMATOSIS MASTITIS
DESCRIPTION OF 280 OUTPATIENT CLINICAL CASES AND PRELIMINARY RESULTS
WITH ANTI TUBERCULOSTATIC DRUGS IN A ENDEMIC AREA SÃO PAULO BRAZIL.**

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BACKGROUND

Granulomatous mastitis (GM), diagnosed by biopsy, represents less than 3% of benign breast pathology. Extrapulmonary tuberculosis of the breast in endemic countries needs to be considered as a different diagnosis and treatment. Diagnosis and treatment of these conditions are usually challenging.

METHODS

From February 2012 to September 2022, 280 women who sought the outpatient clinic with mastitis for longer than 1 month and that did not respond to the antimicrobial treatment were submitted to the following diagnostic protocol: 1) breast core needle biopsy and/or 2) microbiological investigation of secretions, papillary discharge or breast fistula, using the MGIT and Myco/F lytic system (BD®), and if positive is submit to MPT64 protein by immunochromatography and/or 3) Real-time DNA polymerase chain reaction for Mycobacterium tuberculosis complex (RT PCR-MTB) by Abbott®. Radiologic, tuberculin skin test, and QuantiFERON were also done.

RESULTS

165(56%) patients were white; Their median age was 36,4 (IQR 30.4-41.7) years, and they reported a median of 12(IQR 11-12) years of schooling. Median time interval between the onset of symptoms and admission was 8 (IQR 4-23) months. Clinical presentations included breast lump with fistulized abscesses 210(76%) or without inflammatory signs 77(27,9%). Patients declared that they received before their admission in our outpatient clinic antibiotics 247(90. 5%), prednisone 113(42.3%), methotrexate 14(5,2%), and were submitted to breast surgery in 91(33,3%).

The tuberculin skin test and QuantiFERON were respectively positive for 83(33%) and 41(42%) patients. Histopathological exams showed granuloma in 132(64%) and histiocytic/plasmocytic 61(30%) cases. BIRADS mammography, bigger than 4, was 27/83(32,5%). Acid-fast bacilli were detected for 10(4.4%) patients. RT PCR-MTB was negative in all 183 patients tested as MGIT cultures. In contrast, 132(73%) patients showed MPT64 protein by immunochromatography after MYCO/F inoculation. Of 193 patients submitted to anti-tuberculostatic drugs (RIPE-Rifampicin+ isoniazid + pyrazinamide + ethambutol), during a time therapy of 12(IQR 9-12) months, the cure was obtained respectively in the 9o, 12 o and 18 o months for 159(85%), 173(93%) and 181(96.7) patients. Seven patients abandoned the treatment. For the more prolonged treatment, quinolones were associated with anti-tuberculostatic drugs with good clinical results.

CONCLUSION

Our treatment response with anti-tuberculostatic drugs for GM showed more than 90% in 12 months and improved their quality of life. Research implementation is needed to ameliorate the diagnosis of tuberculosis mastitis.

Category : 6. Public Health and Public Policies

1322 - BEYOND THE BOX A MULTIFACETED EMPOWERMENT INTERVENTION ON ADDRESSING THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) NEEDS OF MARGINALIZED AND VULNERABLE POPULATIONS

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Background:

Our extensive experience with Gender and Sexually Diverse People (GSDP) has attuned us to their adversities, especially in countries like Bangladesh where they are stigmatized. The COVID-19 pandemic posed unique challenges which displaced male sex workers and transgender women into extreme poverty and hunger. We explored the challenges and future aspirations of GSDP through a rapid anthropological assessment. Findings showed that financial despair and starvation affected their headspace to think about their health, including SRHR. While they gratefully acknowledged the food support, they coined this as a temporary band-aid to a major wound. They expressed their need for a pathway to help them withstand future crises. SRHR interventions for GSDP focus on health-related aspects, thus neglecting the critical interlinked issues, e.g., poverty and social welfare. Consequently, they cannot exercise their SRH-related rights and leverage the benefits of SRHR interventions. These findings led us to develop an innovative intervention described below.

The approach:

We piloted a multifaceted socioeconomic empowerment intervention to address these interconnected complexities by giving economic support for income generation, including health, and social welfare support. We aimed to explore the implications of these interventions on participants' ability to enhance their SRHR outcomes. Nine case studies were collated using qualitative interviewing techniques from purposively selected MSW, and Hijra participants in Dhaka after six months of the intervention.

Discussion and recommendations:

Findings revealed that the multifaceted psychosocial support activities helped increase participants' motivations and self-awareness for availing of SRHR services. The health promotion and socio-economic empowerment interventions improved their decision-making abilities, and negotiation powers to exercise safer sex behaviors. These case studies indicated that to ensure promising and sustainable outcomes from SRHR interventions specially focused on GSDP; it is essential to intertwine psychosocial and economic aspects of their lives rather than applying isolated biomedical health interventions.

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Category : 6. Public Health and Public Policies

1349 - SEX EDUCATION AT HOME A CAMPAIGN TO MALAYSIAN PARENTS

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Introduction: Most Malaysian families still observe the traditional socio-cultural religious values. Sexual education is mainly at school albeit the growing numbers of sexually transmitted diseases including HIV cases affecting the young people.

Action and population group concerned: Public campaign was initiated with the aim to create awareness on the importance of sexual education at home by Malaysian parents.

Outcome: There were two activities conducted in 2023. The first one was in February 2023, an online forum involving employees whom were mainly parents. The panellists were a public health physician, an obstetrician and a family medicine specialist. The main issues discovered from the question-and answer session was parents felt they were not skilful to do it. The second activity was in May 2023, a public webinar conducted through institutional social media platform (Facebook) by two family medicine specialists. The main issue raised was the participants requested a guide on how to do the sex education at home and felt it was an eye opener to them realizing the threats faced by their children especially from the internet. Until June 2023, the recorded session was being shared 133 times with 3,500 views.

Discussion and recommendations: The two activities were well accepted by the public and parents. The main concerned was parents need a clear guide on how to do it, reliable sources where they can refer to especially on areas where they do not have much information and point of referral when in need. These activities shall be continued and there should be a collaborative effort to empower parents with communication skills and education materials on sexual and reproductive health topics. Making the activities online and recorded will be the best option as it is convenient to many.

Category : 7. Education

1019 - BODIES PLEASURE AND POWER TEENAGE GIRLS' ENCOUNTER WITH ONLINE PORN

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Introduction and objectives: Online pornography (porn) is ubiquitous, although understanding how teenage girls make meaning of porn is an under-researched area. A negative effects model views porn as harmful to young people's developing sexualities. To identify how teenage girls make sense of porn from their own perspectives, the study draws from interview data to document girls' pleasure-seeking activities, their critique of female sexual objectification, and recommendations for dealing with girls' knowledge of and everyday encounters with porn.

Methods and sample: Using convenience sampling, 30 teenage girls aged between 14-18 years of age were recruited from two private schools in the Gauteng region of South Africa and participated in nine focus group discussions and 16 individual interviews using photo elicitation methods. The data was analysed using thematic analysis.

Findings and discussion: Three important themes emerged from the interviews. First, porn was an everyday experience where details about desirable female bodies and sexual pleasure were delineated in relation to beauty, where whiteness was both normative and invisible. Second, hairless bodies were deemed to offer greater possibility for sexual pleasure. Self-surveillance strategies around body hair removal was aligned to getting ready for heterosex. Third, the attack on fat bodies produced anxieties as girls attempted to live up to normative ideals around body perfection and sexual pleasure.

Recommendations: The association of the female body with whiteness, perfection, beauty, hairlessness, and slim function to increase the pressure on girls to aspire towards these elusive ideals. Teachers can play a key role in addressing girls' online encounters with porn to focus on oppressive relations of power through which the female body is objectified and idealised. This will require that schools and teachers are far more open to porn's possibilities beyond a focus on sex and negativity.

No conflict of interest

Category : 7. Education

1031 - VAGINAS AND PERIODS 101 A DISCUSSION ON MENSTRUAL INEQUALITY

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Educational Experiences

- **Introduction & rationale:** Part of comprehensive, medically accurate sex education includes teaching about vaginas and periods. Period poverty affects 22 million people in the United States alone, with higher numbers globally. Period shame and stigma prevents menstruators from accessing educational and economic opportunities, further creating gender disparities. This disparity is even more difficult for BIPOC, transgender, and queer people. To help eliminate this disparity and achieve menstrual equity, people need education on vaginas and periods, in addition to policy change and advocacy.
- **Project / Population and settings:** This project included creation of Vaginas and Periods 101: A Pop-Up Book. The book has been utilized worldwide in educational settings, schools, private homes, hospitals, doctor's offices, and therapeutic settings as a means for education to eliminate shame and stigma against people who menstruate.
- **Outcome:** The introduction of topics related to menstruation can lead to conversations and education about menstrual inequality and gender equity thus eliminating shame and working towards policy change worldwide, as advocated for by the World Health Organization.
- **Discussion & recommendations:** Studies show menstrual inequity continues to cause shame and prevent access to menstrual products affecting both educational and economic opportunities for women and girls.

Category : 7. Education

1046 - BREASTFEEDING WHITE BLOOD THE LAST TABOO IN SEX EDUCATION

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WHO, UNICEF, Scientific Societies promote breastfeeding with strong arguments: breastfeeding is healthy for mums and kids, mentally, emotionally, relationally, it improves child's cognitive development. Breastfeeding is economical and ecological. WHO obtained a ban of formula advertising aimed to the general public. Many field strategies are implemented: quality label for maternity, referral staff, rights at work.

-Aims: to build a sex education about breastfeeding

-Method: literature review of official texts about sex education

Results: 70 pages in november 2013 describe "Standards for sex education in Europe": the word breastfeeding is absent. 26 official texts about sex education in France since 30 years: "breastfeeding" is nowhere.

-Discussion: white blood is the obscene of teaching. Breast is the first erotic object that human meets, the favorite object of plastic surgeons, the favorite object of advertisers. Breastfeeding operates the inconceivable: sex enjoyment between humans, physical enjoyment between kids and adults.

-Conclusion: we must go beyond the taboo: what about breastfeeding in public, what about breastfeeding children beyond 2 years old, which family ties between children who are not brother and sister but breastfed by the same woman. How to think about breastfeeding when there is no sex education about it, except when the person is in situation?

Breast is an erotic object, and nobody disputes it: we must include breast and breastfeeding in sex education, not only about consent when we touch it, about violence or cancer and mammography. And what about the non-breastfeeding partner? how is her/his sexual desire? Does breast stay erotic after assuming the feeding function?

We must teach about pleasure with breast, including all breast functions: sexual pleasure alone or between many, aesthetic function, significance in terms of gender, breastfeeding and its different levels including kid's health, kid's pleasure, woman's health and pleasure, social and rights aspects.

Category : 7. Education

1060 - CREATING AN ENABLING ENVIRONMENT FOR SETARA CSE INTERVENTION IN INDONESIA

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Introduction & Objectives

Despite the evidence demonstrating the importance of CSE, there is limited understanding about the key factors that influence the creation of an enabling environment for successful CSE implementation, particularly in low and middle-income countries. This presentation shares key lessons drawn from implementation data gathered from nine schools in three locations in Indonesia during the implementation of SETARA, a 2-year CSE program for adolescents 12-14 years.

Method(s) and sample

Data were collected through review of monitoring reports, 56 interviews with Setara teachers, government and school stakeholders, through classroom observations, teacher reports and a qualitative evaluation with students (48 interviews and 12 Focus Group Discussions).

Findings & discussion

A central factors for creating acceptability and support for Setara related to how well the program is introduced to government officials. The relationship between the implementing organization and city government officials was important for obtaining approval, support, and formal agreements on collaboration. Research helped to increased transparency and space for more neutral (scientific) discussions about CSE. Framing the curriculum within local policies and priorities made it easier to communicate to schools, community, and parents. Having a successful local implementation model helped to create national level support and scale up. Buy-in from school principals was important for creating a supportive school environment and integration in lesson plans. Complexity of the materials, lack of time to prepare and implement sessions, and teacher level factors such as pedagogical skills and misaligned values remain key challenges despite trainings.

Recommendations

The study shows it is possible to implement and create political support for CSE in conservative contexts, but require capacity of implementing organizations and longer term funding to build trust and relationships with government stakeholders. Institutionalizing training for CSE into teacher training institutions is essential for tackling persistent implementation barriers and reaching scale with quality.

Category : 7. Education

1062 - ASSESSING THE KNOWLEDGE ATTITUDES AND PRACTICES OF GRADUATING MEDICAL STUDENTS

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Objective: To assess the knowledge, attitudes, and practices of graduating medical students in Lebanon regarding sexual health, as well as their readiness to learn about it, and to determine the demographic and educational factors that influence our findings.

Methods: Cross-sectional

study. A self-designed

questionnaire exploring various components

of sexual health was sent to 578 graduating medical students in Lebanon.

Knowledge, attitude, and practice scores were computed and analyzed.

Results: The overall mean knowledge score was relatively low (2.61, range –13 to 10).

A statistically significant difference was found in the mean knowledge score across religion ($P = 0.028$) and religiosity ($P < 0.001$) categories. The mean practice score also differed significantly across income groups ($P = 0.010$). No other significant associations were found between gender, sexuality, environment, primary source of sexual health education, or language and the mean knowledge, attitude, and practice scores.

Conclusion: Additional standardized assessment of medical students' competences in sexual health matters through diverse research models is needed. Re-examination of existing medical curricula and inclusion of more extensive sexual health education is necessary to improve patient care.

Category : 7. Education

1081 - PRELIMINARY RESULTS OF A PILOT COMPREHENSIVE SEXUALITY EDUCATION ACTIVITY ITALY

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Introduction and Rationale

Comprehensive Sexuality Education (CSE) is a key strategy to promote adolescents' sexual and reproductive health (SRH) in school context. However, CSE is not part of Italian school curricula. This study, funded by the Ministry of Health, describes the preliminary results of a CSE pilot activity in upper secondary schools (USS), in 4/20 Italian regions, started in February 2023.

Project/population and settings

The pilot activity has been developed by an interdisciplinary team of academics, public health professionals and civil society organisations (CSOs) with expertise in SRH promotion in schools. It consisted of 5 interventions on the following topics: 1) adolescence and healthy relationships; 2) sexual identity and diversity; 3) sexual consent and contraception; 4) sexually transmitted infections (STIs) prevention and sexual health services; 5) insights into topics chosen by the students. The evaluation consisted of pre-post tests on knowledge and satisfaction.

Outcome

The results refer to preliminary analysis of 551 pre-tests, 443 post-tests and 329 satisfaction questionnaires. Knowledge significantly increased in 13/15 items investigated. Highest increment of correct answers was found in items related to HIV/AIDS treatment (+41.1%) and STIs symptoms (+37.5%). No increment was observed in items asking the meaning of empathy and stereotype. Among the pre/post-test open questions, "What is sexuality?" showed broader texts and less uncertainty in the post-test answers compared to the pre-test (9.1% vs 1.7%). 90% of students appreciated "very much" talking about STIs and 72% liked the possibility to talk to adults other than teachers.

Discussion and recommendations

This study represents one of the first attempts to provide evidence-based data to promote CSE in Italy. Early results reveal short-term positive outcomes (e.g. increased knowledge and decreased uncertainty). However, more data and advocacy are needed to support the introduction of CSE in Italian school curricula.

Category : 7. Education

1107 - ADOLESCENTS AND PORNOGRAPHY USE A GUIDEBOOK FOR FAMILIES

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Access to online pornography has increased rapidly among adolescents due to advances in new technologies, low or no cost and the anonymity of the access. Adolescents are motivated to seek out pornography to learn about sexuality, especially in the absence of other forms of sex education. However, pornography use among adolescents can have negative consequences, such as creating unrealistic expectations about sexuality, promoting more permissive sexual attitudes and perpetuating gender stereotypes. In addition, some individuals may develop problematic pornography use (PPU), which is particularly important to identify in order to provide clinical support if needed.

It is therefore necessary to educate young people about pornography by taking multiple actions. In the family context, parents are encouraged to discuss pornography with their children, as this can help to prevent the effects of exposure to pornography at an early age. However, this task is often perceived as difficult or uncomfortable for families.

The aim of this project was to develop a guidebook for families to provide them with guidelines for pornography education. The guidebook was developed by collecting and synthesizing currently available international resources on the subject, and adapting these material for its use in Spain.

The guidebook is divided into different sections to provide families with 1) updated information on the use of pornography in adolescents and its possible consequences; 2) practical suggestions on how to discuss pornography with their children; 3) signs that can help identify PPU and suggestions on how to deal with this situation.

Educating young people about pornography is a major challenge, so pornography education policies need to be multi-agency, involving families, governments, schools and institutions. This guide is one of the first steps in the Spanish context, to promote pornography education in family settings.

Category : 7. Education

1109 - COMPARING STUDENTS' KNOWLEDGE SKILLS AND ATTITUDES ABOUT SEXUAL HEALTH

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Introduction and Objective

The Faculty of Medicine and Health Sciences (FMHS) at Stellenbosch University (SU) developed a sexual health course, included in the revised medical curriculum of 2022. The aim was to use the Sexual Health Education for Professionals Scale (SHEPS) to gather baseline and longitudinal data to evaluate the course.

Methods

The 2022 first year medical student class of the FMHS SU answered the SHEPS online, before the start of the first module of the sexual health course and again 18 months later. Demographics were captured and the knowledge, skills, and attitude sections were answered by Likert-type scale. Students had to describe their level of confidence in their knowledge and communication skills, respectively, to care for patients when discussing sexuality and sexuality related topics with regards to clinical scenarios. The attitude section measured the students' level of agreement or disagreement on sexuality related opinion statements.

Results

Most students were female (75%). 55% of the class were first taught about sexuality in the age group 13-18 years. The students had more confidence in their communication skills, compared to knowledge, prior to any tertiary training. Some areas of uncertainty included abortion, the sexual health of people in age groups other than their own, and the sexual health of differently abled people. The attitude section revealed a binomial distribution, ranging from an attitude more accepting of sexual behaviour and variety to more set standards about sexual conduct. The follow-up questionnaire will be completed in June 2023 by the same group of students and the results will be compared to their first year.

Conclusion

The results provide novel longitudinal information about the range of sexual health knowledge, skills, and attitudes of students as they navigate the sexual health course. Content development is guided by information obtained from the results of SHEPS.

Funding None

Category : 7. Education

1111 - ABORTION EDUCATION STRATEGY FOR HEALTH PROFESSIONALS AND STUDENTS

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Introduction: In Brazil, abortion is criminalized except in cases of sexual violence, fetal anencephaly and risk to the mother's life. Ignorance and lack of information about abortion is a problem that has been present since the training of health professionals. In this context, in 2021, Bloco A systematized the main scientific evidence on the subject and built it in partnership with the University of Brasilia and through funding from the Safe Abortion Action Fund - SAAF and developed the Ampara Course - Reception of People in Situations abortion and post-abortion. The course, which is offered in 20 hours at a distance, aims to contribute to the qualification of the training of health professionals for the assistance to abortion in a humanized way.

Population: students and health professionals

Result: In the year 2022, 14,000 health professionals were interested in joining the course. There was a positive evaluation of the course participants in relation to the course, mainly regarding the way in which the theme was approached, and how the contents were distributed to the classes.

In the initial self-assessment, where the questions that sought to understand the student's degree of knowledge on the subject were found, the average obtained was 6.6 and in the final self-assessment this average rose to 9, showing that the course added knowledge to those who took it.

Discussion: Studies have shown that between 2010 and 2020, abortion in Brazil was the fourth leading cause of maternal mortality. To face this reality, the strategy of an integral approach to sexual and reproductive health makes it possible to guarantee access to correct scientific information and health care, respecting ethical criteria and human rights related to sexual and reproductive health, overcoming possible resistance from health teams because it is anchored in the national and international legislation.

Category : 7. Education

1117 - IMPLICIT THEORIES OF SEXUAL KNOWLEDGE AND PARENT ADOLESCENT SEXUAL COMMUNICATION

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Introduction and Objectives: Rates of U.S. adolescent sexually transmitted infections and unintended pregnancies are alarmingly high, highlighting the importance of parent-adolescent sexual communication (PASC). However, parents frequently cite the lack of knowledge and confidence as barriers to meaningful PASC. Thus, the current research explored this barrier via a novel application of the Implicit Theories framework, Implicit Theories of Sexual Knowledge (ITSK). ITSK is defined as the extent to which individuals believe that sexual knowledge is innate (entity beliefs) or learned (incremental beliefs). In particular, this research applied ITSK to predict and explain the frequency, comfort, and quality of PASC via a correlational and experimental study.

Methods and Sample: A total of 331 parents of children 8-15 years of age participated in Study One and were asked to complete questionnaires assessing the frequency, comfort, and quality of PASC along with the ITSK scale. For Study Two, 176 parents were randomly assigned to receive one of three fictitious Psychology Today articles. These articles primed either incremental beliefs, entity beliefs, or served as a control. After receiving the manipulation, parents received modified versions of the aforementioned questionnaires that assessed anticipated frequency, comfort, and quality of PASC.

Results: The results from Study One indicated that incremental theorists reported engaging in more frequent PASC ($r = 0.24$) and sharing higher quality information ($r = 0.15$) than did entity theorists. In Study Two, those receiving the incremental prime reported anticipating engaging in higher quality PASC ($M = 7.41$) than did those receiving the entity prime ($M = 6.72$).

Conclusion and Recommendations: These results suggest that parents' beliefs regarding the malleability of sexual knowledge affects the quality of information shared with their adolescent children (and potentially frequency). Implications for educators will be discussed, including the potential development of an ITSK-based continuing education program for sexual health educators.

Category : 7. Education

1120 - ABORTION COMMUNICATION ON YOUTUBE AND TIKTOK A CONTENT ANALYSIS

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Introduction and Objectives:

Abortion is a crucial aspect of reproductive health and rights. However, little is known about abortion communication on social media platforms. The present study seeks to address this research gap by answering three research questions: Who are the creators of the most-viewed German-language abortion videos on YouTube and TikTok (RQ1)? What are the primary messages conveyed in these videos (RQ2)? How do viewers respond to them in the comments (RQ3)? Focusing on German-language abortion videos is particularly relevant as the German government is currently considering the de-criminalization of abortion.

Method and Sample:

The 50 most viewed YouTube and TikTok videos for the two German abortion terms (“Schwangerschaftsabbruch”, “Abtreibung”) were sampled in February 2023. After excluding duplicates, N=167 videos remained with approximately 41 million views in total. For each video, the 6 most liked on-topic viewer comments were selected (N=807). Videos and comments were coded with a pre-tested codebook (mean reliability coefficient: Gwet’s AC1=.84). Descriptive and inferential statistical analyses were conducted.

Results:

The most-watched German-language abortion videos on YouTube were primarily produced by journalists, whereas on TikTok, they were created by lay persons. Medical professionals, as well as political and religious figures, had a minimal presence as abortion video creators (RQ1). Pro-choice perspectives were predominant on both platforms, evident in the videos (RQ2) and viewer comments (RQ3).

Conclusion & Recommendation:

The predominance of pro-choice stances in popular German-language online videos and viewer comments aligns with de-criminalizing considerations. It is advisable to monitor abortion content on social media and ensure users have access to comprehensive online information on all aspects of abortion.

Funding:

The study is part of a larger research project funded from 2023-2026 by the Federal Centre for Health Education (BZgA) in Germany.

Conflict of Interest:

The authors have no conflict of interest to declare.

Category : 7. Education

1122 - INITIATING MEDICAL STUDENTS TO DIAGNOSE AND MANAGE COUPLES' ISSUES

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Introduction & rationale

Since its creation, the Faculty of Medicine of Sousse has been the only medical school in Tunisia to implement a sexology course within the medical studies curriculum. Originally, the courses focused on sexual dysfunctions. Since 2020, the Faculty enhanced the sexology program by implementing an initiation to diagnose and manage couples' issues. This addition aims towards a successfully integrated comprehensive academic program in sexuality education throughout medical studies.

Project / Population and Settings

The project was implemented as an optional module during the 5th year of medical studies. It is credited with 2 ECTS with 60 hours of work (20 hours of student contact + 40 hours of flipped classroom and self-learning). It is held in small groups. The students are asked to create educational digital campaigns to raise awareness about couples' dysfunctions as an evaluation.

Outcome

Each year, 50 students are enrolled in this optional module. The completion rate is 100% and the success rate varies from 95 to 100%.

The main educational goals are:

1. Define the concept of the couple and break down the stages of a couple forming and functioning
2. Break down the doctor/patient relationship during a consultation for a couple's issue
3. Build a good clinical listening posture for a couple during a medical interview

Discussion & recommendations

Originally, several educational tools and strategies have been developed during contact hours. In fact, the students have 6 hours of case-based learning; 6 hours of role play, 4 hours of tutorials, and 4 hours of online courses. Due to COVID, online sessions and meetings were generalized. The main feedback is that some students are more at ease during online meetings and shy in person.

Category : 7. Education

1124 - LEGITIMATE SEXPEXPECTATIONS THE RIGHT TO SEX ED

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Activism

Introduction and rationale

After high-profile allegations and a social media petition that saw thousands of young Australians share their experiences of sexual violence, Australia has experienced national debate about how education may better prevent sexual violence. The national curriculum was amended to include more 'consent education'. However, the years since have arguably demonstrated that conceptualising such education as only a tool for harm prevention may hinder its capacity to materially protect against sexual violence and safeguard sexual wellbeing. A rights-based approach may better ensure relationships and sexuality education (RSE) is comprehensive, and is implemented effectively.

Action and Population group concerned

Young people; parents/caregivers; educators; policy makers; politicians.

Outcome

A sexual offences prosecutor, the author began her research of RSE implementation in Europe and North America from a harm-prevention perspective, determined to find the preventative solution to the sexual offence cases she saw daily. However, her findings concluded that a rights-based approach to RSE, as observed in some European and American jurisdictions, was better justified and more effective than the harm-prevention approach popular in Australia.

Discussion/recommendations

Arguably, a right to access comprehensive RSE exists beyond protection from sexual violence. A human rights framework for RSE, rather than a harm-prevention or risk-aversion approach, impacts decision making about, and implementation of, RSE – by governments, policy makers and educators alike. For example, focus on which population groups 'need' RSE more, because they are more or less likely to perpetrate sexual violence, distracts from the notion that everyone is entitled to access it. A harm-prevention approach also has a material impact on the education's content (e.g. emphasising the legal definition of consent, neglecting broader concepts of wellbeing), delivery and outcomes in safeguarding sexual wellbeing. Activism and advocacy for such education ought to take a rights-based approach, even if the catalyst for action comes from a desire to prevent harm.

Category : 7. Education

1138 - THE IMPACT OF PLEASURE INCLUSIVE SEX EDUCATION ON SEXUAL WELLBEING

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Introduction & objectives

Recent review studies have shown that pleasure-inclusive sex education can contribute to sexual health by reducing risks on unwanted pregnancy and STIs. Pleasure-inclusive sex education could also increase sexual autonomy, which in turn might increase positive sexual experiences and protect against negative ones. In this review study, we investigate relationships between pleasure-inclusive sex education and sexual wellbeing, via sexual autonomy.

Methods & sample

We systematically reviewed available evidence on pleasure-inclusive sex education, sexual autonomy (or related variables) and sexual wellbeing. The study was preregistered and we followed PRISMA guidelines. We searched in 5 databases for literature of the last 2 decades. After screening over 15,000 records, we selected 62 out of 288 full-texts, and finally included 42 records in the review.

Results

First, evaluation studies (mostly pre-and post-intervention comparisons) showed that sexual autonomy was higher after pleasure-inclusive CSE, but no causal relationships could be inferred from these studies. Second, the studies examining associations between sexual autonomy and sexual wellbeing showed that sexual autonomy was related to experiencing pleasurable sex, satisfaction, and positive sexual emotions, and that it also explained prevention of sexual revictimization.

Conclusions & recommendations

The evidence shows positive associations between pleasure-inclusive CSE and sexual wellbeing, but there is not enough empirical evidence to support the causal claim that pleasure-inclusive CSE increases sexual autonomy or improves sexual wellbeing. However, there is some strong evidence suggesting a causal relationship between sexual autonomy and positive sexual experiences. There is a great need for high quality research to further elucidate whether pleasure-inclusive CSE contributes to sexual wellbeing and the prevention of sexual violence.

SOURCES OF FUNDING

The review was an assignment of Seksueel Welzijn Nederland (Prof. Dr. Ellen Laan) which was partly funded by Rutgers Expertise Center on Sexuality and Fonds SOS of the NVVS (Dutch Association for Sexology).

Category : 7. Education

1148 - CLITERATE CREATING AN ANATOMICALLY CORRECT MODEL

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Introduction

The World Health Organisation states that sexuality and intimacy is a basic human right, yet people with disabilities are often not provided with education about their bodies. Many health professionals have limited knowledge about vulva and clitoral anatomy. Existing anatomical models were inaccurate and did not consider multiple learning needs.

Objective

To create an anatomically correct model of the clitoris, vulva and pelvis to assist in sexuality and intimacy education for people of all abilities.

Methods and Sample

The lack of accurate education resources was identified by an occupational therapist who engage with industrial designers from Royal Melbourne Institute of Technology. RMIT were provided with an educational brief, two existing models and original research articles from Dr. O'Connell and Melbourne university. The resulting 3D design was reviewed by Occupational Therapists, Nurses, Teachers, Physiotherapists, Sexologists, body workers and Doctors, including Dr. O'Connell. The International Clitteratti, a group of medical, academics and model makers from around the world assisted with revisions and alterations.

Results

The "Cliterate" model was created using existing medical knowledge, consultations with extensive experts and guided by accessible design principles. Health professionals trialed 3D printed samples within their clinical contexts and contributed to a 3-year research-based design redesign process.

Conclusions and Recommendations

This project identified gaps in resources for education. It created the medically accurate "Cliterate" product for professionals to educate people of all abilities about vulva and clitoral anatomy. This research aims to assist with sexuality and intimacy education of people with multiple learning needs, further research is recommended on exploring additional practical resources.

Conflict of interest and disclosure statement

Anita Brown-Major is the founder of Cliterate and Thrive Rehab. This research project has produced an anatomical working model that will be available for purchase. Anita has personally funded the development of the model.

Category : 7. Education

1149 - NEW APPROACH FOR COITAL ANORGASMIA CORRECTION IN RUSSIA

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Difficulties with experiencing orgasm is one of the main requests with which women turn to a sexologist. According to my online survey of Russian-speaking women aged 24 to 52, about 70% of them have difficulty experiencing orgasm in partner sex. It has a significant negative impact on sexual well-being and women's self-esteem, forming the self-determination of "broken", "defective".

To correct coital anorgasmia, a "Practical course on female sexuality" was created - a three-week online program that includes theoretical blocks, practical exercises and individual support of each participant by a sexologist.

Program blocks:

Psychology of sexuality

Sexual desire and arousal

Sexual fantasies

Physiology of orgasm

Masturbation

Sexual boundaries

Sexual communication

Partner Sex Techniques for achieving an orgasm

As the program progresses, a woman restores missed stages of psycho-sexual development, for example, learns to masturbate and fantasize, recognizes her erogenous zones, trains her body to orgasm. We also work on blocking beliefs, shame, learn how to talk about sex, including refusing sex and etc.

More than a thousand women have gone through the program, their feedback is usually very emotional, grateful and highly satisfied with the results. Most often they include the following: "I am not broken", "I am normal", "my life is divided into before and after", "I fall in love with myself".

The novelty of the method: correction of coital anorgasmia passes through one partner, only a woman, due to the fact that the second partner, a man, in Russia rarely agrees to come to an appointment with a sexologist.

A woman trains her body to experience orgasm through exercises, determines what kind of stimulation she needs to achieve orgasm in partner sex, and through positive sexual communication with a partner, gradually builds it into her sex life, adjusting the couple's sexual scenario.

Category : 7. Education

1152 - PROMOTION OF SEXUAL HEALTH AMONG ONCOLOGICAL WOMEN A PILOT WORKSHOP

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Introduction & rationale

Rates of cancer survival keep increasing and therefore focus on life quality among survivors takes more relevance every day. Sexuality is often impaired by cancer process. Group educational programs could improve sexual health.

Project / Population and settings

We designed a two-days (4-hours) pilot workshop for promotion of sexual health which took place in Hospital 12 de Octubre, in Madrid, in June 2022. Women older than 18 who had had an oncological process were offered to participate. Eleven women attended the first session and seven came back to the second one.

Sexual dysfunction pre-intervention among participants was evaluated with “Scale for Evaluation of Woman Sexual Activity” (EVAS-M), a Spanish validated scale.

Workshop effects were evaluated through the “Scale of Sexual Attitudes in Oncological Women” (EASMO), a 20-item, likert-scale, designed for this study (not validated). Total score ranged from 20 to 100. Questions explored attitudes after cancer towards sexual health, sexual relationships, consent, pleasure, desire, body image, sexual diversity and communication about sex issues with professionals and partner.

Outcome

Women were 36 to 62 years old (median 49.5), all Caucasian but one Hispanic and 9 had had breast cancer, one lung cancer and one metastatic. Five women (55.6%) obtained EVAS-M score <28, considered as sexual dysfunction.

EASMO total mean score pre-intervention was 77 (range 66-87) and post-intervention 84 (73-99). Mean total score increase after intervention was 6.9 points (standard deviation 6.1; range 3-18). Just one woman had the same score and none of them lowered it.

Discussion & recommendations

Although a validated scale to measure sexual attitudes in women after cancer could be very useful to evaluate interventions in this field, witnessing EASMO-score raising after our intervention suggests a change towards more positive sexual attitudes among this group of oncological women after this workshop.

Further studies are needed to validate these results.

Category : 7. Education

1155 - NON FORMAL EDUCATION FOR ADOLESCENTS WITH LOW SOCIO ECONOMIC STATUS IN JAPAN

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Introduction & rationale

Sexuality education is too limited in Japanese schools. On average, only a few hours are spent on sexuality education in middle-high schools per year, and they tend to take a risk-based approach rather than a strength-based approach. Access to evidence-based sexuality education is limited for adolescents, and teenagers from low-socioeconomic status (SES) communities face greater barriers to accessing comprehensive sexuality education (CSE).

Project / Population and settings

Raitopia, a human rights centre in Minoh city, Osaka, is striving to create a safe space for low SES teenagers. The staff are not experienced in the field of sexuality education, and may sometimes feel unsure how to empower the teens in the most engaging and non-sex-shaming way. Since 2021 September, I have organised lectures for the staff, and am organising ongoing gatherings for the teens to practise expressing their opinions and create a safe space for dialogue on a regular basis.

Outcome

Participation in the centre is voluntary, and therefore the composition of participants fluctuated by age group, though the gender ratio is mostly male-dominant. Often the participants were reluctant to express their opinions due to the lack of psychological safety.

The themes of the sessions are based on the teens' needs and requests, making the duration as short as possible. Also, the participants were much more likely to express their thoughts when asked to write them down, and more so when organisers disclosed their own personal histories.

Discussion & recommendations

CSE as non-formal education has significant barriers to participants' steady participation. In order to bring systemic changes within the low SES community, consistent efforts to promote sexual health and rights are critical. By doing so, overcoming sexual shaming among the students and the youth centre staff with the collaboration of the organiser groups is needed.

Category : 7. Education

1174 - THE QUALITATIVE COMIC BOOK MAPPING METHOD FOR HIV INTERVENTIONS

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Background: Graphic medicine, using images and text such as in comic books, has been employed to depict lived experiences to promote health, wellbeing, and education. Comic books provide a low-cost, youth-friendly approach to health promotion accessible to varying literacy levels. Limited research, however, has described the process of developing graphic medicine approaches for HIV interventions, data collection, and knowledge mobilization with youth experiencing marginalization in low and middle-income contexts. To address this knowledge gap, we developed the Qualitative Comic Book Mapping approach, whereby qualitative data alongside theoretical and empirical literature was used to inform scenarios that addressed intersectional stigma.

Description: Four case studies focused on youth aged 16-24 include: 1) HIV prevention (Bidi Bidi refugee settlement, Uganda), 2) HIV testing (Bidi Bidi), 3) HIV knowledge mobilization (urban refugees in Kampala, Uganda), and 4) data collection with young people with HIV, including sex workers, transgender women, and gay and bisexual men (Kingston, Montego Bay, and St. Ann, Jamaica). Steps included conducting qualitative data collection on lived experiences of stigma, coping, and recommendations. The Qualitative Comic Book Mapping approach involved: thematic analysis of qualitative data and identification of overarching themes; aligning themes with theories of change for HIV cascade engagement and stigma reduction; and co-developing comic book scenarios with youth and community experts to integrate lived experiences alongside theoretical underpinnings. To engage participation, youth were provided completed and blank versions of comics to complete themselves.

Lessons learned: Comics were well received by youth and service providers and reveal promise as intervention and data collection tools. Best practices include: multi-lingual comics; integrating strengths-based and gender-transformative scenarios; and ensuring contextually relevant comic scenarios (e.g., trees, clothing, hairstyles).

Conclusions and next steps: Theoretically-informed comic books can be developed from qualitative data to inform HIV research and intervention approaches in community-based research with and for youth experiencing intersecting stigma.

Category : 7. Education

1177 - SEXOLOGICAL TRAINING IN CHILEAN MEDICAL PSYCHOLOGY AND MIDWIFERY SCHOOLS

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Introduction:

Sexual health is an important topic in all healthcare careers especially in the midwifery schools due to the nature of the work which involves attending women throughout their life cycle. For Medicine and Psychology schools, sexual health should be an important element in their academic formation to guarantee the integral care of patients.

Objective

Analyze the curricular insertion of the sexology subject in undergraduate curricula from medicine school, psychologist and midwifery in Chile by the year 2022.

Method(s) and Sample

- 22 curricula from medicine school, 31 from the psychologist and 22 of midwifery schools were analyzed.
- It was considered the information displayed on the informative portals of each career regarding the existence of a subject of sexology or clinical sexology.
- Career programs were not analyzed.
- There were considered for the analysis other concepts related to the area such as human sexuality, sexual health and reproductive health.

Results

It's observed that 71.5% of the midwifery schools includes a sexology subject . While 4.7% of medicine schools and 5% of Psychology careers include this subject.

Conclusion & recommendations

In the midwifery schools, there are a diversity of subjects about sexuality with different approaches. A low percentage of Medicine and Psychology schools explicitly incorporate a subject about sexuality in their curricula.

It is important to reinforce and include a subject of sexuality in the undergraduate curricula of midwifery, medicine, and psychology careers highlighting the importance of interdisciplinary work in this area.

Category : 7. Education

1187 - TRANSNATIONAL SAR

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Introduction & Rationale

SAR is an immersive experience designed to help sexological professionals assess their values, attitudes, and beliefs (VAB) around human sexual behavior, expression, and identities. SAR is also an opportunity to explore cultural morays around sexuality. By creating a transnational space, we invite participants and guests to add their cultural insights to the exploration, each person offering insights that we might not have noticed if we were all from the same home base.

Population & Settings

SAR participants are typically clinicians in practice (coaches, doctors, therapists, social workers, educators, etc) or students in training. SAR is a required component of most sexology training programs.

SAR takes place over two day-long sessions (16 hours plus an optional “field trip”), virtually via zoom or in-person.

Outcome

Through the SAR experience, participants expand their awareness of human sexuality. They clarify personal and professional boundaries. In Transnational SAR, they develop their appreciation of the influence culture has on sexual values, attitudes, beliefs, behaviors, and norms. It is often the first time participants have the opportunity to consider these topics and ideas through the perspective of someone outside their own home culture.

Discussion & Recommendations

The transnational component is essential to SAR for practitioners who wish to work on a global, international scale. We all come from home cultures and perceive other cultures through the lens of our own. By intentionally getting in contact with people from a variety of home cultures, we are able discern the variety of opportunities and limitations humans face around sexual expression, identity, behavior, and freedom.

Category : 7. Education

1188 - FACILITATING SEXUAL CONSENT ATTITUDE CHANGE USING RESEARCH BASED THEATRE

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Aim: Statistically linking audiences' cognitive theatrical engagement and emotional engagement with changes in attitudes towards sexual consent.

Method: Assenting participants attended live performances of "How I Learned About Consent" from October to December 2022. Audiences completed a survey before and after performances which measured sexual consent attitudes, cognitive theatrical engagement, and emotional theatrical engagement. Participants were randomly sampled to minimise demand characteristics that affected venue-specific viewing experiences.

Results: Data were collected from approximately 1000 audience members in four different venues across Ireland (sample N=250). Dependent t-tests showed significant improvements in sexual consent attitudes pre-show and post-show. Multiple linear regression demonstrated that post-show improvements in consent attitudes were significantly influenced by degree of cognitive theatrical engagement.

Discussion/Lessons Learned: While the study demonstrated the ability for art to shift attitudes and perceptions on sexual consent, there was a noticeably low account of the cognitive experience on these shifts. Future research with this same methodology would benefit from methods that are more targeted to the theatrical experience to account for aspects which had more influence on these changes. Nevertheless, this study was a successful attempt at demonstrating an artistic medium as a vector for en masse health attitude change.

Implications: Results indicated the effectiveness of research-based theatre as a method for delivering sexual consent messaging to wide audiences. In particular, the use of different theatrical styles according to specific messaging goals demonstrated resonance with audiences, which could be conducive to attitude and behaviour changes.

Category : 7. Education

1189 - ANALYSING THE IMPACT OF ACTIVE*CONSENT INTERVENTIONS IN HIGHER EDUCATION SETTINGS

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Introduction & Objectives:

In the 2022/2023 academic year, 31 Higher Education Institutes across Ireland and the UK delivered a 30-minute consent literacy intervention designed by the Active*Consent programme. This media-based intervention was delivered to large groups through a combination of narrated slides, short videos and animations.

17 Higher Education Institutes delivered a 1.5-hour Active*Consent workshop, which involved participatory activities and small-group discussions on topics such as consent, digital intimacy and gendered sexual scripts. This workshop was delivered by trained facilitators in a classroom setting. The aim of this project was to provide a sex-positive introduction to consent in Higher Education and increase consent literacy skills among students.

Methods and Sample:

The intervention toolkits were developed by Active*Consent and shared with colleagues in Higher Education Institutes following a virtual training session. Many participating colleagues integrated the 30-minute intervention into their orientation programmes, while those who utilised the 1.5-hour workshop held workshops for students throughout the year.

Over 7600 participants of the 30-minute intervention completed the post-intervention survey. Almost 400 participants of the 1.5-hour workshop completed pre- and post-workshop surveys.

Results:

81% of the 30-minute intervention participants agreed they had learned something useful, and 91% would recommend it to a friend. These percentages were higher in female respondents and single respondents. Qualitative data revealed that students liked the intervention's gender and ethnic diversity and the OMFG acronym ("ongoing, mutual, freely given").

For the 1.5-hour workshop, significant improvements were seen in most pre- and post- consent attitude measures. For example, 83% felt they had all the skills they needed to deal with consent before the workshop, which rose to 93% after the workshop.

Conclusion & Recommendations:

Data indicate that both interventions were successful in increasing consent literacy knowledge. This supports continued implementation and expansion of Active*Consent resources in Higher Education Institutes and beyond.

Category : 7. Education

1216 - EXPLORING THE UPTAKE OF TELEMEDICINE ABORTION SERVICES IN THE MENA REGION A STUDY ON WOMEN ON WEB HELP REQUESTS

Nour Saadi¹

Women On Web, Abortion, Emmen-The Netherlands¹

Given the widespread criminalization of abortion across the MENA countries, little is known about abortion access. While country specific abortion estimates, often based on hospital surveys related to unsafe abortion and abortion complications, attest to the practice of clandestine and often unsafe abortions, no studies have done to explore women's and pregnant people's uptake of medication abortion in this region. This is all the while important given the increased use of medication abortion in restrictive settings and telemedicine service provision, which remains unexplored in the context of MENA.

Women on Web is an online telemedicine abortion service, which operates in countries where access to abortion is restricted. This research examines the uptake of Women on Web services in the Middle East and North Africa region (MENA). To this aim, we analyze the help requests received at Women on Web between 2009-2022 from MENA countries, including Turkey, Morocco, ,United Arab Emirates, Saudi Arabia, Iraq as per demographic and pregnancy-related characteristics of abortion seekers, reasons for wanting an abortion and choosing telemedicine abortion through Women on Web.

Category : 7. Education

1217 - THE ROLE OF THE INTERNET AND DIGITAL TOOLS IN SUPPORTING ABORTION ACCESS IN MENA COUNTRIES

Nour Saadi¹

Women On Web, Abortion, Emmen-The Netherlands¹

Abortion in MENA region is highly stigmatized, criminalized and Haram, although some Islamic sects allow abortion up to 40 days and some up to 120 days. Despite two in five pregnancies are unplanned, abortion is a neglected topic in the region. 45% of abortions are unsafe even though in some countries women could safely self-manage their abortion by self-sourcing the medicines from local pharmacies. Women on Web is an online abortion service that supports people to access abortion pills in almost 200 countries. Since 2005, our organization has been providing access and information about medical abortion and guiding people on the local availability of the abortion pills (Mifepristone and Misoprostol), and on how to use the medicines safely.

Every day our Arabic help desk interacts with care-seekers from the MENA region via email and recently social media and the team has carried out numerous online and offline outreach projects and campaigns in Turkey, Morocco, Sudan, Iraq, and Syria.

Internet and digital tools have enabled Women on Web to reach marginalized groups in remote regions and restricted contexts, while the Internet has become a safe place for women and pregnant people to find information about safe abortion services, self-managed abortion and connect with others in similar circumstances.

Abortion stigma contributes to lack of information, education, and informal conversations around sexual and reproductive health, while we know that people can safely and effectively self-manage an abortion with pills when they have access to high quality medication and information. Therefore, Women on Web is passionate about using the Internet and social media to disrupt mainstream narratives, challenge social and cultural taboos around abortion and to disseminate actionable and evidence-based online abortion information that help people make informed decisions about their reproductive health.

Category : 7. Education

1254 - THE GIST A COMPREHENSIVE APPROACH TO PORN EDUCATION

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Introduction and rationale

Many studies have shown the impact that pornography can have on young people. Marginalised groups who frequently do not find mainstream educational programs suitable for their needs often receive little relationships and sexuality education in the alternative education space. The Gist was created to support staff working with marginalised young people in delivering a compact, comprehensive program, while supporting young people with a digital tool that could be used outside the classroom.

Population and settings

The Gist is currently being piloted with ten cohorts of young people, aged 14-25 in four locations across metropolitan and regional/rural Victoria, Australia. Alternative education settings and youth focused groups in rural areas were targeted based on their interest in increasing access to evidenced-based relationships and sexuality education material for their students.

Outcome

At present three cohorts have completed the program, with four cohorts currently in progress. The final four cohorts scheduled to complete the program later this year.

Early results indicate that young people often know many sex, sexuality and sexual health facts but cannot translate these concepts into practice. By mid to late teenage years, despite limited form school programming, they have received much of their relationships and sexuality education from online platforms, including social media and pornography, despite the limitations on comprehensiveness and their certitude that it was “fake”.

Discussion and recommendations

Providing high quality evidenced-based relationships and sexuality education is important for all young people, particularly young people who are marginalised or disadvantaged by mainstream education. This is due to the propensity for self-learning from nonreputable sources, including pornography, with little educational support to dispel myths. By offering an evidence-based package informed by young people to stakeholders working with marginalised cohorts, there is the potential to fill learning gaps thus creating an opportunity to develop sex positive and healthy views of sex and sexuality.

Category : 7. Education

1258 - HOW DO I GET THE APATHETIC INTERESTED IN SEXUALITY EDUCATION —THE CASE OF A JAPANESE YOUTH ACTIVIST RINO NAKASHIMA.

*Rino Nakashima*¹

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-Introduction and rationale

I have been active in disseminating sexuality education through social networking services in Japan, since I was a high school student (5 years ago). I have been aware of the problem that although there are many substantial contents to obtain sexual knowledge, they are not reaching a wide range of people. Thus, I have started an initiative that crosses sexuality education with something seemingly unrelated to it, in order to get the apathetic interested in sexuality education. The following are the details.

-Action and population group concerned

- (1) x Bubble tea: Some messages such as “Why is sex embarrassing?” were stuck on bubble tea containers and handed out at the university.
- (2) x Restrooms: In men’s and women’s restrooms at the university, we put menstrual products, sex-related artworks, and posters informing students about websites where they can obtain sexual knowledge. The activity of placing sanitary products in restrooms spread throughout Japan.
- (3) x Drama: I supervised “17.3 about a sex” (©AbemaTV, Inc.), a drama starring three high school girls with sex-related problems. The total number of views climbed to 100 million.
- (4) x SEO (Search Engine Optimization): We launched an online signature campaign to request search engine companies to change their search rankings, because only pornographic sites were appearing at the top when searching for sexual information on the Internet. Yahoo! JAPAN changed them, but Google Japan did not.

-Outcome/Discussion and recommendations

The importance of sex education was conveyed to a wider number of indifferent people with those ways mentioned above . However, it remains to be verified whether there was a desired change in behavior (e.g., people started learning about sex education more proactively or not). Therefore, I need to consider ways to test whether these methods produced the desired behavior change.

Category : 7. Education

1261 - THROUGH ART INTERCULTURAL DIALOGUE ON SEXUALITY UNESCO YOUTH SEMINAR 2023

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[Introduction] Immigrant families tend to form segregated communities around ethnic schools in Japan. How can we promote much needed intercultural dialogues on such sensitive topics as sexuality among youths coming from different cultural backgrounds?

[Project] High school and college students coming from both Japanese and ethnic schools have been meeting annually under the name of “UNESCO Youth Seminar” since 2015. The two-day gathering is a project promoted by the UNESCO-Associated Schools Network of Kanagawa Prefecture, therefore its naming. This year’s theme was “gender and sexuality”. The organizing team, composed of about 20 youths between 16 and 23 and myself, worked over a period of 5 months to prepare 8 workshops related to all 8 topics (key concepts) of comprehensive sexuality education (CSE) articulated by UNESCO and other UN organizations. More than 150 youths, one third of which from Brazilian, Peruvian, German, and other ethnic communities, spent 2 days together participating in workshops filled with quizzes, games, and dancing. On the second day, participants collectively painted large-sized pictures in the images of CSE’s 8 topics, to conclude the event.

[Outcome] The paintings created by the participants can be presented; the video depicting parts of the activities can be shown. But the true product of the gathering was the 3-dimensional “sculpture” of the bodies, faces, shouts and body movements of the people who were there. One could call it “Happening”, as the Fluxus artists in the 1970s would.

[Discussion] The artistic approach of the seminar was a coincidental product of the need for creativity in intercultural communication. Art transcended boundaries of languages and cultures and helped us work together on questions that did not have one right answer for all. Organizers and participants were co-producers of learning experiences and, at the same time, the objects and the viewers of the art themselves.

Category : 7. Education

1273 - AN INNOVATIVE WAY OF KNOWLEDGE SHARING IN SRHR

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What if your recent research findings remain unused or even unheard? Imagine having no one to share your field visit experiences with. And what if you have advocacy ideas but no direction to bring them to life? In such cases, the knowledge you've gathered and acquired would be lost forever. In the field of Sexual and Reproductive Health and Rights (SRHR) in Bangladesh, there are numerous practitioners, researchers, policymakers, and experts. But how to bring these experts together on one platform where they can talk about sensitive issues without fear and share their knowledge and experience? An innovative example of this is Share-Net Bangladesh (SNBD), which unites SRHR experts in one place for mutual learning and sharing.

Funded by the Royal Tropical Institute of the Netherlands (KIT), SNBD functions on the belief that innovation is not merely an invention. Fusioning existing ideas and concepts in a creative and unconventional way, SNBD combines formal knowledge with popular language. We combine research findings with the power of storytelling. And to reach our members, we use multiple channels: online platforms, Communities of Practice (CoP), social media, dialogues, etc. The platform then classified these professionals into different groups, based on their fields of expertise and organise physical and virtual meetings where they could have discussions, and share knowledge.

We see that this innovative approach works. Having 155 organisational and 1764 individual members, SNBD is by far the largest knowledge-sharing platform in SRHR in Bangladesh. SNBD has become a knowledge-sharing platform that not only provides its members with opportunities to share their knowledge but also promotes their work and makes organisations and individuals feel a sense of ownership towards the platform, which has helped it grow and expand its reach.

To expand the process of knowledge sharing in SRHR, a similar regional-level initiative is needed.

Category : 7. Education

1328 - SEXOLOGY COURSES TRAINING CREDIBLE SEXUAL HEALTH PROVIDERS IN AFRICA AND GLOBAL SOUTH

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Introduction & Rationale

Sexology Courses is a My Sexual Health (MSH) initiative. We are committed to provide evidence-based, experience-informed, ethical, rights based and inclusive Sexual Health Education for Health Care Providers (HCP's). In South Africa, access to formal Sexual Health Education is difficult to come by. There is no formal sexology specific higher education degree e.g., university-based qualification, available in South Africa.

Project & Setting

Sexology Courses is the content creation vehicle for My Sexual Health, launched in January 2021. MSH Sexology Courses includes e-learning content that are accredited with the Health Professionals Council of South Africa for Continuous Professional Development points through the South African Medical Association. Added is the provision of a comprehensive platform of support services to a Multi-Disciplinary Team of Credible Sexual Health Providers, who have met the requirements. This is where the true value lies.

Our digital platform hosts content that can be purchased as a single course, webinar recording, or a bundle of courses and / or the Sexology Training Club.

Outcome

Up to date there are more than 70 online courses available, taught by 30 international instructors. There have been 13,500+ enrolments and more than 3,600 hours of educational video watched so far. 60 health professionals have gained full MSH Team Accreditation as a Credible Sexual Health Provider. These professionals include a multitude of registered HCP's.

Discussion and Recommendation

At MSH, we believe that all HCP's are Sexual Health Providers, but not all Sexual Health Providers are equally credible.

The very practical clinical applicability of the MSH courses sets it apart. MSH goes through very rigorous accreditation and validation processes to not only support credible Sexual Health Providers, but to provide the public and other health professionals, outside of the sexual health realm, with the information they need to access the most appropriate and credible Sexual Health Provider.

MSH's vision is to train and support 10 000 HCPs in Africa and Global South, to become credible Sexual Health Providers, through offering scholarships, with the assistance of donor funding, supporting the newly established African Institute for Sexual and Gender Health.

Category : 7. Education

1340 - A BREATH OF FRESH “YEAH!” NOVEL APPROACHES TO DELIVERING RESPECTFUL RELATIONSHIPS AND CONSENT WITHIN SCHOOLS – A SCOPING REVIEW

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Introduction

Supporting young people to engage in respectful relationships, and to understand consent, are critical concepts commonly noted in contemporary school curricula. Unfortunately, in contrast to evidence-based guidelines, many educators focus on violence prevention and rely heavily on didactic instruction methods. As part of a broader review exploring best-practice principles for the provision of school-based respectful relationships and consent education, a sub-analysis sought to identify and synthesise novel teaching and learning methods.

Method

A formalised six-stage scoping review process identified and synthesised these non-traditional approaches. Peer-review publications (n=3,879) and grey literature (n=167) were identified. After screening, 228 articles were included in the broader review, with 58 articles highlighting novel approaches.

Results

Theatre, music, and arts-based approaches allowed students to explore respectful relationships in safe, simulated situations. Students also created artefacts relevant for themselves or their peers. Sports-based approaches utilised known and respected coaches to deliver education and to challenge gender stereotypes. Technological approaches provided anonymity for students to explore various scenarios, and in some cases facilitated connection with parents/carers. Such approaches also improved accessibility for people with disabilities, and culturally and linguistically diverse students. Deliberate and careful use of humour enabled educators to temper classroom tension or alleviate student discomfort. Peer and near-to-peer models increased students' trust in the information being delivered.

Conclusion and recommendations

A variety of non-traditional teaching and learning approaches were identified, but not all had been evaluated. High levels of student engagement, and improvements to students' knowledge, attitudes and behaviours associated with respectful relationships were often noted. Educators should consider integrating novel approaches when providing respectful relationships and consent education, in accordance with their unique school context. However, their implementation should be evidence-based, rigorously evaluated, and underpinned by key principles related to sex-positivity, ethical practice, human rights and gender transformation.

Category : 7. Education

1341 - PROFESSIONAL LEARNING FOR EDUCATORS TO DELIVER RESPECTFUL RELATIONSHIPS AND CONSENT EDUCATION WITHIN SCHOOLS – A SCOPING REVIEW

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Introduction

Australian schools have recently been mandated to address respectful relationships and consent across most year levels. However, professional learning for educators to support this initiative is significantly under resourced. Within a broader review to identify best-practice principles for the provision of respectful relationships and consent education in schools, a sub-analysis considered the current literature surrounding professional learning for educators.

Method

A structured six-stage scoping review process identified and synthesised current professional learning programs. Elements of best-practice in relation to the content, duration and format of programs were identified. Peer-reviewed publications (n=3,879) and grey literature sources (n=167) were initially identified. After screening, 228 articles were included in the broader review, with 55 articles specifically addressing professional learning for educators.

Results

At the pre-service stage, professional learning in respectful relationships and consent is either uncommon or inadequate. In-service opportunities varied significantly in terms of content, duration, and format; and barriers to access were readily identified. Most programs were insufficiently evaluated and provided limited or no evidence regarding their impact for educators or students. Furthermore, training rarely addressed educators' attitudes and values, which are crucial for program fidelity and the safety of all parties. Beyond professional learning, ongoing technical assistance and support were identified as essential to ensure the holistic and sustainable implementation of respectful relationships programs within schools.

Conclusion and recommendations

Effective professional learning for educators should be of sufficient duration and quality to enhance facilitation skills and deepen content knowledge. It should provide opportunities for a self-reflection of personal values and attitudes; and enable exploration of diverse teaching and learning strategies. Professional learning should commence at pre-service, and should be universally accessible, rigorously evaluated, and recurrent. Given the recent inclusion of respectful relationships within Australian curriculum, evidence-based professional learning is crucial for all educators, regardless of their teaching speciality.

Category : 7. Education

**1343 - TABUKAMU.COM A COMPREHENSIVE SEXUALITY EDUCATION PLATFORM FOR
TURKISH SPEAKING YOUNG ADULTS**

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Tabukamu.com, Tabukamu.com, Vancouver-Canada ¹

Educational Experiences

tabukamu is an independent sexuality education initiative founded in 2017 to provide comprehensive, culturally relevant and sex-positive content for Turkish-speaking young adults. In 2020, only three years after its launch, tabukamu.com was recognized by UNESCO and UNFPA as one of 35 leading digital sexuality education platforms from around the world.

A method of content delivery we had developed for supporting critical-thinking in sexuality received recognition from industry leaders. Rather than expecting young people to learn from information, we have created a way for young people to be able to visualize or understand how personal and contextual forces play into their decision-making. We were also awarded with a small grant to design a pilot version of this interactive sub section of our platform.

The presentation will provide lessons learned from the creation of an independent education platform, strategies that enabled the success of tabukamu.com and insight into the unique critical-thinking tool it provides for decision-making in sexual health.

Category : 7. Education

1348 - SEX EDUCATION AT HOME IN MALAYSIAN FAMILIES A QUALITATIVE STUDY

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Introduction: Due to modernization, there are changes in the sexual practices among Malaysian young people while most families still put high emphasis on their socio-cultural-religious values. The aim of this research was to explore the readiness of parents and adolescents to talk about sexual issues and having sexual education at home.

Methodology: This was a qualitative study conducted from February to July 2022 involving pairs of parents and adolescents in Kuala Lumpur. All the participants underwent individual in-depth interviews and both parties (parents and adolescents) were blinded on the questions or opinion of one another.

Results: There were 12 mothers, 4 fathers and their respective 16 adolescents aged 16 to 19 years old participated in the study. In general, sexual education is not common in the families. Parents were not ready, felt the adolescents had enough information from school and they were not skilful to do it. They felt they were having inadequate knowledge and worry of promoting premarital sex. On the other hand, the adolescents were getting the sexual knowledge from other sources including friends and internets and felt it was disrespectful to begin the conversation about sexual issues with their parents. They preferred the parents to start first and to do it in a relax, non-rush and non-judgemental manner beyond moral values.

Conclusion and recommendations: There was a generation gap, in which the adolescents were more open and ready to talk about sexual issues at home while their parents were still very conservative and not ready to talk about it. Thus, there is need for a concerted effort to bridge the gap, making both parents and adolescents ready to talk and exchange their views while still respecting their socio-cultural-religious values. Hence, making sure the adolescents are better informed in their sexual practices

Category : 7. Education

1359 - THE AIUS FRENCH SEXOLOGY ASSOCIATION WITH A STRONG COMMITMENT TO THE CONTINUING EDUCATION OF HEALTHCARE PROFESSIONALS

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A major objective of the French official “national sexual health strategy” is to raise awareness among 100% of healthcare professionals (HCPs) by 2030. However, the small number of HCPs who are familiar with sexual health and its disorders (< 10,000) means that as many HCPs as possible need to be educated and trained. Reality dictates that it is impossible for those in the know to really meet the sexual health information and care needs of several million French people potentially concerned. Unfortunately, the majority of HCPs are uncomfortable due to problems of knowledge, skills, legitimacy and/or resources. The Aius has advocated that many of them should become the primary players in sexual health, subject to a minimum of training and a vade-mecum for standardizing and sharing knowledge and practices. With this in mind, in 2021, the Aius successfully responded to a national call for tenders from national ANFH to raise awareness of the “sexual health” dimension among all HCPs. The clinical approach to sexuality and intimacy requires knowledge of certain ethical rules. Accessible to all without being time-consuming, this base level (inform, be informed, screen, reassure, guide) makes it possible to: a) to legitimize and demystify the subject of sexuality, b) to engage in dialogue, reassure and better target/screen the people who need it most (proportionate universalism). After two years’ experience, the results are satisfactory but have highlighted a number of adjustments that need to be made. This continuing education strategy complements the university degree courses run by the French College of sexology and sexual health and supported by the Aius. In terms of professional standards, the AIUS and the French College agree on the definition of two levels: providing sexual health information; educating and providing appropriate care in sexual health and intimate life, and/or activating multidisciplinary sexology care networks.

Category : 7. Education

1367 - RESEARCH WHY IT MATTERS FOR CSE THE GAPS THE CONNECTIONS AND ALL IN BETWEEN

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Proposed by the Global Partnership Forum (GPF) on Comprehensive Sexuality Education (CSE), a collective of over 70 organisations and of whom WAS is a Partner.

Research is a core element of CSE; it guarantees curricula are scientifically accurate and evidence-based per UN International Technical Guidance on Sexuality Education (ITGSE). The GPF Research Working Group (including lead members from Rutgers, WAS, and Population Council) are launching a global survey in July 2023 to collect updated information on recent research studies and evaluations completed within the last five years on CSE.

The study objective is to understand, gather and systematise what has been done at national/regional levels. By identifying lessons learned, best practices and areas of opportunity to adapt and implement CSE in different contexts, this increased pool of robust evidence then CSE cements the importance, relevance and impact of quality CSE for the health and well-being of young people and nations, as well as for achieving the SDGs. It verifies and supports the global necessity of CSE with data for advocates, policymakers and governments.

These survey findings will benefit the cross-discipline GPF Research Working Group and beyond as a global movement. It ensures shared knowledge, reduced duplication and corroborative learning to move forward together, especially with low and middle-income countries.

The proposal for this session will be to share and launch the initial results. It will discuss global findings, trends, explore challenges and consider subsequent actions, as well as how we can work better together. Specific session content will be confirmed on survey findings.

With the significant increase in opposition of anti-rights groups and specifically against CSE, the WAS conference is an opportunity to discuss research across disciplines, specialisms, and thematic areas. Beyond silos as we're all interconnected in progressing sexual rights.

The outcome of the session will be to:

- Strengthen evidence-based arguments for CSE and knowledge of research for advocacy, programming and policy.
- Share findings as a benchmark and trends on existing research,
- Create a space for knowledge exchange and dialogue and learning from others,
- Build connections cross-sectorally and cross-regionally for collective action with a focus on research,
- Identify and share current gaps within existing research,
- Amplify and extend an invitation to participate in the GPF research working group survey study.

Category : 7. Education

1369 - THE IMPORTANCE OF SEXOLOGY IN MEDICAL SCHOOLS AN UNDERGRADUATE PERSPECTIVE

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As an undergraduate student at a South African university, I received a total of 3 hours of sexual health education and in my four years of clinical experience I have only thoroughly discussed sexual dysfunction with a senior doctor once. However, in my experience of working in the primary healthcare setting, patients commonly present with sexual health related issues - HIV, sexually transmitted infections and unwanted pregnancies being the most common in our setting of low resource South Africa. Although we are taught how to manage these issues from a purely medical perspective, our training in inclusive, holistic sexual health is lacking. Factors that contribute to this poor education include: discomfort discussing sexual health, lack of education and training in both students and doctors and low regard for sexual health as a priority. Further, the more personal aspects of sexology - such as gender identity, gender affirming healthcare, sexual function and satisfaction are completely ignored. Sexual health is dismissed as an area of medical knowledge that students can pursue in their own time and is ignored as a necessary part of medical training due to the diversity of ethical perspectives on the matter and the tendency to protect the conservative viewpoint. As a result, cohorts of medical students are graduating with incomplete medical training. It is vital that sexology becomes integrated into undergraduate medical training in order to improve sexual health and access to adequately trained medical professionals for all patients at all levels of care. A patient's sexual health is a crucial aspect of the bio-psycho-social model that we can no longer ignore in our diverse sociocultural context.

Category : 7. Education

1371 - FROM PLASTIC TO COTTON TRANSFORMING THE MENSTRUAL EXPERIENCE IN A RURAL COMMUNITY IN VERACRUZ MEXICO

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In Mexico, menstrual health remains a significant challenge for girls and adolescents. Data from UNICEF (2021) reveals that 43% of them prefer to stay at home during their menstrual period instead of attending school. Additionally, only 16% of girls and adolescent women have accurate knowledge about menstruation, and only 30% of girls living in rural areas are aware of the concept before experiencing it. Rural women are particularly vulnerable due to the high cost and limited availability of menstrual products. Furthermore, the lack of adequate water, sanitation, and hygiene facilities hinders proper bodily and hand washing, as well as the appropriate changing and disposal of used menstrual products. In this study conducted in a rural community in Veracruz, the knowledge, attitudes, and practices related to menstruation were documented in a group of 29 participants, including 18 women and 11 male adolescents at the secondary level. The main causes of discomfort and barriers faced during menstruation were identified through questionnaires, observations of sanitary conditions, and the Menstrual Needs Scale (MPNS-36). Based on the findings, a menstrual health education initiative (12 sessions over a period of two months, with 24-hour total) was designed and implemented for the same group of participants. The use of high-quality cloth sanitary pads was introduced, and changes in comfort and satisfaction perceptions were evaluated after two months of use. The results revealed that 100% of the adolescent girls were using disposable sanitary pads prior to the educational initiative. Many expressed concerns about potential leakage onto clothing and reported discomfort during menstruation. Additionally, an average consumption of 6 to 10 overnight pads per menstrual cycle, equivalent to 1 to 2 pads per day, was observed. The monthly expense posed a financial burden on families. Results after two months of the educational initiative showed a positive change in comfort perception, improving decision-making among the adolescents and reducing school absenteeism. Changes in the frequency and usage of sanitary pads were also observed. These findings underscore the urgent need to address limitations in the choice and availability of menstrual products, particularly in vulnerable communities and situations of poverty. It is crucial to raise awareness of these needs and provide support in menstrual health from a public health and social justice perspective.

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Category : 7. Education

1418 - WORKING WITH ASEXUALITIES – THE ACE IN THE HOLE

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Relative to other ways of identifying and expressing ourselves, asexualities are not very well understood, both among the public and healthcare professionals. This is especially relevant in the context of sexual health. Julie Sondra Decker (2015) calls asexuality ‘the invisible orientation’ and with good reason. Asexuality is often misrepresented, invalidated, or criticised by healthcare professionals. Many asexual people have felt marginalised and pathologised. Others have been subject to conversion therapy. As a starting point, therefore, if we don’t have a good general understanding about what asexuality really means, we may inadvertently be causing harm.

This paper is focused on centering asexual people and asexual knowledges. However, I will also argue that adopting this focus does not only serve asexual people, but all of our clients.

This presentation will explore the importance of language and power through identifying and unpacking concepts like ‘compulsory sexuality’ (Emens, 2013) and ‘allonormativity’ (Pryzybylo, 2019). This allows us to explore how our own unconscious biases and assumptions are impacting our clinical work. The presentation will demonstrate that by centering asexual knowledges in all our client work, we are facilitating opportunities for healthier, more intentional and consensual relationships with ourselves and others. Angela Chen (2020) says that ‘Being ace can give you such a rich and valuable perspective on the world...It can make you question so much about relationships (of all kinds) and sexuality that people take for granted.’ Centering asexuality also creates room to think more queerly about concepts like desire, attraction and arousal. It encourages us to embrace fluidity and diversity rather than accepting a single script. Most importantly, it offers us more nuanced ways of engaging with consent.

The presentation will conclude with a number of recommendations for how to be more ace-affirming and to center asexualities in your work for the benefit of all your clients.

Category : 7. Education

1425 - THE CORE VALUES OF A PLEASURE BASED PERSPECTIVE TARGETING YOUNG PEOPLE

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Introduction and rationale

Sexuality education generally does not focus enough on pleasure and tends to focus on a preventive perspective rather than a strengthening, sex-positive and pleasure-based perspective. Young people need good sexuality education from a pleasure-based perspective in a supportive environment with ample opportunities for conversation, discussion and reflection. But they also need to be treated with curiosity, as competent and with respect, otherwise we risk contributing to silence, moralizing, increased stigmatization or simply not being relevant to young people's needs, feelings and situation.

Project

This presentation focuses on how we can work from a strengthening, sex-positive and pleasure-based perspective and by doing so we not only invite young people into the conversation, but we start from young people's questions, situation and where they are in life right now.

Outcome

We need to maintain a strengthening and pleasure-based perspective as a guiding principle throughout the entire conversation. By using this perspective, we give people the tools they need to make their own decisions and take control of their lives, their sexuality, their body, their relationships. A core element is to start from the actual needs of young people, which naturally vary with age. Other important core elements are norm-awareness and skills-training. We also need to include a rights-based perspective where young people can discuss consent and boundaries, both their own and others.

Discussion and recommendations

Some of the most important core values of a pleasure-based perspective to include when working with sexuality education targeting young people are:

- Knowledge-based information
- Rights-based perspective
- Concrete information
- Treat young people with respect and curiosity
- Access and accessibility
- Provide skills-training
- Norm-awareness
- Themes and content
- Age-appropriate
- Prevention vs Pleasure

**POSTER
PRESENTATION**

Category : 1. Sexual Rights & Ethics

1185 - RIGHTS RESTRICTIONS IN PRACTICE CRITIQUING CAPACITY TO SEXUAL CONSENT ASSESSMENTS

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Introduction & Objectives

Globally, people labeled with intellectual disability (ID) are routinely prevented from engaging in sexual relationships. In the Global North, capacity to sexual consent policies (CTSC) task disability professionals with assessing ID-labeled people's competencies (e.g., sexual knowledge) to determine whether they should be barred from sexual activity. From a human rights framework, this study interrogates the assessment tools used in such determinations.

Methods & Sample

I employed Willig's (2013) approach to Critical Discourse Analysis (CDA), which involves a value-based and iterative coding process. To collect the appropriate assessments, I conducted a systematic search using library databases (i.e., Web of Science, CINAHL, APA PsycINFO, and APA PsycTests) as well as those readily available to disability professionals (i.e., Google Scholar, Google). The sample included: 1) CTSC assessment measures (n = 6); 2) sexual knowledge tests for ID-labeled people (n = 12; as they are a recommended component of CTSC assessments; Lyden, 2007); and 3) detailed guides for conducting the assessments (n = 6).

Findings & Discussion

I developed three major themes. First, the assessments enforce a double standard by tasking ID-labeled people with questions not required of the general population prior to intimacy. This is particularly concerning given that ID-labeled people are often denied sexual health education. Second, assessments elicit bias through paternalism by professionalizing inquiry into an intimate topic (e.g., assessments are often conducted by a stranger), which can evoke discomfort, anger, or confusion compromising assessment validity. Third, the assessments essentialize vulnerability by restricting the potential target of sexual violation rather than redressing socially-produced vulnerability.

Recommendations

I draw on Nussbaum's (2011) Capability Approach to argue we should instead: 1) design assessments to align resources to ID-labeled people's wishes for their socio-sexual lives and 2) ensure availability of diverse resources (e.g., housing options) to reduce sexual vulnerability.

Category : 1. Sexual Rights & Ethics

1306 - THE PERSPECTIVE OF PORTUGUESE PSYCHOTHERAPISTS ON FEMALE GENITAL MUTILATION

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Introduction and Objectives: Female Genital Mutilation/Circumcision (FGM/C) is a worldwide practice and it's recurring in Portugal as a side effect of migration. Despite the existence of a law that prohibits this act, and despite the negative effects it has on the life of the child/woman, it's estimated that approximately 6575 women living in Portugal have undergone this procedure and that 1830 young girls aged under 16 are at risk annually. This practice affects women's physical, mental, sexual, and relational health, therefore, the aim of this study is to improve the mental health of women who have undergone FGM/C, studying the knowledge, experience, and attitudes of psychotherapists in the Greater Lisbon Region, where there's a prevalence of this practice.

Method(s) and Sample: Ten semi-structured interviews were conducted, following a qualitative methodology, with nine psychologists and one psychiatrist, eight of them women and two men, aged between 24-47 years (M = 38.7).

Results: All interviews were analyzed according to thematic analysis, which emerged with a central organizer "Emotions and Perceptions of Mental Health Professionals regarding FGM/C" and was unfolded into 3 themes, "Knowledge about this Practice", "Feelings regarding Intervention" and "Opinion about FGM/C and its implications".

Discussion and Recommendations: Portuguese Psychotherapists uphold a general knowledge of what FGM/C is but don't know everything that it entails. They have negative attitudes towards this practice and believe that they would be able to intervene with these women, but they aren't ready. It is hoped that this study will raise awareness of the importance of preparing mental health professionals for the possibility of dealing with psychological consequences, in addition to calling for a national investment in equipping healthcare professionals with skills.

Category : 2. Social & Behavioral Sciences

1044 - WHICH FACTORS PREDICT MORE FREQUENT SEX TOY USE

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Although sex toys have been ubiquitous across time, with current prevalence rates ranging between 15-76%, little is known about which factors predict more frequent sex toy use alone or in partnered situations. Previous research has primarily focused on sex differences in use of sex toys or examined relationship status and age as predictors of use. We sought to more comprehensively examine demographics predictors of sex toy use in a large (N = 11,944 people) multinational sample, with data collected from Denmark, Sweden, Norway, Finland, France, and the UK. About 37% of the sample reported owning sex toys, of which the most frequently owned toys were vibrators (67%) and dildos (52%). Of those who owned sex toys, 60% reported using them alone and 60% reported using them with a steady partner. Only 11.5% reported using sex toys with casual partners. Most of sex toy owners reported using them occasionally (23.6%) or every time (26.6%) alone, and occasionally (40.2%) with a steady partner. Predictors of greater frequency of sex toy use alone (n = 3,946) included being a woman, younger, identifying as homosexual or heterosexual, of longer education, a parent, and single. Those from the UK used sex toys alone less frequently than people from other countries. Predictors of greater frequency of sex toy use with a partner (n = 2,660) included being a man, younger, in shorter relationships, and a parent. There was no clear pattern of difference in use of sex toys with a partner based on country. The current study provides a more comprehensive overview of the factors associated with greater frequency of sex toy use, suggesting that it is not limited to a specific demographic group.

Category : 2. Social & Behavioral Sciences

1087 - CAMOUFLAGING IN MIDDLE AGED AUTISTIC WOMEN A QUALITATIVE STUDY

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Introduction and objectives: Autism is a neurodevelopmental disorder characterized by difficulties with social communication and imagination. It is male-dominated by a 4 to 1 ratio; thus, research on autistic women is limited. As autistic women experience gender-related problems, societal expectations regarding gender roles place them in the position to “camouflage” their characteristics and challenges (i.e., adaptation strategy). Previous studies have not adequately considered gender influences. In this study, we focused on middle-aged autistic women to understand their lived experiences and camouflage characteristics.

Methods and sample: Semi-structured, two-hour-online interviews were conducted with five women who had been diagnosed with autism in their 40s or older. Their ages ranged from 46 to 52, with a mean age of 49. Data were transcribed and analyzed thematically.

Findings and discussion: Three themes were identified: (1) positive to passive reasons for camouflage: the change in motivation for social adaptation, (2) liberation from gender role expectations: advancement in life whereby women feel less pressured to conform to social norms, and (3) mental and physical transformations with aging and the resulting difficulty with camouflage. These findings underscore the unique aspects of camouflage experienced by middle-aged autistic women as explained by the biopsychosocial model. On the social side, camouflage was about passing on and continuing somewhat limited interpersonal relationships in the society the participants had maintained. Psychologically, they used camouflage based on their own needs and choices as they came to accept their characteristics and past experiences. Biologically, camouflage was presumably affected by physical and hormonal changes associated with advanced aging.

Recommendations: Sexual and gender challenges of autistic women, as well as the experiences of gender-diverse autistic people across different stages of life should be explored.

Category : 2. Social & Behavioral Sciences

1091 - SEXUAL HEALTH STUDENT POPULATION KNOWLEDGE AND IMPACT OF COVID

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Introduction and objectives

During HIV-testing events, we conducted a survey in eight universities in Ile de France to assess sexual-health knowledge and behaviors since COVID-pandemic.

Methods

Between October 2021 and May 2022, a self-questionnaire was offered to students and, screening opportunity. The analysis is descriptive.

Results

We analyzed 1396 questionnaires. Respondents represented by 42.7% women, 57% men and 0.3% transgender, with 81% heterosexuals and 17% homo-bisexuals(MSM), aged from 18 to over 25 years. Condoms are still used in 93.7% of cases for the prevention of sexually transmitted infections(STIs)/HIV, 16.8% including 29% of MSM know pre-exposure prevention with antiretroviral and 62% know U=U. In case of sexual risk-exposure, 75% think they should be tested immediately and 80% know where to do so. Only 29%, including 42% of MSM, know that they should go to the emergency to receive post-exposure treatment and 1% received it.

Of 70% who had sex, 41.5% of heterosexuals have never been tested for HIV/STI versus 27.8% of MSM, and 16.4% of heterosexuals versus 6.5% of MSM, do not wish to be tested.

Vaccination for hepatitis A is known by 43.3%, 68.3% for B and 70% for human papillomavirus and, some believe that HIV(34.2%), hepatitis C(20.9%) and syphilis(14.8%) vaccines exist.

Since COVID pandemic, 82.3% reported no change to meet sexual-partners, 20% slowdown their encounters and 65% were afraid to have sex with strangers. Increased use of dating sites is reported by only 9.5% and 13.2% report taking more sexual-risks, with half of them, mainly heterosexuals (75%), never been tested for HIV/STI. Loneliness is more reported by MSM(14.3%) than heterosexuals(10.6%).

Conclusion

Since the COVID-pandemic, there has been no major change in participants' behaviors. MSM are more aware of the need to get tested. Lack of awareness and knowledge of sexual health is glaring, so increasing educational opportunities is crucial.

Category : 2. Social & Behavioral Sciences

1092 - SELF QUESTIONNAIRE ON SEXUAL HEALTH COLLECTED FROM YOUNG PEOPLE DURING A FESTIVAL

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Introduction

During the annual festival “Solidays”, the association Rainbhôpital conducted a survey among festival-goers in order to evaluate behavioral data, screening methods and HIV/STI prevention.

Method

Descriptive analysis of survey with a self-questionnaire, followed by a sexual health education session conducted from 23-25 June 2022.

Results

The analysis included 1454 questionnaires. The population was predominantly female (66.4%), 75% were aged 18-30 years, and 80.8% were heterosexual. Consent to first sexual intercourse was obtained in 91.4% of cases, with no gender difference, while 2.7%, mainly female under 18s (90.5%), were forced. The use of pornographic videos was reported by 88.9% of the participants, most of whom were male and in 73.91% of those under the age of 16. Pornography was perceived as indifferent or even negative by females, while it was a source of pleasure and relaxation for males. Sending nudes was reported by 56.3% of the participants with no real gender difference, but 4.6% were forced to do so, mainly females (92.1%). Among the 91.4% of participants who had sexual intercourse, 26.6% had never been tested for HIV because 49.7% considered that they were not at risk. Condom use was better perceived by women (68.5% vs. 52.6%) and correlated with the absence of a stable relationship. Among MSM, 84.1% knew about PreP and 24.1% received it. HPV was more widely known among women (95.1% vs. 66.9%). HPV vaccination was offered to 76.7% of women versus 45% of MSM and 23.2% of heterosexual boys.

Conclusion

This survey allows us to address and inform young people about sexual health issues, the responses clearly showing a deficit of information and access to sexual health pathways. The survey shows gender differences and inequalities regarding sexual consent, Prep and the extension of HPV vaccination use. Improvements in sexual health care should be advocated.

Category : 2. Social & Behavioral Sciences

1106 - SEXUAL BEHAVIOR OF ADULTS SEEKING VOLUNTARY HIV TESTING

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Users of publicly funded HIV Counseling and Early Detection Centers (CDCs) in the Portuguese National Service have been found to have higher rates of HIV risk behavior than the general population, but data concerning their specific socio-demographic, behavioral, and cognitive profile are limited. In this primary health center-based study, we document profiles of adults seeking voluntary testing and counseling and analyze correlates of HIV testing, preparatory safer sexual behaviors, and condom use. A cross-sectional study was conducted in a sample of 308 Portuguese users of CDCs (98 women and 210 men) using interviewer-administered fully structured questionnaires. Significant gender differences were found for consistent condom use in vaginal sex, number of lifetime sexual partners, and barriers towards safer sex, with men showing higher results, and for consistent condom use in anal sex, with women showing higher results. In a multivariate analysis, correlates of HIV testing were being male, being younger, having a higher educational level, living in urban areas, and having higher HIV transmission and prevention knowledge. Hierarchical regression analyses also showed that being younger, having a higher perception of negotiation self-efficacy in condom use, having higher HIV knowledge and lower barriers towards safer sex were the main factors associated with safer sex practices among CDC's users. This study provides baseline data on this understudied population and identifies variables associated with HIV testing, factors that would allow developing effective interventions to reduce risk behavior targeting the identified variables.

Category : 2. Social & Behavioral Sciences

1115 - ANTICIPATED STIGMA REPORTED BY ADULTS PARTICIPATING IN A MIXED SEX THREESOME

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Introduction and Objectives: U.S. adults are socialized to believe that mixed-sex behavior occurring between two (and only two) adults is the only “acceptable” form of sexual behavior. Women are also expected to follow passive norms regarding their sexuality. Research on the backlash effect indicates that adults avoid unconventional/counterstereotypical behaviors for fear of social repercussions. Thus, this study explored adults’ anticipated stigma from friends, acquaintances, and society for their engagement in mixed-sex threesomes (MSTs; sexual activity involving three people at the same time in which persons of more than one sex are present). Variations in anticipated stigma according to the gender of the participant and the sexual make-up of the MST (i.e., two members of the other sex – MST-O; one member of each sex – MST-S) were assessed.

Methods and Sample: A total of 364 adults were recruited via Reddit® and the threesome app, 3Fun. Participants reported on the details related to their most recent MST and anticipated stigma from friends, acquaintances, and society.

Results: Fifty percent of men and 36.9% of women engaged in a MST-O, whereas 50.0% of men and 63.1% of women engaged in a MST-S. Women and those engaging in a MST-S anticipated receiving greater stigma from all sources than did men and that those engaging in a MST-O. However, the effect gender was not consistent across MST type, such that women only expected to be judged more harshly than men when engaging in a MST-O.

Conclusion and Recommendations: Our work supports research documenting the continued presence of a sexual double standard in Western society favoring men and those participating in mixed-sex sexual behaviors. These results have implications for educators looking to (1) promote MSTs among adults hoping to explore their sexuality and (2) reduce stigma facing individuals participating in “nontraditional” sexual behaviors.

Category : 2. Social & Behavioral Sciences

1140 - MINDSET & SEXUAL HEALTH RECEPTIVENESS TO SEXUALITY EDUCATION CURRICULA

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Introduction & Objectives:

This research examined how the new individual difference dimension of cognitive mindset—whether people have a tighter or looser conception of the world—impacts sexual health and well-being. Previous interventions designed to increase sexual health often seek to increase sexual knowledge and reduce sexual shame. However, limited research has explored mindsets and their impact on interventional outcomes. To address this gap, we employed a pretest-posttest experimental design to assess the effects of mindset within a gamified sexuality education program training.

Methods & Sample:

Thirty participants were recruited via Prolific, ranging from 19-26 years of age ($M=21.8$, $SD = 2.41$), all respondents residing in the United Kingdom. Participants' STI knowledge, mindset, and multiple scales relating to attitudes about sexuality were assessed at three-time points: pre-intervention, immediately after sexuality training, and post-intervention; each condition was completed via Qualtrics at 1-week intervals.

Results

A mixed factorial ANOVA was conducted to examine the difference in STI knowledge across pre-intervention, intervention, and post-intervention temporal conditions and across individuals with different mindsets. Tight and loose mindset groupings were created based on their mean averages. A main effect of temporal condition was observed, $F(1.39) = 4.44$, $p = .03$, $np2 = .14$, with individuals scoring higher in STI knowledge in the immediate post and final post compared to their pre-test scores. A marginally significant interaction of temporal condition and mindset was observed, $F(1.39) = 2.94$, $p = .08$, $np2 = .09$. Suggesting that an individual's mindset may impact receptiveness toward STI knowledge gains within a gamified sexuality education program, but the effects may be limited in magnitude.

Conclusions & Recommendations

Our results suggest that mindset may play a minor role in impacting STI-Knowledge gains. As such, further research is necessary to provide better insights into other outcome variables such as stigma, shame, sexual self-efficacy, sexual guilt, comfort, and long-term effects.

Category : 2. Social & Behavioral Sciences

1143 - BEYOND THE MARGINS VIOLENCE FACED BY FEMALE SEX WORKERS IN TUNISIA

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Introduction and objectives: Violence is gradually gaining recognition as a significant worldwide problem and could lead to a negative impact on women's quality of life, in regard to their sexual and mental health. Our study aimed to investigate the experience of violence among Tunisian female sex workers (FSW).

Methods and sample: We carried out a qualitative study among a group of FSW in Tunisia. Participants were recruited through the snowball sampling technique. Semi-structured interviews were conducted, focusing on participants' experiences of violence. Thematic analysis was used to identify key themes and sub-themes in the data.

Findings and discussion: 13 FSW were interviewed. Thematic analysis of the data identified three main themes related to violence against female sex workers in Tunisia: actors of violence, types of violence, and consequences.

The first theme, actors of violence, revealed that FSW faced violence from multiple sources. These included clients, police officers, family members, and members of the general public. Clients were the primary source of physical violence, while police officers were responsible for harassment and arrest.

The second theme, types of violence, highlighted the different forms of violence experienced by participants. Physical violence included beatings, stabbings, and other forms of physical assault.

Psychological violence included verbal abuse, threats, and harassment. Sexual violence included rape and other forms of sexual assault.

The third theme, consequences, underscored the impact of violence on the physical and mental health of FSW. Physical injuries, including broken bones and bruises, were common among those who experienced physical violence. Psychological violence and sexual violence were associated with symptoms of depression. The violence also had social consequences, including social isolation.

Recommendations: This study pointed out the need for positive actions in order to prevent violence and consequently guarantee inalienable women's rights.

Category : 2. Social & Behavioral Sciences

1153 - BEING LGBT AND CHRISTIAN A SCOPING REVIEW IN PSYCHOLOGICAL RESEARCH

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Introduction and objectives: Lesbian, gay, bisexual, and trans (LGBT) Christian people may experience difficulties dealing with this double belonging due to the conservative doctrine postulated by Christianity regarding LGBT issues. Psychological research has used theories and constructs from the field to explain this double belonging and how LGBT individuals deal with it. However, the literature seems fragmented and nuanced, calling for systematization and clarity. In the present scoping review, we aimed to map theories and constructs used in psychological research to explain the intersection between being LGBT and Christian.

Method: We follow the methodological guidelines for scoping reviews of the Joanna Briggs Institute (JBI), accompanied by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) - Extension for Scoping Reviews. The research strategy included empirical and theoretical scientific studies, case studies, personal experience articles, and dissertations, with quantitative, qualitative, and mixed design. The search occurred in 7 databases (Academic Search Ultimate, Academic Source, APA PsycInfo, APA PsycArticles, Psychology and Behavioral Sciences Collection, Scopus, and Web of Science), restricted to the period 2012 to 2022 and the field of Psychology.

Results: The results show a predominance of qualitative design, diverse sexual and religious identities within samples, and the United States as the more frequent context where studies are developed. Regarding content findings, we highlight four key results about the intersection of LGBT and Christianity: 1.

Conflict/negative perspectives; 2. Turning point from negative to increasingly positive frameworks; 3. Positive perspectives; and 4. Broader and more challenging theories.

Conclusion: In conclusion, this scoping review mainly notes a gradual movement from negative/ conflicting perspectives to positive, broader, and more challenging theories to explain the intersection of LGBT and Christianity. It represents a significant advance in this field of research. This advance will be critical for new approaches to research and clinical practice with LGBT Christian people.

Category : 2. Social & Behavioral Sciences

1257 - BODY RELATED COMMUNICATION AND SEXUAL WELL BEING IN COUPLES A QUALITATIVE APPROACH

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Introduction and objectives

A large body of research has linked body image to sexual well-being over time. Sociocultural perspectives propose that beliefs related to physical appearance and its association with success and sexual desirability are transmitted socially through body-related communication and modeling from influential individuals in one's life, including the intimate partner. In turn, the internalization of such beliefs may negatively impact one's body image and have a negative impact on one's sexual well-being. However, there are still few dyadic studies looking into interpersonal factors shaping body image in the context of an intimate relationship, and there is a paucity of qualitative, dyadic research in this domain.

Methods and sample

We will separately interview partners who are currently in a mixed-sex couple, over 18 of ages, and have been in the relationship for at least 6 months. Only couples that had sexual activity in the context of the relationship in the last 6 months are considered for eligibility. Semi-structured interviews will be conducted separately with which partner in order to promote self-disclosure and self-reflectivity. Interviews will be transcribed and analyzed following Braun and Clarke's guidelines for thematic analysis and a phenomenological framework.

Results

We expect to present preliminary results. Following a phenomenological framework, we will analyze and present the meanings and structure that participants ascribe to their experiences with body-related communication in the context of their intimate relationship. Additionally, we intend to present themes that emerge from the individual interviews as well as the way themes brought up by one partner may overlap with the other.

Discussion and recommendations

Overall, results from this study will contribute to the understanding of the perceived role body-related communication may have in the association between couple's body image and sexual well-being and provide information for future research and clinicians.

Category : 2. Social & Behavioral Sciences

1290 - SEXUAL BEHAVIOR OF JAPANESE YOUTH RESULTS OF THE REPEATED NATIONWIDE SURVEYS

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Introduction and objectives

In Japanese society, the sexual behavior of youth is taboo in sex education in schools and public situations. However, in fact, many people experience sexual intercourse before their marriage, and there are many unintended pregnancies among Japanese youth. The National Survey of Sexual Behavior of Youth, a nationwide statistical survey, has been conducted to understand the actual situation of sexual behavior among Japanese youth. This presentation aims to examine the changes in the sexual behavior of youth at the level of descriptive statistics with these surveys. After explaining the history and overview of the survey, the paper discusses intertemporal and intergenerational comparisons of sexual behavior, the cumulative number of sexual partners, and the presence or absence of sexual partners at each time of the surveys.

Method(s) and sample

The dataset includes 53585 respondents from the first survey in 1974 to the latest survey in 2017.

Results

The Findings are as follows. First, after the 2005 survey, the experience rates of kissing and sexual intercourse among high school and university students turned from an upward trend to a downward trend. Second, when comparing the experience of sexual behavior among generations, the highest rate of dating experience in the early teens was among those born in the 2000s. The highest cumulative experience rates of kissing and intercourse were observed among those born in the 1980s, while those born in the 2000s were more likely to have experienced them earlier in their early teens. Third, there was no significant change in the distribution of the number of people who have had sexual intercourse and their current sexual partners among those who have had sexual intercourse.

Discussion and recommendations

We are conducting the ninth survey in 2023. We will examine the changes in the sexual behavior of Japanese youth, especially in the impact of COVID-19.

Category : 2. Social & Behavioral Sciences

1378 - THE IMPACT OF GENDER IDENTIFICATION AND SEXUAL HARASSMENT VICTIMIZATION ON ADOLESCENTS' SELF PERCEIVED PROBLEMS IN EXPERIENCING SEXUALITY.

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Introduction and objectives: In recent years research showed increasing rates of adolescents self-identifying as non-cisgender (Zhang et al., 2020). Compared to their cisgender peers, non-cisgender adolescents face higher risk for sexual harassment and victimization (Atteberry-Ash et al., 2020), and may experience more issues and doubts about sexual life. With this study we aimed to assess the role of gender identification and sexual harassment victimization (SHV, receiving sexual jokes/comments/gestures) in predicting self-perceived problems in experiencing sexuality in adolescents.

Methods and sample: We analyzed data from a cross-sectional survey on health behaviors and wellbeing in adolescents in middle and high schools. A sample of 3264 adolescents aged 15-18 filled in, upon parental informed consent, a self-report questionnaire. Following descriptive and multivariate statistics, we used a hierarchical logistic regression model to test the role of gender identification and SHV in predicting self-perceived problems in experiencing sexuality.

Results: 29.7% of cisgender and 33.7% of non-cisgender adolescents reported they experienced SHV often or sometimes. Gender identification was significantly associated with self-perceived problems in experiencing sexuality ($\chi^2(1) = 4.793, p < .05$) and cisgender adolescents reported lower frequency of SHV as compared to non-cisgender adolescents (Student's $t = 2.32, p = .02$). The regression model showed that gender identification significantly predicted self-perceived problems in experiencing sexuality (step 1, $\chi^2(1) = 4.880, p < .05$); when adding SHV, while the overall model remained significant, the improvement was not significant (step 2); however, when adding to the model (step 3) the interaction between gender identification and SHV, the model significantly improved (step 3, $\chi^2(3) = 19.927, p < .001$).

Discussion and recommendations: findings confirm that non-cisgender adolescents report higher levels of self-perceived problems in experiencing sexuality and SHV. Such results call for implementing interventions against SHV, by involving students, youth workers, school staff, and health professionals.

Category : 2. Social & Behavioral Sciences

1385 - PARAGUAYAN MEN SEXUAL FUNCTION

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In 2022, ECIS - Education, Clinic and Research in Sexuality conducted a survey focusing on male sexual function among the Paraguayan population. The study utilized the International Index of Erectile Function and collected data through Google Forms. A total of 123 men participated in the survey, with the majority falling within the 30 to 39 age range, followed by those between 20 to 29.

One interesting finding from the survey was that 22.8% of the participants identified as non-heterosexual, indicating a diverse range of sexual orientations within the sample. Furthermore, a significant majority of 94.3% reported being sexually active, highlighting the importance of understanding male sexual function in this population.

When it came to erectile function, the results showed that 73.2% of the participants reported almost always or always getting an erection during sexual activity. However, only 59.3% mentioned being able to penetrate their partner, indicating potential difficulties in achieving full sexual intercourse for a significant portion of the participants.

In terms of maintaining an erection after penetration, 51.2% of the participants stated that they could almost always or always maintain their erection. This suggests that while some men may face challenges in achieving penetration, a considerable number are able to sustain an erection once intercourse has begun.

Interestingly, 9.8% of the participants mentioned that they had not attempted to have sex in the last four weeks. This finding could be attributed to various factors such as personal circumstances, relationship dynamics, or individual preferences.

Regarding satisfaction, the survey revealed that 50.4% of the participants reported feeling satisfied after sex. This indicates that a significant portion of the sample experienced a positive emotional and physical response following sexual activity.

Additionally, 37.4% of the participants mentioned that sexual desire was present always or almost always, highlighting the importance of sexual desire and arousal in the overall sexual experience for Paraguayan men.

It is worth noting that some of these findings can be compared to research conducted in other countries, revealing similarities in certain areas. This suggests that Paraguayan men may face similar challenges and experiences in their sexual function as men from other cultural backgrounds.

Overall, this survey on male sexual function in Paraguayan men provides valuable insights into the sexual behaviors and experiences of this population. Understanding these aspects is crucial for healthcare professionals and individuals alike, as it can help identify potential issues, improve communication, and enhance overall sexual well-being.

Category : 3. Clinical Sciences & Therapy

1032 - BRIDGING THE GAPS BETWEEN ORIENTAL AND OCCIDENTAL SEXUAL HEALTH

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Introduction: To avoid the risk of not measuring what should be measured, assessment, management, and treatment studies of sexual dysfunctions should be culturally adapted. Only this way it is possible to have evidence-based practices and studies. We aimed to evaluate the sociocultural similarities and differences between Lebanese and Brazilian women's sexually dysfunctional beliefs in order to shed light on the importance of creating culturally adapted studies and their impact on the results when it comes to female sexual dysfunction.

Methods: We conducted a cross-cultural study with a group of Lebanese and Brazilian women who filled out translated, validated, and culturally adapted scales: The Sexual Dysfunctional Belief Questionnaire (SDBQ) and the Female Sexual Function Index (FSFI).

Findings and discussion: Although Lebanese women are seen as oppressive and Brazilian women as liberal when it comes to sexuality, our findings suggest some similarities when it comes to sexual beliefs. This impacts the results of female sexual dysfunction prevalence, indicating a similar number between Eastern and Western data. Differences in sociocultural determinants found mainly were based on language, help-seeking, professional training, and the situation of the country. These differences showed a direct impact on the results that indicated the prevalence of female sexual dysfunction between both populations. Sexual dysfunction cannot be defined as one without taking into consideration these cultural determinants and without using a culturally sensitive methodology.

Recommendations: Bridging the gaps between Oriental and Occidental sexual health can lead to a more reliable, evidence-based, culturally adapted science. Western societies' instruments and treatment programs cannot be generalized and applied to Oriental societies. However, we encourage professionals and academics to develop and conduct more studies on the matter with Lebanese (and Arabs and Middle Eastern) women, since some similarities are found between both populations and make them more accessible.

Category : 3. Clinical Sciences & Therapy

1054 - SCIENTIFIC VALIDATION OF THE S ON DIGITAL PSYCHOTHERAPY AND ASSESSMENT SYSTEM

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Objective: To create, standardize and scientifically validate the S-ONapp digital application for mobile phone users in order to diagnose sexual dysfunctions.

Methods: 200 men and 200 women from the USA, Canada, Asia, and Europe with sexual dysfunction accessed the S-ONapp application through the Google Play platform, following advertisements on social networks.

Results: Data indicates high fidelity on Cronbach`s Alpha for each scale of the application and high-test retest reliability. Significant correlations were obtained after reporting/linking the S-ONapp digital application to another similar digital tool, such as Sexual-DSMapp Application, indicating a high structural validity.

Conclusions: The results obtained indicate that the S-ONapp application, through the two tools for assessing and testing sexual dysfunctions, has clinical robustness in diagnosing sexual dysfunctions.

Category : 3. Clinical Sciences & Therapy

1128 - AUTISTIC TENDENCIES IN JAPANESE ADULTS WITH GENDER IDENTITY DISORDER

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Introduction & objectives: Many individuals with Gender Identity Disorder (GID) tend to meet the diagnostic criteria for Autism Spectrum Disorder (ASD). However, most prior studies on the relationship between GID and ASD tendencies focused on children and adolescents, and rarely on adults. This study aims to explore the relationship between GID and ASD tendencies in adolescents and GID adults.

Method and Sample: In the study, 200 GID patients (147 Female to Male (FtM) and 53 Male to Female (MtF)) aged 16-62 years (FtM: 16-47 years, MtF: 17-62 years) were administered 4 questionnaires: Utrecht Gender Dysphoria Scale (UGDS), Body Image Scale (BIS), Autism Spectrum Quotient (AQ) with 5 subscales, and Hopkins Symptom Checklist 90-Revised (SCL-90-R).

Results: Analysis showed that 2.00% of the participants exceeded the AQ cutoff of 33 points, which was lower than the rate in previous studies on GID patients. A significant correlation was found between the UGDS and AQ total score for MtF ($r = .272$), but not for FtM ($r = .037$). The SCL-90-R and AQ total score was found to be correlated for both gender (MtF: $r = .533$, FtM: $r = .358$). We also found correlations only for MtF between UGDS and SCL-90-R ($r = .431$), AQ Imagination and SCL-90-R ($r = .332$), UGDS and AQ Attention Switching ($r = .347$), and UGDS and AQ Communication ($r = .304$).

Conclusion & recommendations: Our findings showed that GID tendencies were associated with ASD tendencies only in MtF. Furthermore, a moderate association was observed between ASD tendencies and psychiatric symptoms only in MtF, suggesting that ASD tendencies of MtF patients link to maladjustment and that the degree and impact of ASD tendencies differ between MtF and FtM. However, since the ASD tendency of the participants in this study was lower than those in other studies, further research is needed to examine GID tendencies in ASD patients.

Category : 3. Clinical Sciences & Therapy

1225 - CAN MINDFULNESS HELP SEX THERAPY AN UPDATE FROM 2007 TO 2023

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Introduction: Mindfulness has generated considerable interest in the last two decades in clinical and research setting. Its efficacy has been evaluated for the sexual dysfunctions recognized by the DSM-5 and other sexual problems, such as compulsive sexual behavior disorder (CSBD), also known as sex addiction or hypersexuality. Here, we updated a previously made systematic review to find the latest information on the possible effectiveness of mindfulness can exert on sexual problems. **Objectives:** To update the evidence found that mindfulness-based treatments (such as mindfulness-based cognitive-behavioral treatment or mindfulness-based related prevention) are effective to treat different problems related to sexuality. Thence, our review question was: “Are mindfulness-based treatments effective in reducing the symptomatology of various sexual problems?”. **Methods:** we developed a systematic search conducted following the PRISMA guidelines. **Inclusion criteria:** (I) articles using MBT for sexuality-related problems, (II) clinical population (adults >18 years old), (III) no date range limits were applied (last search was conducted in January 8, 2023) , (IV) only empirical studies, (V) language: English and Spanish and (VI) quality of studies. **Results:** Evidence shows that mindfulness practice could be effective for some sexual disorders, such as female sexual arousal/desire disorder. However, due to scarcity of studies on other sexual problems such as situational erectile dysfunction, genitopelvic pain/penetration disorder, childhood sexual abuse or compulsive sexual behavior disorder, the findings cannot be generalized. **Conclusion & recommendations:** Mindfulness-based therapies provides evidence to reduce the symptomatology associated with various sexual problems. However, more studies are needed to draw firm conclusions. By last, there is limited literature on MBT in men, for which reason future studies could focus on men.

Category : 3. Clinical Sciences & Therapy

1236 - THE EFFICACY OF BRIEF STRATEGIC THERAPY IN THE PSYCHOLOGICAL TREATMENT OF GENITO PELVIC PAIN PENETRATION DISORDER IN A GROUP OF ITALIAN PATIENTS

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BACKGROUND-AIM

Genito-pelvic pain/penetration disorder (GPPPD), in the DSM-5, is defined as persistent or recurrent difficulties with one or more of the following: vaginal penetration during intercourse; vulvovaginal or pelvic pain during vaginal intercourse or attempts at penetration; fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration; and tightening or tensing of the pelvic floor muscles during attempted vaginal penetration. Brief Strategic Therapy is been shown to be effective in treating sexual disorders, although few studies have proved its efficacy for GPPPD. The present study aims to evaluate the efficacy of GPPPD treatment through Brief Strategic Therapy (BST) in a group of Italian patients.

METHODS

The clinical effectiveness of the GPPPD-specific BST protocol was evaluated in a one-group observational study. Participants were sequentially recruited from a private center in Siena, Italy. Subjects met all the criteria required to make the diagnosis according to the DSM 5.

RESULTS

BST presents a high level of efficacy (93%) with an efficiency equivalent to less than 10 sessions. The measurement of effects, are not detected only between the beginning and the end of the therapy, but looking at the accomplishment of every single maneuver, checked for every single phase of therapeutic process.

CONCLUSIONS

Findings will enhance the evidence-based knowledge about the clinical effectiveness of BST in treating GPPPD symptoms in the patient population. This advancement could foster clinicians' ability to identify non-ordinary logics and their ability to devise appropriate strategies to solve sexual disorders.

Category : 3. Clinical Sciences & Therapy

1352 - SEXUAL FUNCTION AND SATISFACTION AMONG LONG COVID PATIENTS A CROSS SECTIONAL ONLINE SURVEY PROTOCOL

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Introduction: Studies show that around 10–20% of those infected with SARS-CoV-2 may develop new or continue with symptoms 3 months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation. Such circumstance is termed post-COVID condition or long-COVID (LC). Symptoms differ between people, and more than 200 have been identified with impacts on multiple organ systems and well-being. Nonetheless, less attention to the impact on sexual health has been paid.

Objective: The aim of this study is to assess sexual function and satisfaction among people reporting long-COVID symptoms.

Methods: A multi-cultural, cross-sectional online survey is going to be conducted to assess sexual function and satisfaction among participants with long-COVID symptoms. Participants are invited to participate in the study if they: a) are 18 years old or older, b) present long-COVID symptoms, c) are fluent in at least 1 of 5 languages, including English, French, German, Spanish or Portuguese.

Instruments: Sociodemographic questionnaire, Female Sexual Function Index (FSFI) - for women, International Index of Erectile Function (IIEF) - for men, New Sexual Satisfaction Scale (NSSS), Fatigue Assessment Scale (FAS), Patient Health Questionnaire (PHQ-9), General Anxiety Disorder Scale (GAD-7)

Target Sample and Data analysis: A convenience sample will be generated through the dissemination of the study via social media channels targeting long COVID units, institutions and professionals involved in LC care and patient associations. Descriptive statistics will be performed (with a power of 0.80 or greater and with a significance level set at $\alpha = .05$).

Conclusions: Current diagnostic and treatment options for LC patients are insufficient and often do not include sexual health. This study will allow us to better understand how sexual function and satisfaction are perceived among LC patients and to develop assessment and intervention recommendations for this population.

Category : 3. Clinical Sciences & Therapy

1373 - OBSESSIVE COMPULSIVE DISORDER IN HYPERSEXUAL PATIENTS

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Objectives: The aim of this study was to assess differences in the level of obsessiveness and compulsivity in 3 groups of patients 1) compulsively masturbating; 2) having uncontrolled sexual relationships with multiple partners; 3) compulsively masturbating and having uncontrolled sexual relationships with many partners.

Material & Methods: 108 patients meeting diagnostic criteria of hypersexual disorder (HD) by Kafka et al. (2010) were interviewed. The content (type) of obsessions and compulsions and their intensity were assessed using the Y-BOCS (Yale-Brown Obsessive-Compulsive Scale). Patients have also completed the OCI-R (Obsessive – Compulsive Inventory – Revised) and STAI Test (State-Trait Anxiety Inventory).

Results: We found differences in the intensity of obsessive thoughts, compulsive behavior and anxiety (trait) between the three groups. According to the OCI-R scores, 34% of the subjects indicated high probability for OCD. Patients from the Group 2 presented with the lowest total OCI-R scores and in the obsessive subscale. High levels of anxiety (trait) were found in 45.5% of the subjects with the highest scores in Group 1 and the lowest in Group 2. The patients were presenting different types of obsessions: aggression (74%), pollution (37%), sexual (81.5%), gathering (28%), religious (25%), symmetry / accuracy (35%) and other (74%). Compulsions was character: somatic (38%), washing / cleaning (25%), checking (55%), ritualization (18%), ordering / laying (15%), collection / gathering (16%), , sexual (97%). According to the Y-BOCS, 62% of all hypersexual patients experienced moderate and 18% severe obsessive-compulsive symptoms. The majority of subjects with severe OCD symptoms were from Group 1 (70%). Patients from Group 3 scored significantly higher in the compulsivity subscale (Y-BOCS) as compared to Group 2.

Conclusions: The nature of obsessions and compulsions presented by hypersexual patients is highly differentiated and includes many non–sexual aspects. Significant differences were found according to intensity of obsessive-compulsive symptoms and the level of anxiety between the three groups. Compulsively masturbating patients indicated the highest level of anxiety and obsessive-compulsive symptoms. This should be taken into account in therapy planning.

Category : 3. Clinical Sciences & Therapy

1374 - INDIVIDUAL DELAY DISCOUNTING RATE WITH PATIENTS WITH HYPERSEXUAL DISORDER

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Introduction: According to G. Becker and C. Mulligan (1997) people differ in terms of individual delay-discounting rates. This individual rate is connected to impulsivity and self-control trait. The most important indicator of high impulsivity is a preference towards smaller and immediate rewards, while self-control is connected with choosing the bigger and deferred rewards. People with higher impulsivity trait have higher discounting rates for delayed rewards.

Purpose: The aim of this study was to assess differences in discounting rates in 3 groups of patients 1) compulsively masturbating; 2) having uncontrolled sexual relationships with multiple partners; 3) compulsively masturbating and having uncontrolled sexual relationships with many partners.

Methods: 108 patients meeting diagnostic criteria of hypersexual disorder (HD) by Kafka were interviewed and completed the Monetary Choice Questionnaire. Individuals with k (discounting parameter) higher than 0.025 are very impulsive and generally prefer rewards available immediately than rewards deferred in time.

Results: We found differences in the average values of the discounting rate between the three tested groups. The highest discounting rates for each quota range were obtained by the patients from group 3. In addition, subjects in group 3 were more impatient - the average discount function parameters were highest for each quota range compared to the results of the other groups tested.

Conclusions: According to the described effect of withdrawal size - small amounts are discounted more strongly than high amounts in all groups of patients. Patients in group 3 were the most impulsive and preferred immediate rewards. In psychotherapy of those patients small steps strategy with summaries and gratifications after achievement of a single step seems the most appropriate way. Patients with HD respond better to small and quick rewards than to large and deferred in time ones. The ability to postpone gratification is therefore one of very important therapeutic goals. Prizes are more strongly discounted than penalties (Thaler 1991), so therapists should place more emphasis on the potential benefits of cessation of uncontrolled sexual behaviors than the consequences of their continuation.

Category : 4. Basic Science

1212 - NEURAL EVIDENCE OF SEXUAL EXCITATION AND SEXUAL INHIBITION A SCOPING REVIEW BASED ON THE DUAL CONTROL MODEL OF SEXUAL RESPONSE

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Introduction & objectives: The Sexual Inhibition and Excitation Scales (SIS/SES) were developed based on the Dual Control Model of Sexual Response (Bancroft & Janssen, 2000). This questionnaire has become a widely used tool in sexual response research, providing an understanding of individual variability in the propensities for sexual excitation and inhibition. The different dimensions of the SIS/SES questionnaire are believed to represent different neurophysiological mechanisms in the central nervous system. We provide an overview of the published literature on the neural correlates of the SIS/SES dimensions.

Methods and Sample: The literature search was limited to English-language peer-reviewed articles published between 2000 and 2023. Papers were reviewed to eliminate irrelevant ones and ensure compliance with the inclusion criteria. The research protocol and PICO strategy is pre-registered in the Open Science Framework (<https://osf.io/emvrd>).

Findings & Discussion: Seven of the eleven eligible studies identified neural processes associated with SIS/SES during the presentation of visual sexual stimuli. Neurophysiological data were mainly acquired using fMRI. Globally, sexual excitation (SES) scores were associated with the engagement of the primary somatosensory cortex, dorsal anterior cingulate cortex, right anterior insula, inferior frontal gyrus, inferior parietal lobe, ventral tegmental area and cerebellum. Higher SIS1 scores (reflecting inhibition due to the ‘threat of performance failure’) were associated with more activity in the right anterior insula, the inferior frontal gyrus, and the anterior cingulate cortex. SIS2 scores (reflecting inhibition due to the ‘threat of performance consequences’) were positively associated with neural activation of the right lateral orbitofrontal cortex, the pons and the inferior parietal lobule. These results demonstrate that sexual excitation seems to yield more neurocognitive resources towards sexual stimuli, and that some of these overlap with those relevant to SIS1.

Recommendations: More studies are needed, especially using non-clinical populations, to further map the neural correlates of sexual excitation and inhibition.

Category : 4. Basic Science

1214 - PRELIMINARY FINDINGS OF NEURAL ACTIVITY ELICITED BY SEXUAL STIMULI IN PROSTATE CANCER SURVIVORS

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Introduction & objectives: Prostate cancer (PCa) survivors frequently experience detriment in sexual health. PCa treatments, such as radical prostatectomy (RP) or radiotherapy combined with hormone treatments (RT+HT), oftentimes compromise erectile function and sexual satisfaction. Psychological variables, such as cognitions and emotions elicited by sexual cues, are thought to modulate how such stimuli are processed by the brain. We aimed to identify patterns of brain activity in PCa survivors (RP, RT+HT), compare them with controls (non-PCa), and explore the role of sexual cognitions and affect. **Methods and Sample:** A block paradigm design was used to present sexually explicit and non-sexual clips. After each clip, participants reported on sexual arousal, sexual thoughts, and affect. Neural activity was continuously acquired via fMRI. We analyzed preliminary data from six participants (two non-PCa, two after RP, two after RT+HT).

Results: We identified significant differences for pairwise comparisons, for the RP and non-PCa participants when contrasting brain activity during both types of stimuli. While RPs showed higher engagement of the postcentral gyrus (PCG), non-PCa subjects exhibited more activation in frontal sites (i.e., orbitofrontal cortex) when visualizing sex clips. Taking both PCa groups together, we found positive correlations between positive affect and the insula as well as the PCG. Negative associations were also found, namely between sexual arousal thoughts and the left superior parietal lobule (ISPL), sexual arousal and temporal sites, and between negative affect and the PCG, SPL, and temporal sites.

Conclusions & recommendations: PCa groups did not display activity patterns consistent with sexual dysfunction. Correlational analysis showed that more positive affect in PCa survivors was linked to neural processes that support sexual arousal, attention, interoception, and processing of somatosensory information. As we expand this sample and compute additional variables (e.g., sexual functioning) other aspects will arise, allowing a better understanding of PCa's impact on sexual well-being.

Category : 5. Sexual Medicine

1020 - TRAINING A GAP IN ARAB AND MIDDLE EASTERN SEXUAL HEALTH

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Introduction: Female sexual dysfunction (FSD) is a silent problem in the Arab world and the Middle East. Studies show a high prevalence of FSD in this population and a strong correlation with the difficulty in accessing sexual health services and seeking help. We aimed to systematically assemble and evaluate programs and training in Arab and Middle Eastern FSD. Also, our objective was to assess the knowledge and practice of Arab and Middle Eastern healthcare professionals.

Methods: PubMed, Scielo, Science Direct, Medline, Google Scholar, Middle East Current Psychiatry Journal, and the Journal of Middle East Women Studies were systematically searched following the PRISMA guidelines. The search strategy combined verified Medical Subject Headings terms: (gynecologist OR health personnel) AND (female OR women) AND (sexual dysfunctions OR sexuality) AND (in-service training OR health services) AND (Arab world OR middle east).

Findings and discussion: Only 4 studies were included in our review. In a population of about 360 million people in about 25 Arabic-speaking countries and territories around North Africa and Western Asia, there aren't any programs, training, or guidelines in FSD and female sexual health. Results show that Arab and Middle Eastern healthcare professionals do not have sufficient tools or education in sexual matters nor the confidence to approach their patients. The lack of professional training is a significant gap in Arab and Middle Eastern sexual science and well as an aggravating factor.

Recommendations: A substantial and alarming gap in Arab and Middle Eastern female sexual health needs to be filled by scientifically guiding healthcare professionals in assessing, managing, and treating Arab and Middle Eastern FSD. We highly encourage the creation and development of appropriate and culturally adapted studies, programs, conferences, courses, classes, and training around Arab and Middle Eastern FSD.

Category : 5. Sexual Medicine

1040 - SOME SEXUAL THERAPIES ORIGINATED FROM THE ANCIENT CHINA

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Chinese people have created some sexual cultural heritages in 5,000 years, such as the Combined Yin and Yang and The Classic of the Medical Goddess). I have collected more than 5,000 Chinese sexual artifacts, compiled and published The Sexual Life and Health for the Couple: Ancient Wisdom for Modern Use), and hosted the “Forum for Sexual Life and Health” in 2017, to explore ancient Chinese sexual culture, and found that many sexual concepts and sexual therapy or treatment techniques originated from ancient China.

The Han Dynasty’s Ten Questions to the Sophist recorded “relaxing one’s hip, contracting one’s pelvic floor muscles, tightening one’s anus are being Keep healthy“, all of the methods mean “A anal lifting therapy in traditional Chinese exercise”. Sun Simiao, a Chinese medicine pharmacist in Tang Dynasty, called them “massage the anus therapy, and advocated “to do it a hundred times a day for prevention some diseases, and it could extend longevity” in his book Prescriptions for Erotic Techniques of the Couples). This is the therapy that is earlier about 2 thousand years than the Kegel movement, in 1948. In Ming dynasty, The Secret Teachings of the Taoist Nuns (it is written that “nine shallow and one deep while coitus”, and in Northern and southern Dynasties, The Record of Nurturing Life and Extending Longevity there are not only records of the “Ten Movements”, but also explanations of “slow insertion and quick extraction are good for health”, and so on. The recorded “sexual exercises of such kind” are more artistic and practical, predating the “stop-move-stop” while coitus, invented by Helen Singer Kaplan.

Category : 5. Sexual Medicine

1082 - BODY SHAMING A CASE REPORT

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Introduction & objectives: Body shaming is the action or practice of subjective someone to humiliation and criticism for their body features. The scope of body shaming is wide: body-shape, penis/breast size, hairless/hairiness, facial features, colours of hair, one`s muscularity/femininity, et cetera. It is prevalent in our society, something that happens to both genders, at all ages, all the time. The age of the internet and social media has contributed to the bullying aspect. Extensive levels of body shaming can cause lowered self-esteem and the development of issues such as eating disorders, anxiety, body image disturbance, body dysmorphic disorder and depression. Suicide rate due to body shaming is the fourth leading cause of death in adolescence.

Method(s) and sample: A 41-year-old single man, with master`s degree in economy, started sex therapy in 2009. He gave a written consent for presentation. During sex history taking through bio-psycho-social assessment, his main sexual complains are “virginity” and erectile dysfunction. He was already in psychiatric treatment for two years because of paranoid psychosis, coping with atypical anti-psychotic drugs and treatment-induced obesity type one. He often abused alcohol and cocaine, mostly as a consequence of psychopathological phenomena and low self-esteem, difficulties with intimacy, performance anxiety, no experiences with partnership and no sexual intercourse with woman yet. His alcoholic family offered him no emotional support and no sexual education.

Findings & discussion: In long-term sex therapy, combined with general psychiatric treatment, he achieved verified abstinence of alcohol and psychotropic drugs, psychosis is asymptomatic. The important contextual factor, revealed in last year, is social bulling, which started in adolescence. The reason is body shaming because his idiopathic small hand`s syndrome.

Recommendations: The interdisciplinary integrative approach: psychodynamic sex therapy, combined with psychiatric interventions, is the best option to better quality of life.

Category : 5. Sexual Medicine

1083 - BLINDNESS AND SEXUAL DIFFICULTIES A CASE REPORT

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Introduction & objectives: Leber hereditary optic neuropathy (LHON) is a rare mitochondrial disorder that typically presents in young males with progressive visual loss due to optic neuropathy. We introduced sex therapy of 30-years old heterosexual male client old and blind person almost ten years. Aged twenty-one, he progressively lost vision in some months because of LHON. His main complaint was erectile dysfunction.

Method(s) and sample: He started treatment in the Outpatients Clinic for Sexual Health in 2015 The sex history was done by using the bio-psycho-social model. His general health was good and physiological erections were intact. When he became blind, girlfriend leaved him and as a consequence he struggled with the depression and anxiety almost one year. He coped with anxiety with the excessive masturbation. His psychiatrist prescribed him antidepressant, which helped him a lot. He started dating woman, eighteen years older. Their partnership was very turbulent, but sexual life was great and he had even no reason to use condoms. Partnership ended one year ago, because his immature behaviour and infidelity and her mother-like style and jealousy.

Findings & discussion: Individual psychosexual therapy lasted five years. He understands his needs for flirting and excessive masturbation as a defence mechanism to booster his low self-esteem, insecurity, low communication skills and negative feelings as a blind man. Acceptance of the disability offers him some new possibilities: in a special sound sex-education programme, he learned how to maximise other sensations, to improve sexual practices and to become more confident. His blindness causes him no frustration. He has stopped excessive masturbating through mindfulness and relaxation training. He has newer; their intimacy and sexual life are satisfied for both.

Recommendations: Specific sensate focus therapy can heighten other senses in combination with relaxation, adapted mindfulness, and relapse prevention.

Category : 5. Sexual Medicine

1228 - AIDS IMPACT ON CANCER SURVIVORSHIP PE OCCURING TRAUMA

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This study of MSM who have lived through the AIDS epidemic and are treated for prostate cancer tests the hypothesis that these survivors will display symptoms and behavior consistent with reactivated trauma as explained by syndemic theory. One approach, intersectionality theory, predicts how multiple interlocking systems of oppression (e.g., classism, racism, stigma) amplify HIV vulnerability and related health inequities. The theory of syndemics illustrates how larger sociostructural elements (e.g., poverty, urbanicity) and multiple health and social conditions (e.g., sexual violence, drug use, HIV) interact synergistically to amplify disease burden in a subpopulation. How does surviving the early days of the AIDS epidemic influence outcomes of prostate cancer in gay and bisexual men? Minority stress theory predicts that the outcome will be worse from intersectional impact. Yet heterosexual African American men with prostate cancer score better on several scales than gay and bisexual men with prostate cancer. This suggests a syndemic effect. This study examines evidence of multiple effects, including increase risk of acquiring HIV, reactivation of fear of medical establishment, body dysmorphia consistent with complex trauma, negative self-image, poor psychological and sexual outcomes, and in some cases offering a protective mechanism to deal with life threatening diagnosis. This paper studies 403 qualitative comments and select quantitative scales from the Restore study as well as qualitative responses from some international studies. In Restore (studies conducted between 2015-2023), 91 subjects were HIV+, 5 seroconverting after PCa treatment. The mean age of participants in Restore 2 was 63.5 (s 6.6) making this a cohort surviving AIDS epidemic era. EPIC scores indicated worse scores in sexual domains. Qualitative analysis indicated 32% were skeptical of medical information they received. Body change responses ranged from core identity shifts to role changes in sexual activity.

Category : 5. Sexual Medicine

1232 - QUALITY OF LIFE AND SEXUALITY OF PATIENTS WITH CHRONIC MASTITIS

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Introduction and objectives

Granulomatous mastitis, diagnosed by biopsy, represents less than 3% of benign breast pathology. As a long-duration disease, patients may have losses of daily activities and work. Therefore, the aim of this survey is to identify the labor, sexual, and psychological possible damages.

Method(s) and sample

Patients with chronic mastitis, of more than one month long, were recruited through our mastitis outpatient clinic as well as through media groups. The questionnaire is composed of sociodemographic data, clinical status, proposed treatments, work status, sexual life, and psychological feelings, including the World Health Organization Abbreviated Instrument for Quality-of-Life Assessment (WHOQOL-Bref).

Results

In our survey of 184 answers, we found: 184(100%) female, 95(51%) white, 127(72%) married, 168(95%) heterosexuals. Their median age was 38(IQR 33-43) years and their time of schooling 15(IQR 11-18) years. The median time from disease onset to clinic admission was 27(IQR 8-41) months. Reported symptoms beyond the breast were: polyarthralgia 86 (46%), myalgia 78(42%), and prostration 97(52%). Work resignation due to mastitis was 145(77%). They received the following therapies: anti-inflammatory 145(85%) and/or antibiotics 169(92%) and/or corticoid 155(67%) and/or methotrexate 38(22%) and/or tuberculostatic drugs 115(67%). Of the proposed treatments, tuberculostatic drugs achieved the highest rate of improvement 104(62%). The WHOQOL-Bref showed: 1) Physical Domain 62.9% (IQR 54.3-74.3); 2) Psychological Domain 66.7% (IQR 56.7-76.7); 3) Social Relations 66.7% (IQR 60-80) and 4) and Environment 65% (IQR 57.5-72.5). Global assessments of perceived quality of life (question 1), perceived health (question 2), physical appearance (question 3) and sexuality (question 4) were: 80% (IQR 60-80), 60% (IQR 60-80), 60% (IQR 40-80) and 60% (IQR 40-80).

Discussion and recommendations

The study evidenced that the quality of life of patients with MG is regular, negatively impacting sexuality and work activities due to intense pain and prolonged treatment.

Category : 5. Sexual Medicine

1234 - THE IMPACT OF BREAST CANCER TREATMENT ON SEXUALITY

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Breast cancer is the most common neoplasia in women and its diagnosis and treatment significantly impact the sexuality of patients and their partners.

Findings & Discussion: Among the most frequent sexual dysfunctions are hypoactive sexual desire disorder, followed by sexual arousal disorder, dyspareunia and anorgasmia.

Before dealing with the treatment, the patient must receive the news of the diagnosis and prognosis, which can cause anxiety and depression.

Each phase of treatment has its impact on sexuality. Chemotherapy leads to symptoms of alopecia, weight gain, nausea, fatigue, hot flashes, vaginal dryness and decreased fertility. Surgery, regardless of the technique adopted, can change the shape and sensitivity of the breast. Radical surgery has a worse impact on sexuality when compared to surgery with breast reconstruction and symmetrization techniques. Radiotherapy leads to changes in breast sensitivity and worse cosmetic results in reconstructive surgeries. Endocrine therapy with the use of tamoxifen and aromatase inhibitors can lead to symptoms such as hot flashes, vaginal dryness, dyspareunia, decreased sexual desire and arthralgias.

The impact is not just limited to the patient herself but also to the partnership. In heterosexual relationships, a decrease in sexual desire and erectile dysfunction in men is very common. Frustrated attempts at sexual activity, during or at the end of breast cancer treatment, repeatedly create a brain response of lack of reward, worsening all symptoms.

Category : 5. Sexual Medicine

1235 - DYSPAREUNIA IN WOMEN WITH ENDOMETRIOSIS INTEGRATIVE REVIEW

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Human sexuality has been considered by the World Health Organization as one of the indicators of quality of life.

Dyspareunia is characterized by genital pain that can occur before, during or after intercourse and is one of the symptoms of endometriosis. Due to its high incidence in the female population and the impact on quality of life and sexual health, we conducted a literature survey on dyspareunia caused by endometriosis and the effects on sexuality.

The method is an integrative review with the objective of synthesizing the results obtained in research on a theme or issue, providing greater comprehensiveness, providing more extensive information on a subject/problem, thus constituting a great way to acquire knowledge.

The search found 97 studies initially in the Lilacs database. In the Lilacs database, and after reading the title and abstract, 11 articles were selected to be part of this research. In the SciELO database, 75 studies were initially found 75 studies, and after reading the title and abstract, 5 articles were selected. There were 5 duplicate articles between the databases, totaling in the end for this study 11 articles that composed the final selection of this review.

With the findings of these articles, we realize the importance of multidisciplinary care, in teams, so that all levels of care offer a listening that involves improving the quality of life, considering sexuality and sexual health as an important factor to be evaluated.

Category : 5. Sexual Medicine

1305 - OUTCOMES OF ROBOTIC ASSISTED GENDER AFFIRMING SIGMOID VAGINOPLASTY ; 1 YEAR FOLLOW UP IN KOREA

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Introduction:

Although robotic assisted gender affirming sigmoid vaginoplasty requires bowel resection, but it is the most ideal technique to create neovagina. We would like to report on the outcome and safety of the cases of sigmoid vaginoplasty over a period of one year.

Objective

Department of urology, general surgery, and plastic surgery were performed this surgery as a team. A neovaginal canal was dissected between the prostate and rectum and widened using dildo. And sigmoid colon was harvested and approximated to neovaginal apex. A total of 11 transgender women underwent robotic assisted sigmoid vaginoplasty between January 2021 and May 2022. We retrospectively reviewed data for patients with a minimum 6 mo of follow-up. Patient characteristics, perioperative data and clinical outcomes were evaluated.

Results

A total of 11 patients had a minimum 2 month of follow-up. The mean age was 27.54 (range 18-55) yr. The average operation time was different for each department. The operating time for urology was 135 min (range 80-200), colorectal surgery was 345 min (range 185-610), and plastic surgery was 551 min (range 460-675). However, the total operation time was 686 min (range 540-875) because the surgery was performed in 2 departments at the same time. There was a reoperation due to bowel perforation in one case as a severe complication. However, there were no complications such as vaginal stenosis, urinary retention, or rectovaginal fistula. At the mean follow-up of 4 (range 2-6) mo, vaginal depth was 13.3cm (range 12-15) and there was no dyspareunia and all patients were able to have sexual intercourse

Conclusions

Robotic assisted gender affirming sigmoid vaginoplasty has longer hospital days and more complications than other methods due to intestinal resection. However, robot assisted sigmoid vaginoplasty was relatively safe and showed good clinical outcomes compared to other methods.

Category : 5. Sexual Medicine

1312 - BMI AND ASSESSMENT OF SEX LIFE

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Introduction and objectives: Living with overweight or obesity can have major impacts on one's physical and mental health. The aim of the study was to assess the relationship between body weight and its change and sexual life and health.

Method and sample: The survey was conducted online in June 2020 on a nationwide representative group of 3000 Polish adults and a year later in June 2021 on a nationwide representative group of 2500 Polish adults. Data for 4266 respondents aged 18 to 65 years were analysed without missing data in key variables. Four authors' questions were used to assess sex life and based on them a 3-item scale was developed (2020 - $\alpha = 0.80$, homogeneity 61%; 2021 - $\alpha = 0.77$, homogeneity 64%).

Results: Excessive body weight according to BMI >25 was more common in 2021 than in 2020, which confirms the trend of increasing body weight in society (55.5% vs. 52.7%). In 2020, more respondents indicated a good rating of sex life than in 2021 (27.3% vs 23.5%, $p=0.007$). People who were overweight in 2021 scored worse on their sex life than respondents in 2020 (2020 $p=0.003$; 2021 $p=0.009$). Multinomial logistic regression showed that those who were obese (BMI>30) were 1.7 more likely to have a poor evaluation of their sex life than those of normal weight (OR: 1.728; 95% CI: 1.396-2.138, $p<0.001$). In addition, multinomial logistic regression showed significance for the poor evaluation of sexual life for the factors: age 50-65; female gender, and for a good assessment of sex life: age 18-29, being in a relationship, and 2020 survey year.

Discussion and recommendations: Increased awareness among healthcare professionals of the implications of excessive body weight on life and sexual health is needed. Body weight can be one of the important aspects influencing the evaluation of sex life. Educating the patient about the correct body weight is extremely important to improve health and sex life.

Category : 6. Public Health and Public Policies

1105 - ASSOCIATION BETWEEN WOMEN'S EMPOWERMENT AND FGM ABANDONMENT A MULTICOUNTRY STUDY

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Introduction and objectives

Women's empowerment is a pivotal factor that influences sexual reproductive health and rights, social interaction, and decision-making. This study investigates the association between women's empowerment and FGM abandonment. Specifically, we hypothesized that women who are empowered should oppose FGM and stop the practice on their daughters.

Method and Samples

Demographic and Health Surveys conducted between 2010 and 2020 were considered for this study. Women's empowerment was operationalized using 30 indicators and grouped into eight domains using exploratory factor analysis. Multilevel log-binomial regression models were used to investigate the association between women's empowerment and opposition to FGM and daughters' risk of mutilation; accounting for individual, community, and country-level characteristics. This study included 10 African countries with all variables considered. All analyses were adjusted for the complex survey design and examined for multi-collinearity using Stata 15.0 at 5% statistical significance.

Results

In the full model, increasing levels of knowledge and sex negotiation power were associated with FGM opposition and a lower risk of daughters' mutilation. At the community level, a daughter's risk of FGM was 4 times higher in communities with a high collective practice of FGM, and 3 times higher in communities with a high belief that FGM is required by their religion. On the macro level, in countries with high women's political participation and existing anti-FGM law, women were more likely to oppose FGM continuation. However, mothers were 4 times more likely to have daughters subjected to FGM in countries with anti-FGM laws.

Conclusion and Recommendations

The multilevel analysis highlighted the complexity of the FGM decision at different levels. Women's empowerment (self-efficacy) was found to be a significant factor for the elimination of FGM while community descriptive and injunctive norms were found to be a significant barrier to FGM abandonment that needs to be addressed.

Category : 6. Public Health and Public Policies

1231 - HOW TO IMPROVE HEALTHCARE LEARNING ABOUT SEXUAL VIOLENCE VICTIMS YOUNGER THAN 14 IN SAO PAULO BRAZIL FROM 2001 TO 2021.

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BACKGROUND

Sexual violence(SV) is considered a felony crime and has been recognized by the World Health Organization as a public health problem, estimated to range from 2 to 62% for girls and from 3 to 16% for boys. Diagnosis of SV during childhood is a difficult task.

METHOD & POPULATION SAMPLE

To describe characteristics of children younger than 14, who were brought to the RCC, in Sao Paulo as victims of SV, from 2001 to 2021. Variables of interest included sociodemographic data, SV characteristics, physical examination findings and retention in follow-up for 6 months.

RESULTS:

Out of 359 children, 234(65.2%) were female, 244(67.4%) white, mean age 5.7(IQR= 3.4-9,6) years old; 253(73%) children were brought to the emergency room 72 hours after the SV episode. 145(44.2%) children reported being chronically abused and 186(67.4%) informed the violence episode occurred at home or nearby. 233(87.6%) declared perpetrators were known by the victims. As for the SV characteristics, 234(87.6%) episodes involved one perpetrator only, 233(87.6%) were known to the victim. SV was described by girls as 113(70.6%) vaginal penetration (34 by penis or 32 by any object). When victims of both sexes are considered, 92(40.5%) victims reported anal penetration (54 by penis or 16 by any object) and 124(36.5%) were sexually touched; about clinical examination 141(40.5%) had positive physical or genital findings. 54(15.6%) were treated for sexual infectious disease; 40(11.6%) children presented genital papillomavirus and 21(52.5%) probably acquired it by household contact. 129(36.8%) victims completed and 120(34.3) gave up proposed 6-month follow-up. 76(21.7%) of the reported SV was not confirmed and 19(5.4) were inconclusive at final healthcare team evaluation.

CONCLUSIONS

The diagnosis of SV in children aged under 14 is a challenge in the face of poor physical evidence. It is essential to focus on treatment of SV in childhood to reduce mental disorders.

Category : 6. Public Health and Public Policies

**1272 - PHYSICAL AND PSYCHOLOGICAL INTERACTIONS IN SEXUAL VIOLENCE
VICTIMS PRELIMINARY FINDINGS**

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BACKGROUND: Despite much evidence of relationship between sexual violence and somatic disease complaints, there is lack of studies investigating its interaction from a somatic-physical perspective.

OBJECTIVE: Comparing sexual violence victims to those not sexually victimized (control), we investigated pain's prevalence and intensity, muscle rigidity, and the impact of sociodemographic factors, psychopathological and stress-related sexual violence trauma on these physical outcomes.

METHOD: Case-control study, conducted with 37 victims (men and women), aged between 14 and 50, enrolled by Ambulatório de Impulso Sexual Excessivo e Prevenção de Desfechos Negativos associados ao Comportamento Sexual (AISEP) - Instituto de Psiquiatria do Hospital das Clinicas da Faculdade de Medicina de São Paulo, and nine control participants paired by sex and age, between 2020 and 2022. They underwent diagnostics and sociodemographic interviews, and physical assessment. Statistical analyzes were performed using STATA 15.

RESULTS: Our sample is most women (82,6%). In comparison to controls, we found lower average educational level, greater vulnerability to interpersonal violence ($p<0,001$), and difficulties in perceiving appropriate limits for intimacy among victims (27,11% vs 2,82%), showing higher scores of pain's presence-intensity ($p<0,001$) and muscle rigidity ($p<0,001$); higher PTSD's scores ($p<0,001$), physical-psychological stress's symptoms ($p<0,001$), tonic immobility reaction ($p<0,001$), and dissociative experiences ($p=0,009$).

CONCLUSIONS: This study confirmed higher frequency of pain presence-intensity in sexual violence victims, which showed great severity in physical and sexual trauma-related symptoms compared to those who did not report sexual violence victimization. These findings of physical alterations should encourage further evaluations by physiotherapy and clinical team in collaboration with mental health team. As for research implications, studies involving the articulations of psychic and physical phenomena in response to traumatic situations are extremely necessary. More observational and interventional studies may improve therapeutic resources for this segment.

Category : 6. Public Health and Public Policies

1339 - ADAPTATION OF THE WHO SEXUAL AND REPRODUCTIVE HEALTH QUESTIONNAIRE FOR PORTUGAL

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Introduction & objectives: World Health Organization (WHO) created a questionnaire on behaviors related to sexual and reproductive health, which was qualitatively tested in different countries and is currently being implemented in Portugal. Our objective is to present the adaptation process of the WHO Sexual and Reproductive Health Questionnaire for Portugal, as well as to share the results of the pre-test data collection.

Method and Sample: The adaptation process for Portugal went through three phases: (1) first, we adapted the cognitive interview, which includes the questionnaire and the qualitative questions, from Brazilian Portuguese into Portuguese from Portugal; (2) subsequently, we translated the questionnaire from the original English into Portuguese from Portugal, (3) finally a reverse translation was performed. The pre-test took place between June 5 and June 13, 2023, with a sample of 40 people (60% Women; Mage 53.9 years, SD=17.5). Half of the questionnaires were administered online, and the remainder by telephone interview.

Results: In the pre-test, we obtained participants from all regions of Portugal. In the online sample, the mean age was 42.8 (SD=10.3), and among those who responded by phone, the mean age was 64.9 (SD=16.3). Among those who responded to the online survey, the response rate was 76.9%, and among those who responded by phone 11.3%. On the phone, it was possible to understand that the main reason for the refusal to participate was due to the topic being so intimate. The questionnaire had a good acceptance, with 95% of the participants answering the pregnancy questions, 97.5% answering the STIs block, and 97.5% answering the section on non-consensual experiences.

Conclusion & recommendations: The adaptation process was adequate and resulted in a measure that worked well in the pre-test. Apart from the very low response rate obtained by telephone, which deals with older people, the pre-test results were promising and encouraged data collection in a representative sample.

Category : 6. Public Health and Public Policies

1346 - BARRIERS AND FACILITATORS TO THE SCALE UP ADAPTATION MAINTENANCE & SUSTAINABILITY OF GETCHECKEDONLINE A COMPREHENSIVE INTERNET BASED TESTING SERVICE FOR STBBIS

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We provide an overview of the barriers and facilitators to the ongoing implementation of GetCheckedOnline (GCO)—a comprehensive internet-based testing service for sexually transmitted and blood-borne infections (STBBIs) available in select communities in British Columbia (BC), Canada, first implemented in 2014. Findings in this report are from a larger study which aimed to understand the contextual barriers and facilitators that have shaped the implementation of GCO, and learn what it takes to implement and expand GCO and other similar services in fair and sustainable ways.

Our study used the critical research approach of institutional ethnography with a view to describing the macro-level structural factors shaping the continuing implementation of GCO beyond its initial implementation. The findings in this report are from the analysis of 25 individual interviews with provincial and regional implementers of GCO and other stakeholders and observations of planning and operations meeting related to GCO implementation between April 2019 and February 2020. We also conducted a review of key documents relevant to the work of implementing GCO and public health services in BC. This report provides an overview of the contextual barriers and facilitators pertaining to the later phases of the implementation of GCO, specifically the scale-up, adaptation, maintenance, and sustainability of GCO.

These findings demonstrate the value of implementation phase-specific analyses in characterizing the barriers and facilitators to implementing GCO. This report also offers insights into the implementation of online sexual health and online public health services more broadly. Our results speak to the unique challenges of implementing digital health programs, and in particular, the important influence of information technology systems and processes which we propose be considered as a unique contextual domain in implementation science research applied to digital health programs.

Category : 6. Public Health and Public Policies

1351 - INCOME INEQUALITY AS A DETERMINANT OF HIV SEXUAL RISK BEHAVIOR

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Introduction/Objectives: Income inequality (II) is known to be a social determinant of many detrimental health behaviors (e.g., poor nutrition, substance misuse, bullying). Less research has been conducted on II as a determinant of sexual health, especially as it pertains to HIV, a major target of U.S. and global health policy intervention. Accordingly, this study investigates the relationship between II at the U.S. state-level and sexual behavior risk factors for HIV.

Methods: II was measured using Frank-Someiller-Price series data on the Gini coefficient (scale 0-100 where 100 is most unequal). An HIV sexual behavior risk factor indicator variable and other demographics were derived from nationally representative U.S. Centers for Disease Control and Prevention BRFSS data. We merged these datasets and conducted multi-variable logistic regressions to assess the relationship between U.S. state-level II and sexual risk behavior for HIV, controlling for individuals' age, sex, race, and income. We buttressed the main finding with sensitivity analyses for different formulations of key control variables and the HIV sexual risk behavior dependent variable.

Results: A one unit increase in II was associated with a 9% increased risk in the odds of engaging in an HIV risk behavior (OR=1.09, $p < .000$). Given that the range of Gini is 10.4 across states, the average odds of engaging in sexual risk behavior for HIV in the highest inequality states is approximately double that of the lowest. Results did not show significant sensitivity to alternative formulations of the HIV indicator variable or the income variable.

Discussion/Recommendations: These findings advance the literature in enhancing our understanding of the social determinants of risk behavior for HIV as well as the wide-ranging impact of income inequality on health disparities, including sexual health. Findings suggest that advancing policies which produce greater economic equality can serve as a sexual health protective factor against HIV transmission.

Category : 6. Public Health and Public Policies

1363 - DESIGN OF A PREVENTIVE SCREENING FLOWCHART EVALUATING FEMALE SEXUAL FUNCTION IN A PRIVATE CLINIC.

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Introduction

The Female Sexual Function Index is a self-application instrument which main characteristics are the simplicity and reliability that they present when evaluate the sexual function in a wide age range of women (1). The characteristics of the instrument make it complementary to the preventive medicine examination considering the periodic monitoring and evaluation of health throughout the life cycle that it performs, its main objective being to reduce morbidity and mortality associated with preventable or controllable diseases or conditions (2).

Objectives:

Represent Graphically the application of the Female Sexual Function Index in the context of preventive medical exam.

Graphically order clinical care and led processes, incorporating the Female Sexual Function Index as a screening tool.

Methods

A list of actions was carried out that constitute the preventive medical examination, incorporating the Female Sexual Function Index as a screening tool. The participating professional was defined, as well as the referrals to specialists based on scores obtained in the index and the inquiry tests of the examination. Services to be received by these users were established according to the level of intervention, identifying each actor who would perform them. A flowchart was developed to illustrate the sequence of activities to be carried out, indicating the inputs and outputs of the process. Subsequently, a pilot application was implemented in a private clinic from March to December 2019, which included training in the Female Sexual Function Index.

Discussion

The flowchart was highly effective organizing clinical care processes. The Female Sexual Function Index proved to be a useful tool for complementing the inquiry of cardiovascular pathologies in the preventive medical examination. There is the possibility of applying it in Primary Health Care, improving inquiry in the female population.

Recommendations

This strategy is an alternative to explore in public health, as a complement to the inquiry of cardiovascular pathologies in women.

Category : 6. Public Health and Public Policies

1382 - CHARACTERISTICS OF USERS OF GETCHECKEDONLINE BRITISH COLUMBIA'S DIGITAL STI TESTING SERVICE

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Introduction and objectives: GetCheckedOnline is a digital testing service for sexually-transmitted infections (STI) in British Columbia, Canada. Users can access a lab form to take to a lab for specimen collection, without first seeing a provider. The service first launched in 2014, and is now available in 8 cities across the province. The objective of this study is to understand which populations are being reached by the service at its current level of implementation.

Method(s) and sample: We extracted routinely-collected program data provided by service users during account creation and risk assessments for all individuals testing through the service in 2022, and used described the characteristics of these service users.

Results: In 2022, 16,223 people tested through GetCheckedOnline of whom 28% were < 25 years of age, 45% were women, 64% were White, 66% were heterosexual, and 17% were men having sex with other men. Many people testing through the service had ongoing risk factors for infection including condomless sex (50%), 3 or more sex partners in the past 3 months (21%) and 14% were diagnosed with an STI in the year prior to using the service. Approximately 1 in 5 people (22%) testing for the first time through GCO reported this was their first time testing for STI or HIV.

Discussion and recommendations: Our analysis demonstrates that GetCheckedOnline is reaching populations with higher incidence of STI (e.g., youth, men who have sex with men), and individuals with risk factors for infection. GCO is likely also contributing to uptake of testing within these groups, given the high proportion of people testing for the first time when using the service. This findings provide evidence to support continuing to scale up the service in British Columbia, as well as supporting the implementation of similar digital testing programs elsewhere.

Source of Funding:

Research staff involved with this analysis (RK, AA, HC) were supported by research funding from the Canadian Institutes of Health Research.

Category : 6. Public Health and Public Policies

1383 - BARRIERS AND FACILITATORS TO THE SCALE UP ADAPTATION MAINTENANCE & SUSTAINABILITY OF GETCHECKEDONLINE A COMPREHENSIVE INTERNET BASED TESTING SERVICE FOR STBBIS

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We provide an overview of the barriers and facilitators to the ongoing implementation of GetCheckedOnline (GCO)—a comprehensive internet-based testing service for sexually transmitted and blood-borne infections (STBBIs) available in select communities in British Columbia (BC), Canada, first implemented in 2014. Findings in this report are from a larger study which aimed to understand the contextual barriers and facilitators that have shaped the implementation of GCO, and learn what it takes to implement and expand GCO and other similar services in fair and sustainable ways.

Our study used the critical research approach of institutional ethnography with a view to describing the macro-level structural factors shaping the continuing implementation of GCO beyond its initial implementation. The findings in this report are from the analysis of 25 individual interviews with provincial and regional implementers of GCO and other stakeholders and observations of planning and operations meeting related to GCO implementation between April 2019 and February 2020. We also conducted a review of key documents relevant to the work of implementing GCO and public health services in BC. This report provides an overview of the contextual barriers and facilitators pertaining to the later phases of the implementation of GCO, specifically the scale-up, adaptation, maintenance, and sustainability of GCO.

These findings demonstrate the value of implementation phase-specific analyses in characterizing the barriers and facilitators to implementing GCO. This report also offers insights into the implementation of online sexual health and online public health services more broadly. Our results speak to the unique challenges of implementing digital health programs, and in particular, the important influence of information technology systems and processes which we propose be considered as a unique contextual domain in implementation science research applied to digital health programs.

Category : 6. Public Health and Public Policies

1388 - SETTING UP SEXUAL HEALTH SERVICES IN PRIMARY HEALTH CARE

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Chile has managed to establish and maintain a strong system for provision of Primary Health Care throughout the country. At present this system is based on local health care services under each municipality along Chile. In spite of the continuous attempts for privatising those services, about 80% of the population is covered by the system.

In this context and considering the consistent published evidence of the considerable effect of good sexual health on general health, it was decided to sep up a pilot experience, whereby a sexual health clinic was added to the primary care system of the city of Quilpue in Chile.

We report details of the planning process, the initial setting up efforts, achievements and difficulties, together with statistics of clinical cases attending the clinic in the first six months of running the pilot. It is interesting that about 70% of cases consulting for sexual dysfunctions were strongly associated with incidents of trauma in childhood. The impact of sexual abuse in childhood on general morbidity proved to be enormous.

Category : 7. Education

1076 - THE POLYAMOROUS MANIFESTO PRINCIPLES OF SUCCESSFUL CONSENSUAL NON MONOGAMOUS PARTNERSHIPS

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Consensual non-monogamous partnerships, particularly polyamory, have recently been subject of a great deal of psychological and sociological research. Studies primarily analyse the existing structures and models but do not include programs that would aim to empower the individual to establish successful non-monogamous partnerships, such as sexuality education and training programs. 'The Polyamorous Manifesto' and the related courses by Franjo Milićević, spiritual name Aba Aziz Makaja, intend to fill this vacuum.

Based on Makaja's 40 years of leading tantric (love-erotic) circles for the realisation of the sexual, personal, and spiritual potential of the individual, as well as 40 years of counselling monogamous and polyamorous clients, he defines the following principles for a successful polyamorous partnership in his 'Polyamorous Manifesto': 1) raising one's consciousness and alignment with one's Ultimate Wholeness to develop self-sufficiency as well as understanding and respect for the partners; 2) a partnership contract; 3) clear regulations regarding freedoms, rights, and obligations; 4) a supportive (polyamorous) social environment; 5) a support structure (e. g. a professional mentor); 6) training and culture of love and of being in love; 7) a holistic, creative use of sex rather than its destructive misuse.

For the realisation of the first and the sixth principle Makaja created the Komaja Meditation. The methods for the realisation of the seventh principle are presented in his ground-breaking sexology book, 'Divine Sex – A Path to Higher Consciousness'.

The results are: a) stable and dynamic polyamorous partnerships, b) a stable and dynamic polyamorous community, c) a high level of social and sexual health, pleasure and respect.

Conclusion: Empowerment and "EnLoveMent", comprehensive sexual and love-erotic education and training, as well as a successful integration of the needs for sexual freedom and commitment, are preconditions for happy and lasting polyamorous partnerships.

Category : 7. Education

1084 - EFFECT OF SEXUAL LITERACY ON INTERNET PORNOGRAPHY IN EMERGING ADULTS

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This study aims to explore the status of sexual health literacy among emerging adults in the post-epidemic era, and the impact of internet pornography use on their sexual health. A total of 1,037 emerging adults (ages 18 to 29) were stratified cluster sampling selected from Kaohsiung City. Results showed that (1) Women's sexual health literacy is lower than men and they lack information about physiological changes during puberty, pregnancy and reproductive decision-making health, (2) 86% agree that Internet pornography is an oppressed and objectified field for women and men are more likely to be exposed to internet pornography about rape and abuse images, (3) 64% and 79% of variance in agree Internet pornography can be used as a means of expressing sexuality for women and men respectively, (4) There's significant differences in gender whose are frequently exposed to pornographic content have more positive attitudes, and (5) Internet and medical clinics are the main sources of sexual information. These findings suggest that a predicament of parental sexuality education and online dating are important reasons for rising rate of teenage pregnancy. Finally, we propose prevention and coping strategies, and put forward suggestions for future teaching and research directions for sexuality education.

Category : 7. Education

1104 - MORE THAN JUST WORDS THE PLEASURE BANK

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Why are pleasure-focused images integral to improving comprehensive sexuality education (CSE)? A picture's worth a thousand words, and when we're showcasing the pleasure-spectrum, we desperately need the right pictures! Images are an important part of CSE, enabling learners to see and identify with realistic images of bodies and sexuality, functioning as powerful support for formatting inclusive and diverse views, while equally holding power to reinforce societal stigmas. Often, we don't miss what we don't see, yet images do impact the way we inform and experience ourselves and our sexual-self. In recent years, inclusive and pleasure-positive language has gained more attention in CSE, further followed-up by our Sexual Pleasure Checklist (shared at WAS 2022). Now it's time to do the same with imagery in our educational materials!

The Share-Net Community of Practice (CoP) on Sexual Pleasure (SP) is a group of SRHR educators, practitioners, and pleasure advocates. Drawing from WAS's declaration of- and GAB-SHW's definition-of Sexual Pleasure, we traversed the internet to find pleasure-centered imagery with disappointing results; unrealistic, cis-heteronormative and disembodied. In response, the CoP developed crucial parameters for assessing if CSE images are pleasure-focused or not, publishing a guide to help other pleasure-pioneers with their work. We experienced firsthand the difficulties of sourcing accurate, pleasure-focused images, and the limitations of missing images showcasing the full spectrum of SP, including wonderfully diverse bodies, genders, sexualities, and emotions!

Therefore we created <https://thepleasurebank.com/> (TPB) - an open-source, digital gallery of diverse sexuality images (launching May 2023) available to everyone! We reached out to the pleasure community, requesting artistic contributions for the gallery that everyone can benefit from. TPB is a valuable resource enabling sexuality educators and advocates to move beyond bananas and grapefruits to demonstrate SP, normalising pleasure through accurate, diverse, and realistic images, celebrating the diversity and emotion SP encompasses.

Category : 7. Education

1133 - EFFECT OF SEXUAL LITERACY ON INTERNET PORNOGRAPHY IN EMERGING ADULTS

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Objectives: This study aims to explore the status of sexual health literacy among emerging adults in the post-epidemic era, and the impact of internet pornography use on their sexual health.

Method: A total of 1,037 emerging adults (ages 18 to 29) were stratified cluster sampling selected from Kaohsiung City. Participants were responded to online questionnaires on variables related to internet pornography use and psychological traits. we assessed the prevalence of internet pornography use and internet addiction using the Internet Pornography Questionnaire (IPQ) , Sexual Health Literacy Scale (SHLS), and provided information on their Internet pornography use.

Results: (1) Women's sexual health literacy is lower than men and they lack information about physiological changes during puberty, pregnancy and reproductive decision-making health, (2) 86% agree that Internet pornography is an oppressed and objectified field for women and men are more likely to be exposed to internet pornography about rape and abuse images, (3) 64% and 79% of variance in agree Internet pornography can be used as a means of expressing sexuality for women and men respectively, (4) There's significant differences in gender whose are frequently exposed to pornographic content have more positive attitudes, and (5) Internet and medical clinics are the main sources of sexual information.

Conclusion: This study indicate that a predicament of parental sexuality education and online dating are important reasons for rising rate of teenage pregnancy. Finally, we propose prevention and coping strategies, and put forward suggestions for future teaching and research directions for sexuality education.

Category : 7. Education

1170 - POST ORGASM MIGRAINE IN PERIMENOPAUSE – MULTIDISCIPLINARY APPROACH PROPOSING GOOD ENOUGH SEX MODEL

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Introduction & objectives.

Globally migraine is the second leading cause of disability-adjusted life-years. Reduced quality of life, sexual symptoms and distress often results. Headaches associated with sexual activity (HAWSA) are separately classified by the ICHD-3 and rare in women. In perimenopause female migraineurs benefit from menopausal hormone therapy (MHT) to reduce vasomotor symptoms and migraine disability. Sexual health issues may necessitate referral to a sexologist. This case report is presented to illustrate the challenges of post-orgasm migraine and contribute to its management.

Method(s) and sample.

A 53-years old Caucasian woman with chronic migraine was referred for treatment of menopausal complaints. She used low dose transdermal MHT and a levonorgestrel intrauterine system for endometrial protection. After some years of stability her migraine attacks intensified especially following sexual activity and orgasm for the past 10 years. She was embarrassed to discuss this with her male neurologist. The attacks lasted between 4-72 hours and caused anxiety. Her husband was patient as she gradually avoided sexual activities, both unable to cope. Laboratory tests were unsuspecting, a brain MRI showed no vascular abnormalities. After reassuring the couple, a biopsychosocial assessment and therapeutic approach based upon the Good-Enough-Sex (GES) model is proposed.

Findings & discussion.

Observational studies suggest that post-orgasm migraine is an underreported benign condition with unknown etiology, but comorbid aneurysms, stroke, arterial dissection or venous sinus thrombosis need exclusion. Therapeutic options vary from sexual restraint to prophylactic medication before sex, or invasive procedures e.g. greater occipital nerve blockade. The concept of GES provides appropriate information and realistic expectations about changing sexual needs and working on a new sexual script.

Recommendations.

Post-orgasm migraine in women is rare and assessment by neurologist, gynecologist and sexologist is mandatory. The GES-model is proposed for adequate management once serious comorbidity has been ruled out. Discussing sexual health should become routine in doctor-patient consultations.

Category : 7. Education

1173 - DYSPAREUNIA AND UNDERSTANDING OF IT AMONG FEMALE PHYSIOTHERAPY STUDENTS

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Introduction & objectives.

Sexuality is still a taboo in most Slovenian faculties therefore pelvic floor physiotherapy and its sexual function are still not included in physiotherapy curriculum. The aim of the study was to find out how much female students of physiotherapy suffering from dyspareunia actually know about it.

Method(s) and sample.

Qualitative study included in-depth interviews with female students of physiotherapy with dyspareunia regarding their problem and awareness about it. A total of 20 semi-structured in-depth interviews with students from 4 different Slovenian faculties were carried out between April 2021 and July 2021.

Findings & discussion.

Results show that students with dyspareunia most often feel pain at the entrance of vagina during sexual intercourse. Interviewees have a negative physical and psychological experience because of a painful sexual intercourse. They feel fear and/or shame and try to avoid it. They blame it on the size of partner's penis, sexual position, partner's excessive sexual desire and partner's physical and psychological violence. Six students never talk about pain with their partners but rather confide in friends. Half of the students believe dyspareunia is curable and agree that professional help is needed but less than a half have actually sought it. Ten students asked gynaecologists for help. They suggested alternative sexual positions and lubricants without giving them basic information on dyspareunia, only two were satisfied with the counselling. Despite the pain interviewees continue having sex and use alternative methods. Six students consider dyspareunia a normal part of a sexual intercourse and do not see it as a sexual dysfunction.

Recommendations.

Pelvic floor physiotherapy and its sexual function are still not included in the physiotherapy programme in Slovenia, consequently female students of physiotherapy are not aware of the importance of pelvic floor muscles in maintaining sexual function.

Category : 7. Education

1190 - GENITAL HISTO ANATOMY AND PHYSIOLOGY LESSONS LEARNED FROM TEACHING MEDICINE

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Teaching genital histoanatomy to medical students can help reduce stigma and shame surrounding reproductive and sexual health by promoting open dialogue and education. By educating medical students on genital histoanatomy, we can ensure that they have the knowledge and skills needed to provide high-quality, compassionate care to all patients, regardless of their gender or sexual orientation. After 5 years of teaching genital anatomy, inside the Chair of Histology and Embryology within the medical career of the Catholic University of Asuncion; during 2023, by creating a small poll among medical students, here are some lessons learnt about best practices:

Use accurate and respectful terminology: When teaching about genital anatomy, it is important to use accurate terminology and avoid using slang or derogatory terms. Using respectful language can help create a safe and inclusive learning environment.

Use visual aids: Incorporating visual aids, such as diagrams or models, can help students better understand the complex anatomy of the genital region.

Use a variety of teaching methods: Different students may learn better through different teaching methods, so incorporating a variety of methods, such as lectures, discussions, and hands-on activities, can help ensure that all students are able to learn effectively.

Discuss common variations and abnormalities: Students should be taught about common variations and abnormalities in genital anatomy, as these can have important implications for clinical practice.

Clever Jokes: One of the most recognized strategies that better work according to students. Allowing funny comments can help reduce anxiety that talking about sexuality can generate among some students. At the same time, the Professor should be careful of not using too many or inappropriate jokes.

Category : 7. Education

1264 - METRO MAP INFOGRAPHIC POSTERS VISUALIZING COMPREHENSIVE SEXUALITY EDUCATION

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[Introduction] UNESCO and other UN organizations articulated the idea of comprehensive sexuality education (CSE) in the revised International Technical Guidance on Sexuality Education (2018). As the publication is meant to assist curriculum developers and policymakers, its extensive explanations may not be readily comprehensible for lay readers. We developed infographics visualizing CSE's basic ideas in the form of a "metro map" and what we call "flags". They were initially developed to facilitate the understanding of participants of an intercultural youth seminar and are now being used in other educational activities.

[Project] We made CSE's key topics (called "key concepts") into "metro lines", composed of "stations" that were named after the key words we identified in each topic. As we lined up the stations in the order of relatedness, and created hub stations where key words (names of the stations) overlapped among multiple key concepts (metro lines), the shape of the metro map, therefore that of the city where such metro lines were laid, started to emerge. We also created "flags", or logo-like single image illustrations, representing the central themes of the key concepts.

[Outcome] Posters presenting the metro map, the flags, and examples of workshops related to CSE's 8 topics were printed and distributed among educators. English and Portuguese versions of the posters are now on its way to be ready on time for WAS-2023.

[Discussion] We decided to place a central park named "Happiness Park" in the middle of the city where the CSE metro lines run, and surround the city with a loop road named "Respect, Care and Empowerment Boulevard". We did so because the central goal of CSE was nothing other than the happiness of the students, and, the pursuit of such goal needed to be assisted by the culture of respect, care and empowerment fostered in the society.

Category : 7. Education

1282 - CHATGPT THE FUTURE OF SEXUALITY EDUCATION FOR ADOLESCENTS AND EMERGING ADULTS IN THE UNITED STATES

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Background: In the US, there is no federally mandated sexuality education (Guttmacher, 2023) thus, adolescents' and emerging adults' beliefs and values about sex are formed through peers, media, and online through the process of sexual socialization (Ward, 2003). As new sources of online sexual socialization emerge, such as ChatGPT, which is being utilized by 43% of emerging adults (Nietzel, 2023), sexuality researchers must examine and critique its reliability as a source of sexuality education.

Methods: Through a review of the current literature, both positive and negative outcomes of ChatGPT as a form of sexuality education were identified.

Results: Positive outcomes of ChatGPT as a source of sexuality education include, its accessibility, anonymity, and practicality. Conversely, negative outcomes of ChatGPT include potential bias in response, lack of accuracy and lack of compassion compared to sexual health professionals.

Discussion: ChatGPT is a practical source of sexuality education since sexuality education is not widely available in the US. Additionally, ChatGPT is equally accessible, anonymous and user friendly as other sources of online sexual socialization such as social media. However, there may be potential bias in sexuality information provided by ChatGPT because of a lack of transparency with AI chatbots information generation. ChatGPT lacks a human component which is essential in sexuality education because adolescents and emerging adults may be seeking out sexuality education for reassurance (Waling et al., 2021). There are no standardized regulations regarding the sexuality information shared on ChatGPT including the types of questions asked, or age-appropriate restrictions. While ChatGPT has the potential to provide sexuality education to adolescents and emerging adults, there are potential negative outcomes of ChatGPT as a source of sexuality education; thus, there is the need for evidence-based comprehensive sexuality education programs and interventions in the US.

Category : 7. Education

1307 - IMPROVING SEXUAL HEALTH OUTCOMES THROUGH EFFECTIVE SEX EDUCATION.

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Introduction and objectives: Adolescents (16–24-year-olds) experience the highest diagnosis rates of STIs.¹ Lack of engagement, public awareness, lack of training, and long-standing, widespread stigma around STIs remain barriers to greater and more effective use of interventions.² This research aims to provide insight into the experiences of sexual health education, sexual health behaviours and recommendations to improve engagement and sexual health outcomes amongst young people.

Method(s) and sample: An online quantitative survey was conducted between June and July 2021 (n=5,457). 855 respondents were recruited from a market research panel and a further 4,602 respondents were recruited via public links (answering a cut-down survey). All respondents were living in the UK and aged 18+. Data was analysed using descriptive statistics.

Results: 90% of respondents received formal sex education, however, only 12% agreed sex education had a positive long-lasting effect on their sexual life. Reproductive biology, pregnancy, protected sex/STIs were the core pillars of sex education, pleasurable relations & gender-specific topics were covered only 13% of the time. Whilst 90% of respondents declared they have a good understanding of sexual health risks, outcomes in this group were sub-optimal; safe sex was only consistently practiced by 43% and regular testing only carried out by 25% of respondents.

Discussion and recommendations: The research revealed that bridging the gap between sexual health education programs and adolescents' awareness is crucial. Recommendations include acting upon emerging research on young people's experiences of sex education, reviewing current guidance and practices to cover relevant topics outside main core pillars of sex education, and supporting sex education provision by increased collaboration with external educators and services.

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Key words: Sexual wellbeing, sexual education, sexually transmitted diseases.

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Category : 7. Education

1311 - IMPACT OF A COMPREHENSIVE SEX EDUCATION PROGRAM USING “MANA BOOK” LEVEL 2 TEACHING MATERIALS BASED ON THE INTERNATIONAL TECHNICAL GUIDANCE ON SEXUALITY EDUCATION.

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Purpose We evaluated the educational impact of using the textbook “Mana Book”, which was developed in accordance with International Technical Guidance on sexuality education.

Method Health and physical education teachers used the “Mana Book” as a teaching resource to deliver health and physical education sessions (7 sessions of 45 min each) to first-year junior high school students. We conducted a web-based survey using Google Forms before the class, immediately after the class, and 2 months after the program concluded.

Results and Discussion

We explained the research objectives and methods to a cohort of 156 female students in their first year of junior high school. Informed consent was obtained from 89 students (57.1%) and their parents using Google Forms. In total, 74 students (47.4%) completed the questionnaire before the class, 79 (50.6%) immediately after the class, and 64 (41.0%) 2 months after the program concluded. Of the respondents, 51 students (32.7%) completed all three questionnaires; the subsequent analysis focused exclusively on this subset. The study findings revealed a significant increase in knowledge scores between the pre- and post-class, the post-class and 2-month follow-up, and the pre-class and 2-month follow-up assessments. Notably, no decrease in the knowledge score was observed post-class and even at the 2-month follow-up, indicating the establishment of knowledge. Moreover, the implementation of the Communicative and Critical Health Literacy Scale showed significant improvement in scores when comparing the pre-class, post-class, and pre-class to 2-month follow-up assessments. Conversely, analysis of Rosenberg Self-Esteem Scale Japanese Version scores indicated an increase of approximately 1 point between the pre- and post-class assessments; however, this increase did not reach statistical significance. This study constitutes the first comprehensive research on sexuality education in Japan that incorporates International Technical Guidance.

Category : 7. Education

1329 - IMPLEMENTATION AND EFFECT OF IBASHO FOR LGBTQ STUDENTS AND ALLIES

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Introduction & rationale: In 2020, Ochanomizu University, which is women's university in Japan, started accepting transgender students. However, there are no place and group which can be safer space for LGBTQ or Ally students. The purpose of this study is to make a safer space in campus for LGBTQ students, to promote mental health of them, to increase the number of allies, and to promote understanding and accepting LGBTQ people.

Project / Population and settings: Ibasho is a Japanese word which stands for a safer space or community where participants can feel relaxed. "LGBTTea+ lounge", the Ibasho events of LGBTQ students and allies were held in the university, once a week, for 4 months. In Ibasho, a book-section, a video viewing section and an information section were provided. Each session had activities such as making handmade things, doing exercise, and having a chat time. Regardless of their gender identity and sexual orientation, undergraduate and graduate students in Ochanomizu University who have positive attitudes for LGBTQ could join Ibasho. When they first joined, they were asked to respond questionnaires which contained three scales: Subjective Well-Being Scale (SWBS), The Kessler 6-Item Psychological Scale (K6) and Sense-of-Acceptance and Rejection Scales. After each session ended, they responded questionnaires of shortened version of Sense-of-Acceptance and Rejection Scales. After all sessions ended, they responded same questionnaires as first time.

Outcome: Participants enjoyed books and videos on LGBTQ. The activities promoted natural conversation between participants. Staffs also joined the programs and played roles in facilitating smooth communication and in preventing inappropriate behaviors.

Discussion & recommendations: It is suggested that mental health of students is improved by staying a safer place like this Ibasho. Also, Ibasho can promote relationships and communities of LGBTQ people and allies in universities.



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