



## Abstracts for the 24th Congress of the World Association for Sexual Health (WAS)

Alain Giami & Erick Janssen

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## ABSTRACTS

# 24th Congress of the World Association for Sexual Health (WAS) and XII Congreso Nacional de Educación Sexual y Sexología (FEMESS)

October 12–15, 2019  
Mexico City

**Guest Editors:  
Alain Giami & Erick Janssen**

Supported by WAS.



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WAS receives abstracts from across the globe and for most of the scholars submitting work English is not their first language. Editors of this special issue refrained from making drastic changes to the received abstracts to ensure authenticity of the author's voice and message.

## WELCOME MESSAGES

### Welcome Message from the was President

Pedro Nobre

It is with great pleasure that I welcome you to the 24<sup>th</sup> Congress of the World Association for Sexual Health (WAS), to be taking place in Mexico City, October 12 to 15, 2019. WAS just celebrated its 40<sup>th</sup> anniversary and I believe this World Congress will constitute a cornerstone in its history, marking a clear movement towards the promotion of sexual health and sexual rights for all at the global level.

Since its foundation in 1978 as the world's major umbrella organization in the field of sexology, WAS has been increasingly devoted to promote sexual health and rights across the world. Our mission statement summarizes this vision, emphasizing that WAS "promotes sexual health throughout human life spans all over the world by developing, promoting and supporting sexology and sexual rights for all".

The World Congress is a very important strategic framework to pursue the WAS mission by increasing visibility and awareness of the importance of sexual health and rights. We will have a very intense, diverse, and global scientific program chaired by Alain Giami (chair) and Erick Janssen (vice-chair), together with the Congress President (Osmar Matsui), the Local Scientific Committee (chaired by Verónica Delgado)

and the Local Organizing Committee (Esther Corona, Eusebio Auriolles, and Luis Perelman).

This 24<sup>th</sup> Congress will be one of the most well attended WAS Congresses in history, with over 1000 scientific presentations from authors representing well over 60 countries from all continents. Moreover, most of the world organizations working in the field at both national and international levels will actively participate and organize more than 60 symposia on variety of topics. Finally, several special sessions and symposia will be organized by UN organizations working on sexual health related fields such as UNFPA, WHO, IPPF, UNESCO.

Participating at the WAS Congress in Mexico is an opportunity to celebrate and share the diversity and richness of the science and practice of sexual health and sexual rights and meet experts and colleagues from all over the globe. It is also an opportunity to network with a truly multicultural audience from a variety of countries on the five continents while enjoying the atmosphere of one of the most historical UNESCO World Heritage cities in the world.

Welcome to the 24<sup>th</sup> Congress of the World Association for Sexual Health.

Pedro Nobre

*President of the World Association for Sexual Health*

## Message from the President of the 24th Congress of the World Association for Sexual Health & XII Congreso Nacional de Educación Sexual y Sexología

Osmar Juan Matsui Santana

The Mexican Federation for Sexual Education and Sexology (FEMESS) welcome all participants from all over the world and their presentations during the 24<sup>th</sup> Congress of WAS & XII Congreso Nacional de Educación Sexual y Sexología.

This World Congress is, for many of us, a meaningful experience. Among many reasons, I will focus only in three: First, because it is one of the WAS Congresses with more attendants and presenters from the five continents, more than 70 countries; second, the scientific program of the 24th Congress integrates all the major fields of sexual science, education, policy, rights and advocacy; and third, for the first time in WAS congresses there are many Latin American presenters and attendants, which brings the opportunity for many

countries in our continent, to know what is happening with the development of sexual health and sexual rights in other areas of the planet, and for the professionals from other regions to have a closer knowledge about what Latin American sexologists are doing.

During the 24th WAS/XII FEMESS Congress and from this document, international and national agencies, organizations and authorities may have also an opportunity to appreciate the need to improve the development of sexual health and sexual rights in many regions of the world.

Finally, welcome and thank you for your contribution to make this Congress a successful scientific event to be remembered.

## Message from the Chairs of the WAS Scientific Committee: Building the Scientific Program of the 24<sup>th</sup> WAS Congress (2019)

Alain Giami and Erick Janssen

This supplement to the International Journal of Sexual Health, the official journal of the World Association for Sexual Health (WAS), offers readers the abstracts of all lectures, oral communications, and posters presented at the 24<sup>th</sup> WAS Congress in Mexico City (October 12–15, 2019).

The program of this congress was developed with the help of a wide range of scientific and professional partners from all regions of 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 who contributed to the general design of the program by defining the main thematic tracks that formed its scientific framework; the members of the local Scientific Committee who worked on the Spanish program, and the International Scientific Committee, which includes more than 120 people who evaluated the many proposals that were submitted for presentation at the Congress.

The program of a congress such as the one organized by WAS, however, is not based solely on the rigorous scientific evaluation of the submitted proposals. The various WAS stakeholders extended a number of invitations to participate in and contribute to the Congress in the form of, among others, keynote lectures and invited symposia. Many of the most prominent individuals in the field of sexual health, sexology, sex research, sexual medicine, sex education, and sexual rights were invited. Also, representatives of major international organizations such as UNESCO, UNFPA, WHO, PAHO, and non-governmental organizations such as IPPF were invited, as well as major research and clinical associations that have been working in this field for many years such as IASR, SSSS, AASSECT, SSTARR, WPATH, ISSM and ESSM. In addition, we invited the many other, national and regional, sexual health associations that are members of WAS.

The result of all these initiatives is a relatively complex and, we hope, comprehensive mix of scientific orientations and political will, basic research, clinical and educational research, social science and public health

approaches, and last but not least, work that reflects a commitment to serve and advance sexual health and sexual rights. The response to the call for papers for the WAS Congress was exceptional. More than a thousand proposals for oral presentations and posters were submitted, and more than 60 symposia proposals were received, from all over the world.

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, places, and backgrounds.

It should be noted that for the 2019 edition of the WAS World Congress, particular emphasis has been placed on the development of sexual rights and partnerships with major international organizations. It is our hope that thanks to this congress, WAS will be recognized, more than ever before, as a key player in sexual health and sexual rights at the global level.

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*President of the Congress & President of the FEMESS*

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## PRESIDENTIAL LECTURE

### Building Bridges: From Research on Sexual Problems to the Promotion of Sexual Health and Rights

Pedro Nobre

Faculdade de Psicologia e Ciências da Educação, Universidade do Porto, Porto, Portugal

In this lecture I will review 25 years of research on psychosocial determinants of sexual function and dysfunction in men and women, with particular emphasis in the role of cognitive and emotional factors. Studies using survey methods and cross-sectional designs, as well as longitudinal studies and experimental studies conducted in the laboratory will be reviewed systematically, and a summary of the main findings for the understanding of sexual dysfunction and implications for the treatment and prevention of sexual problems will be presented.

Moreover, I will build a bridge between the prevention of sexual problems and the promotion of sexual health. I will review existing evidence of the importance of sexual satisfaction and well-being to promote life satisfaction and quality of life and reflect on the need to increase global awareness and acceptance of the benefits of sexual health and well-being across the world.

**Keywords:** Sexual Dysfunctions & Sexual Satisfaction, Sexual Health & Rights, Life Satisfaction & Quality of Life  
**Conflict of Interest and Disclosure Statement:** No conflict of interest

## JOHN MONEY LECTURE

### Placing Pleasure into the Tired Narratives of Danger, Death, Disease in Sexual Health Promotion

Anne Philpott<sup>2</sup> and Arushi Singh<sup>b</sup>

<sup>a</sup>The Pleasure Project, UK; <sup>b</sup>The Pleasure Project, UK and India

**Introduction:** Pleasure is one of the key motivators for sex globally. However, the framing of sex education and sexual health programmes continues to be one of avoiding danger, avoiding death, and avoiding disease rather than seeking pleasure, enjoying and affirming our bodies, and articulating desires. In fact, pornography, which rarely shows safer sex but has immense erotic appeal, is now one, if not the key channels for sex education globally.

**Action:** The omission of pleasure in sex education curricula has a damaging effect on sexual health and wellbeing by failing to recognise diverse sexualities, and perpetuating the myth that women are not sexual beings. On the other hand, people with a more positive view of their own sexuality are more likely to practice safer sex, use contraception consistently, have higher sexual self-esteem and therefore be more sexually assertive and confident. Despite evidence that attitudes about sexuality influence safer-sex practices and agency, few evaluations of sex education and sexual health interventions consider these aspects of people's sexual

experiences. The recent massive increase in access to erotic media globally, with a very limited view of pleasure, gender, race and sexuality, makes the need for more holistic discussions of sexuality and sexual health more urgent. We need to advocate and undertake more 'pleasure audits' of organisations who aspire to improve sexual health and well being, and share these for responsibility for global well-being and health.

**Conclusion:** We need to champion pleasure education as part of safer sex education and making erotica safe. The two worlds of pleasure and prevention are strange bedfellows, with vastly different epistemologies, but with much to learn from each other. The next steps include pleasure-inclusive sex education, more safer sex porn, research into effective pleasure inclusive sex education and a global declaration bringing together the pleasure and health communities.

**Keywords:** pleasure, sex education, wellbeing  
**Conflict of Interest and Disclosure Statement:** None

## WAS GOLD MEDALIST LECTURES

### Oportunidades y Retos para los Derechos Sexuales en la Era Digital

Maria Perez Conchillo

Instituto de Sexología y psicología Espill, Programa Universitario de Salud Sexual UNED-Espill, Spain

En Internet, como en el mundo offline, resulta muy preocupante la asociación de lo sexual con lo negativo y peligroso; circunscribiendo en muchos casos el discurso de la sexualidad humana a lo pornográfico, entendido como un sexo mercantilizado y desprovisto de valores.

Por otro lado, no se puede negar que la red puede ser una excelente plataforma para ayudar a la promoción de los derechos sexuales. La www es un eficaz escaparate para el discurso feminista generando investigaciones excelentes que se transforman en información accesible; lo mismo ocurre en el colectivo LGTBIQ y con reivindicaciones de minorías sexuales. Pero, desgraciadamente la vigilancia, la persecución y la censura se extienden al mundo digital.

Para que el discurso sexológico tenga la presencia que merece, tenemos que poner el foco en las dificultades y hacernos algunas preguntas: ¿Permite Internet la expresión de los derechos sexuales? ¿Hay libertad de expresión para la diversidad sexual? ¿cómo se manifiesta la violencia de género en línea? ¿Están google y Youtube censurando propuestas de educación sexual?

¿Qué es considerado “porno” en Internet? ¿Cómo se margina la diversidad sexual desde WWW? ¿Están los niños, niñas y adolescentes en situación de riesgo cuando navegan por Internet? ¿Corren peligro los activistas de derechos sexuales por sus manifestaciones en red? ¿Corren peligro los profesionales de la salud sexual?

Si abrimos la mirada más allá de nuestro entorno, vemos que la persecución a los Derechos Sexuales está presente también en el mundo digital. Hay países en los que corren peligro los profesionales y los activistas, por lo que tenemos que estar preparados para que el discurso de la sexualidad se exprese en Internet como un bien supremo de las personas; para esto necesitamos contar con investigaciones sobre el tema para poder afrontar estos retos y seguir defendiendo los derechos sexuales en la era digital.

**Palabras clave:** Derechos Sexuales, Internet, Censura

**Conflicto de interés y declaración de divulgación:** Ninguno

### Thirty Years Achievement of a Gynecologist as a Sex Therapist and Current Issues on Sexual Health in Japan

Reiko Ohkawa

Japan Society of Sexual Science, Japan

It was back in 1979 when I was seeking the way to realize gender equality as a medical doctor, and thought it should be related to sexual issues, I met JASCT, Japan Association of Sex Counselors & Therapists. It was established by Dr. Nozue, Dr. Matsumoto and other predecessors of sexology. There I learned sexual science. Having confirmed that the central issue of gender equality is in the sexuality, I decided to pursue the huge subject as a specialist of sex therapy. The name of JASCT was changed in 1995 to JSSS, Japan Society of Sexual Science, of which I have been the 4<sup>th</sup> president since 2006.

I started sex therapy in 1983. Till recently I have seen about 700 patients with sexual dysfunction. Patients were mostly female and diagnosed with vaginismus.

While the psychological therapy is not the territory of a medical doctor, as a gynecologist I could find out the characteristic of vaginal responses of the patients by pelvic examination and could give a feedback of the findings to them to help them learn to accept objects into the vagina.

Through this method, I realized the several types of vaginal findings of vaginismus, namely, vaginismus or somatic type, which shows strong involuntary pelvic



muscle contraction. The other is the phobic type, in which the patients express phobia of penetration of the vagina without showing involuntary contraction. Besides those, there are patients who cannot be classified under those types, because they refuse to allow the therapist to insert a finger for examination. And others show none of the difficulties of taking a pelvic examination though they couldn't have sexual intercourse.

Those findings correspond to the definition of "Genito Pelvic Pain/Penetration Disorder" in DSM-5.

In the Speech I will mention current issues on sexual health in Japan.

**Keywords:** Sex therapy, Penetration disorder, Sexual health

**Conflict of Interest and Disclosure Statement:** None

## Developments of Sexology in France between 1974 and 2019

Mireille Bonierbale

AIUS, Marseille, France

It took more than 40 years to build French sexology.

In 1974 Paris is chosen to organize the 1st International Congress of Medical Sexology. At the same time, the SFSC, French association of sexology, is created, and organizes courses and conferences. WHO declares the importance of sexual health and the need for professional training.

In 1975 and 1976, the first academic diplomas in sexology are created in Marseille and Lyon, with other universities gradually joining them. The pioneering sexologists and teachers are grouped in a post-graduate association: the AIHUS, which will become AIUS in 2012. Academics and practitioners, doctors and non-physicians, teachers and trainers, are gathered in the same spirit, united by the same concern for ethics, clinical practice, research and transmission of new knowledge that denounce sexual suffering at a time when it is still taboo to talk about sexuality.

AIUS' objectives extend to the training of French doctors and health professionals concerned with the difficulties of sexuality, to the field of prevention and

education, to the field of sexual violence, to the quality of sexual life of HIV-positive people, to the management of sexuality in chronic diseases and disabilities, to better inform professionals and the public about sexual orientation and gender identities and their difficulties.

The AIHUS create the journal "Sexologies" in 1992, only bilingual journal in the field of sexology now referenced in the Emerging Source Citation Index (ESCI) and many others, now organ of the EFS and AIUS

With the SFSC, AIUS founds a Federation of Sexology and Sexual Health at the origin of National Congresses. After its recent dissolution, a new chapter in the history of sexology is beginning. AIUS plays a central role in the development of French sexology, organization of teaching and training, research, management of the profession and definition of professional standards

**Keywords:** AIUS, Sexology, Teaching

**Conflict of Interest and Disclosure Statement:** None

## The Development of Sexual Pleasure During Adolescence

J. Dennis Fortenberry

Indiana University School of Medicine, USA

The motivating question of this talk is "what is the ontogeny of sexual pleasure during adolescent sexuality development?" I also consider the question of whether adolescents, as with adults, are primarily motivated by sexual pleasure in sexual relationships, or whether

pleasure is even primary in early sexual experiences. My approach to addressing the ontogeny of pleasure is rooted in inquisitive scepticism about pleasure as an innate or essential element of sexual experience, in a long-standing awareness of the contradictions of sexual

pleasure in young people's sexual development, and in an interrogation of the meaning and function of sexual pleasure through an examination of youth's sexual embodiments, with focus on bodies that are marginalized or considered sexually disabled. My goal is to reposition sexual pleasure into an inclusive, developmentally-relevant framework that illuminates the many

nuances of pleasure experiences and their contributions to sexual wellbeing.

**Keywords:** adolescence, sexual pleasure, sexual wellbeing

**Conflict of Interest and Disclosure Statement:** None

## INVITED KEYNOTE LECTURES

### Restoring the Natural Order: The Religious Extremists' Vision to Mobilize European Societies Against Human Rights on Sexuality and Reproduction

Neil Datta

EPF-European Parliamentary Forum on Reproductive Health and Rights, Belgium

In 2013, 20 US and European campaigners began strategizing 'achievable goals' to roll back human rights for sexual and reproductive health in Europe. Documents have recently emerged which reveal a detailed, extremist strategy called Restoring the Natural Order: an Agenda for Europe, which seeks to overturn existing laws on basic human rights related to sexuality and reproduction, such as the right to divorce; for a woman to access contraception, assisted reproduction technologies or have an abortion; equality for lesbian, gay, bisexual, trans or intersex (LGBTI) persons; or the right to change one's gender or sex without fear of legal repercussions.

The initial group of campaigners has grown to attract over 100 anti-human rights, anti-women's rights and anti-LGBTI organizations from over 30 European countries and now goes by the name 'Agenda Europe'. Agenda Europe is a Vatican-inspired, professional

advocacy network, whose members meet in secret, and which is directly responsible for implementing a detailed strategy to roll back human rights.

The Agenda Europe strategy is producing concrete results, such as the 2016 Polish bill to ban abortion, bans on equal marriage in several Central European countries and over a dozen comparable acts at national level and in European institutions aiming to limit women's and LGBTI rights. This paper details Agenda Europe's aims, strategies and key players, to help human rights defenders respond appropriately.

**Keywords:** Rise of ultra-conservatism in Europe, Rolling back of Human Rights, Secret strategy of the extremists revealed

**Conflict of Interest and Disclosure Statement:** None

### Paying Attention in Sex: The Science of Mindfulness for Improving Sexual Response

Lori A. Brotto

University of British Columbia, Canada

Sex in a multi-tasking world has become distracted, pressured, and unsatisfying. Rates of sexual dysfunction in men and women are high, and discrepant sexual desire in couples represents one of the most common causes for seeking sex therapy. For women, the update of flibanserin, the only FDA and Health Canada

approved desire drug, has been low. Mindfulness meditation, defined as present-moment, non-judgmental awareness, has become a prominent tool in Western healthcare for a wide range of medical and psychological ailments, from pain to anxiety to heart-rate regulation. In this keynote presentation, I will share the

science evaluating the efficacy of mindfulness for a variety of sexual health issues. This talk will consider also the purported mechanisms by which mindfulness is likely improving sex. Finally, we will consider how practitioners can integrate mindfulness into their own sexual health practices, and their own lives.

**Keywords:** mindfulness, sexual health, sexual desire

**Source of Funding:** Canadian Institutes of Health Research

**Conflict of Interest and Disclosure Statement:** None

## The Road to Hell. Intersex People, Sexual Health and Human Rights

Mauro Cabral Grinspan

Global Action for Transgender Equality (GATE), Argentina

Over the past twenty five years, intersex advocates and its allies have struggled to put an end to pathologizing taxonomies and mutilating interventions, whose goal is to ‘normalize’ those bodies being born with variations of sex characteristics. In spite of groundbreaking human rights advances at the national, regional and international levels, very little have changed in the medical management of intersex. Worst, the eleventh version of the *International Classification of Diseases* released by the World Health Organization this year reinforces this approach. One of the key obstacles to address intersex issues in medical settings from the human rights framework is the normative identification of ‘normalizing’ procedures with health providers’ best

possible intention -and, therefore, those procedures and their consequences cannot be identified as human rights violations. In this lecture it will be sustained that for intersex people’s sexual health to be achieved it is imperative to examine and dismantle the ‘best intentions’ narrative and to replace it with a strong evidence-based approach fully compatible with human rights standards.

**Keywords:** intersex, best intentions, human rights

**Source of Funding:** Lecturer have received support from OSF, GEF and Arcus Foundation

**Conflict of Interest and Disclosure Statement:** None

## U.S. Sex Offense Policy: The Next “Surveiller et Punir”

Judith Levine

Independent scholar, journalist, USA

The legacy of the 40-year-long sex panic in the U.S. is a vast regime of draconian penalties and “management” of “sex offenders” – a category including anyone from consensual teen lovers to armed rapists. Along with long prison sentences, the sex offender registry, and restrictions on residency, work, recreation, travel, and family life, a crucial element of the regime is “sex offender treatment.” Based on the notion that “sexual offending” is a unique, incurable disorder, which must be “contained” to protect the community, especially children, from predation, such treatment is anything but therapeutic. It is coercive, moralistic, often humiliating, sometimes endless, and practiced in non-

confidential collaboration with punitive authorities. In many states a diagnosed “sexually violent predator” may be detained indefinitely in a psychiatric facility after completing a prison sentence.

Opponents of registries often promote treatment as a humane and effective alternative. But not only is the evidence of its effectiveness equivocal, “sex offender treatment” should be understood in a Foucauldian frame, as the criminalization of sexual deviance and the medicalization of crime, deployed to repressive ends from Salpêtrière to the Soviet gulags to gay “conversion therapy,” exported globally from the U.S., especially to Africa and Latin America. People who commit

sexual violence are indeed psychologically troubled. What responses address sexual harm-doing while upholding justice and nourishing diverse and free sexual cultures?

**Keywords:** U.S. sex law, criminalization, medicalization

**Conflict of Interest and Disclosure Statement:** None

## The Heart and Sex. The Impact of Cardiovascular Disease on Sexual Function

Annamaria Giraldi

Sexological Clinic, Psychiatric Centre Copenhagen, University of Copenhagen, Denmark

Cardiovascular diseases (CVDs) are a group of disorders of the heart and blood vessels. They include among others: coronary heart disease, cerebrovascular disease and peripheral arterial disease. CVDs are the number 1 cause of death globally. The most important risk factors of heart disease and stroke are unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. The effects of these behavioral risk factors may show up in individuals as raised blood pressure, raised blood glucose, raised blood lipids, and overweight and obesity. As the sexual function relies heavily on intact blood supply and nerve signaling to the genitals, CVD and sexual dysfunctions (SD) share the same risk factors. Especially for men it has been shown that life style risk factors are major risk factors for erectile dysfunction (ED). In women the picture is more unclear regarding the association with CVD and SD. However, in both sexes psychological distress, anxiety and depression, which are commonly seen in patients with CVD, also increase the risk of developing SD and experience a dissatisfying sexual life.

Therefore, it is essential to prevent SD by preventing CVD and to give sexual counselling to patients in cardio-vascular rehabilitation. Despite this knowledge many health care providers fail to include sexual counselling in the rehabilitation and treatment for both men and women with CVD. This may lead to anxiety about having sex for the patients and lack of treatment of sexual problems as well as reduced sexual health for the patients and their partners.

The lecture will focus on prevalence of and risk factors for sexual problems related to CVD and how health care providers can help patients with sexual problems and CVD.

**Keywords:** Cardiovascular disease, Sexual function, Sexual dysfunction

**Conflict of Interest and Disclosure Statement:** Consultant Eli Lilly, Advisory board Palatin, Futura Medical

## Infection and Identity, Desire and Disease: Gay Men, HIV/AIDS and the History of Sexuality

Gary Dowsett

Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

The current global HIV epidemic is now in its 39<sup>th</sup> year, although we now know there were isolated cases of HIV infection dating back at least to the 1920s. Gay men in the USA were among the first persons diagnosed with this new disease even before it received a name. In this 'epidemic of signification' (Treichler, 1988), gay men in the West have often provided the

main source of the social, political and cultural conceptualisation that frames how the epidemic is comprehended. This can be seen in its original designation as 'GRID' (Gay Related Immune Deficiency), the invention of safe (or safer) sex, and the development of new social identity categories such as men 'who has sex with men' (MSM) and people living with HIV

(PLHIV). A reification of these identity categories and others (e.g. FSW or CSW – female sex workers or commercial sex workers) has paralleled an unprecedented interrogation of human sexuality on a scale hitherto impossible. Much of this interrogation has relied on often shallow and sometimes specious understandings of sexuality, e.g. reduced to list of behaviours, or the nonsense of ‘bisexual’ HIV transmission and, more recently, the misuse of ‘transgender’ as a collective noun. These understandings utilise a positivist imperative in sexology and sex research that is

increasingly challenged by post-feminism, queer theory and critical sexuality studies, and by significant shifts in contemporary sexuality and gender politics. Some of these challenges and shifts suggest a return to pre-HIV/AIDS politics, but they also draw on often unrecognised consequences of this long epidemic and its moment in the history of sexuality. Using gay men as the starting point, this paper explores that moment.

**Keywords:** gay men, HIV/AIDS, history of sexuality

**Conflict of Interest and Disclosure Statement:** None

## Identifying and Preventing Sexual Aggression Perpetration: Obstacles and Reasons for Optimism

Zoe Peterson

The Kinsey Institute and Department of Counseling and Educational Psychology, Indiana University, Bloomington, IN, USA

**Introduction and Objectives:** To date, most interventions aimed at preventing individuals from perpetrating sexual aggression have proven unsuccessful. Effective primary prevention of sexually aggressive behavior requires an understanding of the factors that contribute to and motivate that behavior. Yet, multiple barriers interfere with the ability to research and intervene with sexually aggressive individuals. This presentation will address those barriers and possible strategies to overcome the barriers, as well as present recent research findings that offer hope that sexually aggressive behavior may be changeable.

**Methods and Results:** This presentation will include findings from several recent studies of college and community men (and one study of men and women), which demonstrate that (1) standard methodological

approaches for identifying sexually aggressive individuals may be flawed, (2) researchers’ current understandings of the correlates of sexual aggression may be too limited, and (3) common research conceptualizations of “sexual aggression” may be too narrow.

**Conclusions and Recommendations:** Some researchers and theorists have concluded that it is impossible to change the behavior of sexually aggressive men, but given the limitations of the existing research, it is far too early to accept that conclusion. Further, many of the results reviewed in this presentation provide reasons for optimism in terms of our ability to change sexually aggressive behavior.

**Keywords:** sexual assault, sexual coercion, rape

**Conflict of Interest and Disclosure Statement:** None

## Promoting Sexual Rights and Fighting Homo-Transphobia in a University Context in Italy

Paolo Valerio

SInAPSi Center, University of Naples Federico II, Italy

The SInAPSi University Service Center of the University of Naples Federico II, through its Anti-Discrimination and Culture of Differences Section, promotes events to foster a culture that values differences and good practices. The purpose is to acknowledge, promote, and

guarantee sexual rights, as well as to prevent and fight against human rights violations and abuse related to gender and sexual stereotypes. Such actions aim at providing support through inclusion-related programs for students experiencing disabilities or identifying as

LGBTQI. Inviolable rights of each human being include those defined by WAS and WHO as sexual rights (“human rights related to sexual health”), which are promoted within contexts acknowledging them. In Italy, due to sexual and gender stigma, LGBTQI and disabled students often find themselves as living their sexual life and love relationships in a situation of invisibility. Likewise, they tend to hide aspects of their sexual identity, conforming themselves to the dominant heteronormative, genderist and sexist model that prevails in educational organizations and socialization processes.

An inclusive organization that is sensitive to the emotional, social and physical needs of its members, instead, has to promote – through integrated sex education as

well – the active participation of all members. This is what the SInAPSi Center intends to achieve through various activities addressed to university students, such as congresses, information, education, and awareness raising on sexual identity and health, thematic workshops, information meetings with professors serving as inclusion spokespersons. In doing so, the SInAPSi Center would promote the physical, emotional, social and sexual well-being of all its members, guaranteeing the basic and inviolable rights of well-being and security, among which the right to sexuality and health.

**Keywords:** LGBTQI, Inclusion, Sexual rights

**Conflict of Interest and Disclosure Statement:** None

## The Global Politics of Pleasure and Danger: Struggles for Sexual Health and Sexual Rights in the 21st Century

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This presentation examines key global battlegrounds related to sexuality and human rights over the course of the past four decades.

It draws on critical ethnography and historical analysis, articulated through the work of Sexuality Policy Watch (SPW), a global collective of researchers, activists and policymakers, using detailed case studies to develop cross-cultural comparative analyses of trends in sexuality politics.

Sources include archival research, discourse analysis, ethnographic case studies, visual methods and digital storytelling examining how macro geopolitical forces, social movements, cultural frameworks and institutional systems shape debates and practices related to sexual health and sexual rights within global arenas.

Findings focus on four especially important moments the development of global debates related to sexuality and human rights over roughly the past four decades: (1) The emergence of “health and human rights” as intersecting frames for addressing issues related to sexuality during the 1980s and the early 1990s in fields such as international health and development; (2) The articulation of a concept of “sexual rights” (as the new kid on

the block in human rights thinking and activism by the beginning of the 21<sup>st</sup> century) from the mid-1990s through the early-2000s; (3) The development of growing global social movements of abortion/reproductive rights activists, LGBTQI persons and activists, people living with HIV (PLHIV) and other AIDS activists, and sex worker activists, articulating growing global networks and movements from the early and mid-2000s to the early 2010s; and (4) The growing backlash against sexual rights frameworks on the part of conservative and extreme right-wing political movements taking place both locally and globally in a growing range of contexts since the mid-2010s.

Analysis assesses the role of solidarity and coalition-building, tensions between global discourses and vernacular rights, and how local circumstances influence revisions and reframings of sexual rights as articulated globally.

**Keywords:** Sexual Rights, Sexual Health, Sexual Politics

**Source of Funding:** Social Science and Humanities Research Council of Canada and the Ford Foundation

**Conflict of Interest and Disclosure Statement:** None



## Lost in the Pelvic Zone: Catholic Thought on Sexual Ethics

Frances Kissling

The Center for Health, Ethics, and Social Policy, USA

In its formative days, Christians believed two things: Christ would return to the world in their lifetime and it was their obligation to prepare for that event by focusing on prayer. Sex, they understood, was an obstacle to paying attention to God. From that simple belief evolved strict rules for avoiding sex. This presentation will take us through that early history including, suspicion of women as temptress, the justification of sex only in procreation and disdain for sexual pleasure. Even now, when Christian theologians think about

when it would be licit to have sex, the search for “when” turns quickly to “when not”. However, some modern Christian ethicists have adopted an approach to sexual ethics grounded in the values we use for evaluating other forms of relationship – especially justice. These approaches will be explored.

**Keywords:** Catholicism, Sexual Freedom, Justice

**Conflict of Interest and Disclosure Statement:** None

## Patriarchy, Colonialism and Religion: Putting the African Child at the Center of Comprehensive Sexuality Education in West Africa

Ame Atsu David

Freelance Consultant, Togo (West Africa)

In West Africa, many parents and adults in general, shy away from discussing sex related issues with children and young people. In spite of the taboo that surrounds sexuality, boys learn directly or indirectly from their peers and society at large, that they are supposed to be sexually active from the adolescent age in order to be considered “real” boys. Girls, on the other hand, are subjected to all kinds of practices including female genital mutilations and early marriage in some parts of the region, to ensure they keep their virginity till marriage. Cultural and religious beliefs shape the way sexuality should be perceived and expressed. Heterosexuality is the norm and homophobia, which did not exist before colonialism according to research, is now rampant in West Africa. The consequences of children and young people’s limited access to comprehensive sexuality education (CSE) are a high prevalence of child sexual abuse, teenage pregnancies, sexually transmitted infections (STIs) including Human Immunodeficiency Virus (HIV) and unsafe abortions among young people.

Over the past ten years, I have been facilitating trainings with parents, religious leaders, teachers, state and civil society actors to break the spell of patriarchy, colonialism and religion in order to put the child at

the centre of CSE in West Africa. My trainings are contributing to a growing understanding and conviction among key stakeholders that CSE is not a western notion and does not encourage children and young people to engage in early sex, as many people think, but it equips them to make informed decisions about their sexual health. How can we Africans serve as powerful change agents in our communities, countries and on the continent? Believing in and practicing what we preach as well as using a non-judgemental and a process oriented approach is essential to help change mindsets.

**Keywords:** Adolescent sexual and reproductive health, Gender equality, Human rights

**Source of Funding:** The trainings have been conducted as part of the following projects: (1) Pan African Project on Comprehensive Sexuality Education implemented in selected countries in Southern, East and West Africa by Save the Children International and funded by Swedish International Development Agency (Sida); (2) Empowering Adolescent Girls and Young Women through Education, a joint programme United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Entity for Gender Equality and the Empowerment of Women

(UNWomen) and United Nations Population Fund (UNFPA) implemented in Mali and funded by the Korean International Cooperation Agency (KOICA); (3) Strengthening Civil Society for Family Planning Plus in West Africa Project (CS4FP Plus) implemented

by IntraHealth and funded by William and Flora Hewlett Foundation and the Dutch Embassy.

**Conflict of Interest and Disclosure Statement:** The author received honoraria as consultant from Save the Children International, UNESCO, UNFPA and IntraHealth/CS4FP Plus for the trainings conducted.

## WAS LECTURES

### Transgenders: Can We Really Exist?

Márcia Rocha

WAS – SRC, Brazil

**Introduction:** When I was thirteen years old, I begun taking female hormones. My father found out and made me to stop, so I continued living a “double life”, pretending to be a boy.

I am a lawyer, I have four business companies, speak three languages, but if I have beared him at that time and continued the hormonization, all those things could never have happened to me, because of the prejudice of the society.

**The objectives** of this presentation are to show how an evil structure of the society prevents people of being themselves and what should be done to change that.

Through the studies of some important authors, we will try to show how the society controls people using their gender and sexualities. Also, we intend to show

how unfair and harmful these controls can be for some individuals and for the whole society itself. Describing some real cases, we will show very clearly that these authors were right.

Finally, we will try to show a way to reduce injustices, preparing the future generations to respect the human diversity, through the education.

#### Supporting literature:

Butler, J., Mead, M., Miskolci, R., Reich, W.

**Keywords:** prejudice, control, harm

**Conflict of Interest and Disclosure Statement:** None

### Relevant Aspects of MSM-Sexuality for Health Care Professionals

Woet L. Gianotten

ISSC (International Society for Sexuality and Cancer), The Netherlands

**Introduction and objectives:** The average health care professional (HCP) has very little knowledge of the sexual life of men who have sex with men (MSM). However, MSM-lifestyle and aspects of sexuality are strongly influenced by cancer, by chronic disease and by many medical interventions (far more than happens in mainstream men). HCPs who don't know and understand the differences with their mainstream male patients will not be able to provide optimal care to their MSM patients. The objective is to offer insight in various aspects of MSM- lifestyle, MSM-relationships and MSM sexual behavior.

**Methods:** Information was gathered from the literature, from the practice of some gay HCPs and from EMIS. EMIS is the 2010 European MSM internet survey that has been answered by >180.000 men. That combination of information was then approached from the perspective of diseases, cancer and medical interventions.

**Findings & discussion:** There are huge differences for instance in the percentage of MSM who have come out, and in the amount of non-steady partners. Most HCPs neither are aware of the importance of semen in the sexual play of MSM, nor of the importance of prostate orgasm, and many are scared to address the



differences between the top-man (the ‘inserter’ in anal sex) and the bottom-man (the ‘receiver’). All those practical realities have consequences when the MSM for instance suffers from a chronic disease or needs treatment for cancer. As a result of their lifestyle with more open relationships, MSM contract more sexual transmitted diseases and that changes also their cancer incidence profile.

**Recommendations:** With this additional knowledge HCPs will realize that the question ‘Who do you have sex with?’ is relevant in clinical practice and a prerequisite to be able to offer good care.

**Keywords:** MSM, Sexual life-style, EMIS

**Conflict of Interest and Disclosure Statement:** None

## Sexual Health, Rights, and Politics: Where are We Going and What Can Be Done?

Sharful Islam Khan

Program of HIV and AIDS, Infectious Disease Division, icddr,b, Dhaka, Bangladesh

**Introduction:** Since its inception in 1978, the World Association of Sexual Health (WAS) has organized the World Congress on a biennial basis. This Congress provides a platform to conceptualize and discuss sexual health and rights, while also has encouraged the participants to conduct research and interventions and share the findings.

**Methods:** I applied qualitative methods, including document review, as well as key informant interviews, and focus group discussions with experts and policy planners. I have taken the privilege to render my personal reflections based on my experiences of previous World Congresses.

**Findings:** Attending the WAS Congress had helped enrich my knowledge and perspectives of sexual health and rights, and encouragements to continue my work over the years. However, when I look into my own country and other countries in the South Asian region, I often hear the “*told and untold*” pain with diverse complexities, setbacks, and ambiguities relating to sexual health and rights. Although there is some documented progress, frustrations exist due to unfulfilled endeavors.

Using Bangladesh as an example, I tend to depict how we are reverting to the “*pavilion of moral and political safety*” by challenging and disregarding the

activists’ “voices for change”. Throughout the last several years, despite the emergence and discussion of the notion of sexual health and rights in scientific forums, these phenomena have become politicalized under the framework of emerging and reemerging fundamentalism, terrorism, and power-dynamics, in equal heights. Political leaders and health professionals are even more sensitive and antagonistic to the use and acceptance of these terms. They diplomatically prevent sexuality education and promotion of sexual health and rights by wearing a “progressive secular mask.”

**Recommendations:** Rather than spending millions of dollars in arranging WAS congresses, let us take initiatives to critically analyze the status and underlying reasons for our achievements (or lack thereof) in theory versus practice, on the issues of sexual health and rights at the grassroots and policy level. Based on what we draw from this analysis, let the Congress mediate a “political solidarity” for sexual health agenda. In turn, this will help WAS members devise structural pathways by forming a global forum of game-changers. And there is no better time to start the actions than now!

**Keywords:** Sexual health, Sexual rights, Politics

**Conflict of Interest and Disclosure Statement:** None

## Indigenous Concepts of Sex and Sexuality: Lessons Learned about Contraception, Sexual Pleasure, and Sexual Identity, from the Bedouins, Incans, and North American First Nations

James Pfaus

Universidad Veracruzana, Mexico

**Introduction & Objectives:** Pavlov wrote “If you want new ideas, you should read old books”. Indigenous peoples had concepts of sex and sexuality that continue to have profound implications for what we assume to be our “advanced” understanding of sexual physiology, reproductive technology, and cultural attitudes toward sex and gender.

**Approach:** Showcased here are three “lessons” about sex and sexuality from ancient and present-day indigenous cultures that challenge our assumed superiority about sexual knowledge and technology.

**Sources:** Analysis of ancient texts (e.g., Laoun Papyrus from Egypt), artifacts (the “Little Man” form Peru), and present day concepts (“Two Spirited” concept of gender).

**Findings and Discussion:** The first lesson comes from the ancient Bedouins of the Middle East who invented the first intrauterine devices (IUDs) thousands of years before modern IUDs and steroid contraceptives liberated women’s sexuality and sexual behavior from the cyclic tyranny of their hormones and eggs. The

second comes from the Incans of Peru who invented an ingenious dildo that far surpasses the capabilities of most of our modern versions in terms of ease of control and full clitoral stimulation, factors that are important for sexual pleasure. The final example comes from the First Nations of North America (from the Algonquins to Aztecas) who posited a “two-spirited” (third) gender that is not bisexual on the Kinsey Scale and is different from the postmodern concept of non-binary and genderqueer. These historical advances give us provocative glimpses into the sophisticated way that indigenous cultures understood sexual and reproductive physiology and tell us much about what they knew and accepted as “normative” in terms of sexual health, sexual pleasure, and sexual identity.

**Keywords:** Endocrinology, Physiology, Culture

**Conflict of Interest and Disclosure Statement:** Scientific Advisory Boards: AMAG Pharmaceuticals, Emotional Brain LLB, Ivix Ltd., Palatin Technologies, Viscuris

## Buiding Community Support and Dealing with Resistance to Sexuality Education

Venkatraman Chandra-Mouli

World Health Organisation, WHO, Geneve, Switzerland

**Background:** Despite recognition of the need for Comprehensive Sexuality Education (CSE) and growing acceptance that CSE is a right; availability of evidence of effectiveness and cost effectiveness; availability of tools to advocate, plan, monitor, and evaluate programs; and inclusion of CSE in international declarations and regional/national plans of action, progress at implementation of CSE in many countries has been slow.

Across settings, a common challenge is moving from small-scale projects or weakly designed and executed programmes with poor quality and limited coverage to

large-scale, well-designed and well-conducted programmes coordinated by Ministries of Education and included in national school education policies and programmes.

A small number of countries have scaled-up and sustained CSE, and can provide insights into effective strategies and investments. They offer useful lessons on how to face and overcome five barriers that are widespread: lack of commitment, comfort, capacity, cash, and accountability. Additionally, they offer lessons in preventing paralysis due to backlash during

implementation and reviving progress if they become stalled by resistance.

**Objectives:** In my presentation I will set out the factors that have enabled some low and middle income countries in Asia, Africa and Latin America to scale up and sustain comprehensive sexuality education, when so many other countries have been able to do so.

**Keywords:** Support, Opposition, Sexuality education

**Source of Funding:** World Health Organization

**Conflict of Interest and Disclosure Statement:** I am an employee of the WHO. I do not receive any payment in cash or in kind from any sources, apart from WHO

## Gender Dysphoria in Children and Adolescents: Contemporary Clinical Issues

Kenneth Zucker

Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada

This talk will consider several contemporary clinical issues pertaining to children and adolescents diagnosed with gender dysphoria (DSM-5). With regard to children, I will review what we know about long-term psychosexual trajectories with regard to both gender identity and sexual orientation. In this context, I will discuss the various therapeutic approaches designed to reduce gender dysphoria in children (developmentally-informed psychotherapy, watchful waiting, and gender social transition). With regard to adolescents, I will review three new developments: an altered sex ratio of

referred patients, from one favoring birth-assigned males to one favoring birth-assigned females; discourse on suicidality; and “rapid-onset” gender dysphoria (ROGD) as a new developmental pathway. Regarding the last development, I will discuss the contemporary debate as to best-practice issues for the treatment of ROGD.

**Keywords:** gender identity, gender dysphoria, developmental

**Conflict of Interest and Disclosure Statement:** None

## Conducta Sexual Compulsiva: Nuevos Avances Desde La Perspectiva de la CID-11 OMS

Ruben Hernandez-Serrano<sup>a</sup>, Felipe Navarro-Cremades<sup>b</sup> and Aminta Parra-Colmenarez<sup>b</sup>

<sup>a</sup>UTES, UCV, WAS, FLASSEES, Venezuela; <sup>b</sup>Universidad Central de Venezuela, Catedra Medicina Legal, Depto Psiquiatria Forense, Caracas, Venezuela & Universidad Miguel Hernandez, Depto Medicina Clinica, Alicante, España

El Tema de la Hipersexualidad y Conducta Sexual Compulsiva ha cautivado la literatura medica cientifica desde Kraft-Ebing. (1886) y Freud (1896) Numerosas categorías diagnósticas han sido presentadas sin llegar a una definición conceptual que permita su adecuada Clasificación y Abordaje Diagnostico y Terapeutico.

Hipersexualidad (Money 1981), Parafilias (DSM-V APA 685-705, 2013) Adicción Sexual (Carnes 1991), ASI Finkelhor (1990), CSB (Coleman 1992), Goodman (1997). Kafka (1994), Mezzich y Hernandez (WPA, SHEP, 2006) Simonelii et al (2008) entre muchos autores han trabajado y publicado sobre el Tema, particularmente controversial.

La nueva CIE 11 concluye en que debemos sistematizar el area en estudio bajo el término de CSB, lo cual pretende llegar a un consenso.

El problema se agrava cuando numerosas figuras del espectáculo y sacerdotes de la Iglesia Católica aparecen profusamente en los Medios de Comunicación Social generando una avalancha de denuncias, la mayoría de ellas destruyendo carreras exitosas, partiendo de una denuncia que muchas veces no ha sido investigada de manera exhaustiva y cientifica. Si a ello unimos el Movimiento “Me Too”, de importancia mundial tenemos un agravamientos del problema.

Los criterios de tiempo, frecuencia, campo de acción único o multiple y recursos utilizados en el

Tratamiento son básicos para establecer una posición científicamente válida y consensual.

Presentamos esquemáticamente 4 casos clínicos (vignettes) que ilustran lo complejo y variedad del campo, lo cual tiene mucha importancia en el campo de la Psiquiatría Forense y Sexología Médico-Legal.

**Palabras clave:** Parafilias, Sexología Médico-Legal, Adicciones Sexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Turning Love on its Head, an Antidote to Love Confusion!

Sara Nasserzadeh

Consultant, Private Practice, USA

In today's society, love is seen as the prize, the catalyst, the glue, the fire and the force that can conquer all. Love is viewed as something that happens to us and it is followed by an everlasting romantic relationship. This talk involves the account of 312 couples that sought relationship and psychosexual counseling from Dr. Sara Nasserzadeh's at her offices in London, New York City and Palo Alto/San Francisco. It will also look at the detailed account of context analysis for 103 cases amongst the overall couples that were studied. The presentation will start with a group-involved exercise followed by the provision of sociocultural context of the most common issues presented by couples. It then moves on to introducing the themes that emerged from the context analysis of the cases to offer a creative

paradigm and a practical model for clinical work with individuals and couples. Besides the empirical data that was utilized to shape this model, principles of systems thinking and a decade of working with couples across 37 countries are summarized in the examples that will be used to elaborate on the model. This walk through the *Emergent Relationship Model* will be a thought-provoking exploration of love, marriage, intimacy and cultural expectations. To learn more about Dr. Sara Nasserzadeh and her work please visit her website: <http://www.sara-nasserzadeh.com/>

**Keywords:** love, relationships, couples

**Conflict of Interest and Disclosure Statement:** None

## A New Approach to Sensitive, Private Sexual Data Collection Engaging Citizen Scientists: The Kinsey Reporter APP

Julia R. Heiman<sup>a</sup>, Clayton A. Davis<sup>b</sup> and Filippo Menczer<sup>b</sup>

<sup>a</sup>Psychological and Brain Sciences & Kinsey Institute, Indiana University, Bloomington, IN, USA; <sup>b</sup>School of Informatics, Computing, and Engineering; Indiana University, Bloomington, IN, USA

**Introduction & Objectives:** Traditional measures of sexual behaviors rely on surveys with various efforts at probability sampling and diversity inclusion. There remains a value for new tools to document the range of sensitive, risky, and/or possibly stigmatizing behaviors that are under-reported or under queried. Our objective was to build a global mobile survey platform to share, explore, and visualize anonymous data about sex. Anonymity would be prioritized.

**Methods & Sample:** The Kinsey Reporter app ([kinseyreporter.org](http://kinseyreporter.org)) was built (released in 2012, re-released

in 2019) by the technical Informatics team with survey contents provided by Kinsey Institute faculty.

**Results:** To date over 14,000 reports have been submitted on various topics, including Sexual Behavior, Pornography, Flirting and Unwanted Sex. In 2019 the Unwanted Sex survey was replaced by a survey on Sexual Aggression.

**Conclusions:** Kinsey Reporter is a global mobile survey platform to share, explore, and visualize anonymous data about sex. Reports are submitted via smartphone, then visualized on the website or

downloaded for offline analysis. “Citizen sex scientists” submit reports, each consisting of one or more surveys, after participating in or observing sexual activity. Surveys thus far cover topics such as flirting, sexual activity, consumption of pornography, and hormonal birth control side effects, and sexual aggression. Norms and behaviors surrounding these topics vary depending on geography, so location data is crucial. However, the sensitive nature of these topics necessitates that reports be kept anonymous to protect both the participants and the researchers. The current implementation of Kinsey Reporter balances both of these demands by

collecting no personally-identifying details and by anonymizing submission time and location with user-selectable resolution: city, province, or country. Opportunities exist to develop other surveys and translate to non-English languages.

**Keywords:** global mobile survey, data anonymity, sensitive sexual topics

**Source of Funding:** None. Significant support from key departments at Indiana University.

**Conflict of Interest and Disclosure Statement:** None

## Why Women Have Difficulties to Have Orgasms: A Large Scale Qualitative Study

Osmo Kontula

Population Research Institute, Finland

**Introduction:** Previous empirical findings of national sex surveys indicate that women differ greatly from one another in terms of their tendency and capacity to experience orgasms. Some associations between orgasmic capacity and situational, mental and relationship issues have been found. However, much has been left to study with the help of qualitative data that could enable to explain why orgasms are so difficult or so easy to different women.

**Methods:** This qualitative study was conducted in Finland in 2018 via online survey. Respondents were the readers of the leading Finnish newspaper Helsingin Sanomat. They could respond to open ended questions that were based the key results of previous studies. These questions (altogether 14) included for example: What prevent you the most to have orgasm in love making? How do you suppose that having orgasms is either difficult or easy to you? This qualitative survey received responses from 7000 women and 1000 men.

**Results:** There is an evidence that one key issue why so many women have difficulties to have orgasms is

based on their limited ability to concentrate in love making. Their mind can be full of disturbing thoughts and worries. They can't relax enough to experience sexual pleasure. Other reasons for difficulties to have orgasms are, for example, fatigue, low sexual self-esteem, limited stimulation to clitoris and the use of medicaments. Many women had also limited physical sense of touch and stimulation. Some considered sexual incompatibility with their partner.

**Conclusion:** There are a number of explanations for individual tendencies in the tendency and motivation to experience orgasms. Many women considered orgasms to be more important to their partners than to themselves. There is a need promote sexual pleasure and orgasms to women who have difficulties to recognize and acknowledge that sexual pleasure is their self-evident sexual right.

**Keywords:** Orgasm, Sexual pleasure, Qualitative study

**Conflict of Interest and Disclosure Statement:** None

## Orientation Toward Eroticism: A Critically Based Proposition for Sex Therapists

Denise Medico

Department of Sexology, University of Quebec in Montreal (UQÀM), Montreal, Canada

**Introduction and objectives:** In recent years mainstream clinical sexology has been challenged by political enquiries and epistemological critics. In this presentation, we propose a way to actively and positively integrate these political questions into clinical practice by reconsidering the experience clients have of their own eroticism.

**Methods and sample:** Our propositions are based on 20 years of empirical clinical experience and theoretical exploration. Our purpose is to articulate developmental and sexological knowledge with phenomenological and critical theories.

**Findings and discussion:** We propose to conceptualise eroticism as a central part of the agency and as a multidimensional concept articulating at least 4 dimensions: emotional needs, identity affirmation, embodiment and existential anxieties. As a result of a developmental construction and life experiences, the particular way eroticism is experienced and valued by the person is always situated in the experience of the

person's agency confronted to the world. We do not think that eroticism is in itself opposed to emotional or romantic or relational needs, we think that it is a particular way of integrating this fundamental part of being human with the others, in an embodied way. Therefore eroticism is an orientation and an embodied experience, whose purpose is to deal with existential anxieties and better construct a positive sense of agency.

**Recommendations:** Eroticism is proposed to be comparable to a major resilience potential. Orientations toward eroticism seemed to follow some pathways and major themes that are predominant. Clinical examination of eroticism is proposed to be integrated to our work with all clients to favor the psychotherapeutic work focused on the development of sexual agency.

**Keywords:** eroticism, sex therapy, sexual agency

**Conflict of Interest and Disclosure Statement:** None

## How Clitoral Disorders are Researched Historically

Tomoko Saotome

Louis Pasteur Center for Medical Research, Japan

**Introduction:** Clitoris is looking tiny, hidden organ in women's external genitalia. But it is very important for women's body, sexuality, and also it has important role for sexual play with their partners. Nowadays, anatomical and physiological researches reveal much more about clitoris, but there was still unknown reality.

**Objectives:** Papers entitled include 'Clitoris' on database PUBMED were total 2236 papers from the first paper in 1801 to 67 papers in 2018. Mostly published year about clitoris was 88 articles in 2008. Contents tendency are different with era.

**Methods:** We use PUBMED to investigate all of the papers about 'clitoris' and searched 14 additional

categories include clitoris. In the all subcategories and main category papers were total 8059. We excluded animal experiment, duplicated counted papers and no relation with clitoris. We collected papers purely related about clitoris and categorized again what issue was mostly handled and how their trend was shifted with era.

**Results:** First paper was published in 1801 about extraordinary enlargement of the clitoris, and old papers were mainly about tumors or enlargement. Gradually papers about Differentiations Sexual Developments especially about Congenital Adrenal Hyperplasia and pediatric surgery issue were increased. SOGIE issues were delayed increased published in



1990s. In 1990's, the progress of instruments such as ultrasound sonography, vaginal plethysmograph, computed tomography, magnetic resonance imaging was extremely changed researches and outcomes.

**Discussion:** This is a basic work that how clitoris was researched. It is possible that we are still overlooked disorders or uncomfortable condition of clitoral health for women.

**Conclusion:** Clitoral conditions are should be paid more attention by researcher and let ordinary people to care of their clitoris.

## Sexology is a Science

Fernando Bianco

Centro de Investigaciones Psiquiatricas, Psicologicas y Sexologicas de Venezuela, Venezuela

Sexology is a Science, a DISCIPLINE, belongs to the Biological Sciences, a subgroup of the Natural Sciences.

Mainly empirical, its knowledge comes from observable phenomena; have two study areas: Sex and Sexual Function.

The study of Expressive Phenotypical Patterns (Gender Diversity or Sex Diversity) and Sexual Function Patterns (Sexual Behavior, Human Sexuality), is share with the Social Sciences which utilized quantitative and qualitative methodology.

The lack of uniformity related to the definition and concept of Sexology is a **Matter** to address.

Sexology Define: study of Sex. As an organic body has a function; **Operational Definition:** study of Sex and its Function. The understanding of Sex and Sexual Function phenomena allow **Conceptualized Sexology:** study of Sex Development and Sexual Function. Both areas have been approached as a Process, which has phases and factors that determine it. **Operational Conceptualization:** study of Sex Development Process, its physiology and alterations and the Sexual Function Process, its physiology and alteration.

**Sex Development Process:** Programming Phase (chromosomes and genetic cascade Factors),

### Papers:

1. Simmons R. Case of an Extraordinary Enlargement of the Clitoris. *Med Phys J.* Jan;5(23):1-4
2. Buisson O, Fordes P, Paniel BJ. Sonography of the Clitoris. *J Sex Med.* 2008 Feb;5(2):413-7
3. Mazloomdoost D, Pauls RN. A Comprehensive review of the clitoris and its role in female sexual function. *Sex Med Rev.* 2015 Oct;3(4):245-263

**Keywords:** Clitoris, Orgasm, Clitoral disorders

**Conflict of Interest and Disclosure Statement:** None

Differential Phase (hormonal and transcript Factors), Expressive Phenotypical Phase (Factor: interrelation human physiology- sociocultural environment).

#### **Sexual Function Process:**

*Quality:* innate condition, allows activating, maintaining, deactivating or inhibiting sexual activities. known as Sexual Desire. External or Internal factors determine it.

Administration, methods and frequency Factors determine Stimulation Phase; Response phase Factors: anatomo – hormone- neuro- vascular- endothelial and functional.

*Time of Functioning:* interval between Sexual Stimulation onset and the end of Sexual Response, has a direct relation with the ability to control which is the Factor.

#### *Sexology the field, areas:*

Sexual Health, Sexual Rights, Clinical Sexology. Sexuality, Sex Education, Sex Counseling, Gender Diversity, Sex Orientation.

**Keywords:** Sexology, Science, Discipline

**Conflict of Interest and Disclosure Statement:** None

## Sexting Behaviour in Relationships: Risks, Benefits, Satisfaction and Cohabitation Status

Terry Humphreys<sup>a</sup>, Erik Bridle<sup>b</sup> and Tasha Falconer<sup>b</sup>

<sup>a</sup>Trent University, Peterborough, Canada; <sup>b</sup>Trent University, Peterborough, Canada

**Introduction & Objectives:** Sexting, the sending of sexually explicit text, picture or video messages, has received both research and media attention in recent years. Most of this attention has focused on adolescence and the negative implications or outcomes of sexting; however, little research has explored sexting within young adults as a positive experience. This presentation is the culmination of two studies examining potential positive and negative implications of sexting for young adults and adults in relationships (i.e., gratification, relationship quality, communication, satisfaction, trust, unethical forwarding, infidelity). Cohabitation status was also explored.

**Method & Sample:** Study 1 consisted of 487 Canadian university students (Mean age =20.9; Range 17-50). Over 90% of the sample were in a committed relationship (M = 27 months).

Study 2 consisted of 340 Canadian university students and a community sample of 298 individuals from MTurk. The overall sample had a mean age of 28.5 years (range 17-73). Over 85% of the sample were in a committed relationship (M = 5 years).

Both studies utilized online surveys (i.e., Qualtrics) to gather questionnaire data regarding sexting and relationship variables.

**Results:** Sexual gratification, relationship benefits, and sexual communication are related to sexting. Those who sext frequently engage in more safer sex behaviours than those who sext infrequently. Unethical forwarding happen infrequently in the context of intimate relationships. Lastly, some participants are sexting secondary partners, and many consider this behaviour infidelity. Individuals in long-distance relationships were more likely to report recently sexting and engaging in more frequent sexting than those in cohabitation relationships; however, they did not differ in their levels of sexual satisfaction.

**Conclusion & Recommendations:** Assessing benefits as well as costs of sexting and understanding the status of the relationship are critical to a better understanding of sexting behaviour in young adults.

**Keywords:** sexting, young adults, relationship benefits

**Conflict of Interest and Disclosure Statement:** None

## Is there Influence of Age, Number of Children in the Sexual Arousal of Women?

Jaqueline Brendler

FLASSES (Latin American Federation of Societies of Sexology and Sexual Education), Porto Alegre, Brazil & WAS (World Association for Sexual Health), USA

**Objectives:** Identifying which behaviors can be exciting by age group and by number of children aiming to guide women.

**Methods:** Questionnaires were answered online for 2668 heterosexual women. Pearson's chi-square and analysis of adjusted residuals were used. The level of significance was 5% ( $p < 0.005$ ) and research using SPSS 21.0.

**Results:** For women up to 20 years were significant: She is subjected, dominated; She receives some kind of

physical aggression, she is masochist; He asks her to dominate him, to subject him; His body; She watches his pleasure, his arousal; His moaning; her moaning; She performs some physical aggression on him during intercourse. She is sadist. For women over 35 years of age: She performs or fulfill an erotic fantasy; She thinks of an erotic fantasy; She says erotic words; Varying positions; Varying the place of the intercourse; Watching a love or erotic movie; Recalling something erotic or sexual you have done with another person;



Recalling something couple have done and that was very arousing; She wears erotic or sexy underwear; She imagines having sex with another person; He stimulates her anal area; She is sexually active, she does everything she feels like doing; He asks to have anal sex.

Women without children were significant: She focusses on the sex. Getting involved with the coitus; She receives some kind of physical aggression, she is masochist; His body; She watches his pleasure, his arousal; His moaning. For women with two or more

children: She thinks of an erotic fantasy; Varying positions; She imagines having sex with another person; She is sexually active, she does everything she feels like doing.

**Conclusions:** Different behaviors arouse women up to 20 years, compared to those over 35, as well as women without children of those who have two or more children.

**Keywords:** Sexual Arousal, Sexual Behaviors, Women

**Conflict of Interest and Disclosure Statement:** None

## The Psychophysiology of Sexual Arousal: Old Riddles and New Insights

Erick Janssen

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The science of sexual arousal is thriving, empirically and theoretically. Masters and Johnson's famous research on the physiology of sex inspired, in the 1970, the formation of a new scientific field, 'sexual psychophysiology.' This field examines the processes that are responsible for the activation and regulation of sexual arousal, as physically expressed but also as subjectively experienced. Psychophysiological methods are being applied to a broad array of topics, including the role of cognitive processes and the effects of non-sexual emotions on sexual response; the (lack of) connection between genital response and subjective sexual arousal; differences and similarities in sexual responsiveness between sexually functional and dysfunctional individuals; the interaction between sexual arousal as a state and a trait; and the relevance of sexual arousal

to our understanding of sexual orientation, sexual risk taking, sexual aggression, and hypersexuality. I will give an overview of some of the research that is being conducted on these topics (with examples of relevant, intriguing, and counter-intuitive findings), discuss methodological and theoretical challenges, and offer some thoughts and suggestions for future research.

**Keywords:** sexual arousal, genital response, sexual psychophysiology

**Source of Funding:** Some of the work presented in this lecture was or is funded by the National Institutes of Health (NIH), USA, and the Research Council – Flanders (FWO) and KU Leuven, Belgium.

**Conflict of Interest and Disclosure Statement:** None

## Sexual Well Being & Sexual Rights for an Ageing Population

Kevan Wylie

The Sheffield Society for the Study of Sexuality and Relationships (SSSSR), Sheffield, UK

**Introduction & rationale:** The global population continues to rise with the United Nations Prospects (2017) predicting that by 2050 the proportion of the global population aged 60 or over will double to 22% whilst those aged 65 and over is expected to rise threefold to nearly 1.5 billion. The challenges for social and health care are considerable and I have previously proposed that rapid adjustments will have to be made to social policy but that these will not have universal implementation globally for numerous reasons. I shall review progress since our last congress and share further my thoughts on the role that organisations such as WAS with a global reach may influence.

**Action and Population group concerned:** The health consequences of ageing and the impact on relationships, sexual health and sexual function are increasingly recognised as important areas of study and attention. A considerable proportion of older people who want to be sexually active will report that a 'sexually satisfying relationship' is important to them for overall well-being.

**Outcome, Discussion & recommendations:** Public health policies and easy access to therapeutic interventions can have significant and beneficial consequences for the older person (and their partner). Detrimental health indices are not universal with normal ageing but inequity of access to public health and social care services varies extensively leading to potentially devastating effects for both individuals and relationships. Developments during this second decade of the millennium will be considered. Age appropriate education, the need for changes to healthcare services and the development of advocacy including the WAS Declaration of Sexual Rights can each facilitate the betterment of sexual health and intimate relationships for older people and initiatives will be presented for further consideration.

**Keywords:** Ageing, Sexual Rights, Sexual well being

**Conflict of Interest and Disclosure Statement:** None

### SYMPOSIA

#### SY-01

### Addressing Comprehensive Sexuality Education in Latin America and the Caribbean: Contributions from The United Nations Population Fund (UNFPA Symposium)

In recent decades, the countries of Latin America and the Caribbean have had significant achievements in adopting legal frameworks and public policies for the advancement of sexual and reproductive health and rights, and gender equality. While progress in Comprehensive Sexuality Education (CSE) has been limited because of political and cultural resistance, institutional inertia, lack of resources and fragile political will, there is evidence of leadership in some governments and the existence of good practices, which can be scaled up. In this challenging scenario, and within the framework of the 2030 Agenda for Sustainable Development, UNFPA has been a strategic

partner for governments and civil society organizations contributing to the transformations required to realize the right of children and adolescents to live responsible and enriching sexuality and to reach their integral development and well-being.

The objective is to share good practices and achievements in recent years, together with challenges for the future in the context of UNFPA technical assistance to governments, civil society and academia in three key areas: (1) Inclusion of CSE in regional, subregional and national policies and commitments; (2) Design and implementation of school-based and out of school CSE curricula, with training programmes for teachers,

health personnel and in other sectors; (3) Policy dialogue and advocacy strategies based on the best available evidence including findings from evaluations and other studies.

## State of the Art and Challenges of Comprehensive Sexuality Education in Latin America and the Caribbean

Alma Virginia Camacho Hubner

Sexual and Reproductive Health Regional Technical Adviser, United Nations Population Fund, Latin America and the Caribbean Regional Office, Panama City, Panama

UNFPA defines Comprehensive Sexuality Education (CSE) as an approach to sexuality education based on human rights and gender, both inside and outside the school. It is known that CSE supports curricula involving a holistic view of sexuality and sexual behavior which goes beyond a vision focused on the prevention of pregnancy and sexually transmitted diseases. It aims to provide children and young people with knowledge, skills, attitudes, and values that allow them to develop a positive view of sexuality within the context of their emotional and social development.

In Latin America and the Caribbean, UNFPA has been a key actor in this field with important comparative advantages regarding the dialog and negotiation with governments and civil society for the formulation of public policies, laws, plans, and programs. UNFPA provides support to educational reforms to incorporate CSE in the curricula, for the consolidation of partnerships with different sectors, agencies, and organizations, as well as for building national and regional capacity, among other achievements.

**Project/Population and settings, Outcome:** UNFPA educational experiences have been implemented within the framework of the Regional Strategy on Comprehensive Sexuality Education for Latin America and the Caribbean (LAC), including three priorities: (1) Positioning CSE at country level in order to introduce sustainable public policies, including the human and financial resources for implementation; (2) Strengthening quality CSE programs, aligned with international standards and based on human rights, gender equality and respect for diversity; (3) Promoting efforts aimed at reaching the most

**Keywords:** Comprehensive Sexuality Education, Public policies and programmes, Sexual and reproductive health and rights

vulnerable population groups, and deliver relevant out of school CSE interventions fitted to particular needs and contexts.

**Discussion & recommendations:** Over the last years, UNFPA supported several initiatives, systematization of good practices and evidence; selection and training of a regional network of experts; development and validation of knowledge products and tools; implementation of innovative capacity development and technical assistance strategies, particularly through online platforms; meetings, forums and workshops on critical issues (advocacy, policy dialogue, theory of change, monitoring and evaluation), among others.

At present, in almost every country of the region, actions are carried out within the framework of the educational system and non-formal settings and are supported by the Ministries of Education, Health, Women and Human Rights, as well as civil society organizations and other agencies. Nonetheless, unintended pregnancies, insufficient coverage and quality of sexual and reproductive health services including access to contraceptives, gender-based and sexual violence and early marriages and unions, among other problems, are clear indications of the enduring challenges in the protection and promotion of young people's sexual and reproductive rights, including the right to CSE.

**Keywords:** Comprehensive Sexuality Education, Public policies and programmes, Sexual and reproductive health and rights

**Source of Funding:** United Nations Population Fund (UNFPA)

**Conflict of Interest and Disclosure Statement:** None

## Improving School-based and Out of School Comprehensive Sexuality Education Curricula for Adolescents and Young People

Beatriz Castellanos Simons

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**Introduction and objectives:** In 2018, the United Nations Population Fund (UNFPA) commissioned an external evaluation to generate evidence on the relevance, efficiency, effectiveness and sustainability of interventions in Comprehensive Sexuality Education (CSE) implemented in Latin America and the Caribbean, to increase its impacts on the exercise of sexual and reproductive rights of adolescents and young people.

**Method(s) and Sample:** A mixed methods design was used including review of documents, regional survey, interviews with key informants and focus groups. Six case studies were prepared (Colombia, Cuba, Guatemala, Panama, Paraguay, and Venezuela), which expanded the empirical basis for the identification of good practices and lessons learned. The sample consisted of 522 persons, including UNFPA staff, regional experts, national counterparts and beneficiaries of the interventions.

**Findings and discussion:** Important achievements were noted with regard to the inclusion of CSE in policies, commitments, strategies, and programs, together with advances in the design and implementation of CSE curricula and capacity development programs for teachers and health providers involved in out of school

initiatives delivered through the health services for adolescents and young people. However, the evaluation identified weaknesses in the design of the curricula, as well as gaps between the curricula and implementation, as in some cases, they are not delivered, or the delivery lacks quality.

**Recommendations:** Strategic recommendations focus on strengthening CSE political positioning in a context of increasing activism of conservative sectors opposed to CSE. With regards to programming issues, the proposals point towards improving technical assistance and quality support to school-based CSE and out of school programs delivered through the health services and at the community level. In both cases, it is critical to ensure the alignment with international standards, the implementation of activities to assess the student's learning, and the expansion of coverage so that programs reach all adolescents and young people, including the most vulnerable groups.

**Keywords:** Comprehensive Sexuality Education, Public Policies and Programs, Curricula

**Source of Funding:** United Nations Population Fund (UNFPA)

**Conflict of Interest and Disclosure Statement:** None

## Strengthening the Capabilities to Implement Comprehensive Sexuality Education in Complex Contexts

Karina Cimmino and Diego Rossi

Programme of Social Sciences and Health, Facultad Latinoamericana de Ciencias Sociales (FLACSO), Argentina

**Introduction:** By analyzing different capacity building programmes related to CSE (Comprehensive Sexuality Education), it is clear that an innovative and constructive training programme is needed to address current and new social challenges. Since 2016, FLACSO Argentina, in partnership with UNFPA and UNESCO, have established different online educational experiences based on an interdisciplinary, international and culturally diverse team.

**Action and population:** An international online course on CSE was created for education and health professionals from 18 countries in the Latin American Region (approximately 100 students every year.) This course also allows students to continue developing their skills once the course is finished through the Virtual CSI Community of Practice (currently 400 members.) A digital bulletin is issued every quarter and distributed as an open publication. In addition, an

exclusive continuing education platform is available for the UNFPA staff across the Region, in which specific online courses are developed with access to a digital library and a technical assistance program.

**Discussion and recommendations:** Through this diverse online educational strategy, we contribute to increase the skills of the educational and health professionals to implement CSI, and to deal with the challenges they face in every community.

**Supporting literature:** UNFPA LACRO (2016). “Puesta al Día. Educación Integral de la Sexualidad en América Latina”; UNFPA LACRO (2018)

“Sistematización de evidencias científicas sobre la Educación Integral de la Sexualidad; UNESCO, UNFPA, UNICEF, ONUSIDA (2018). International Technical Guidance on Sexuality Education. An evidence-informed approach.

**Keywords:** Comprehensive Sexuality education, Capacity building in CSE, Educational strategy in CSE

**Source of Funding:** United Nations Population Fund (UNFPA)

**Conflict of Interest and Disclosure Statement:** None

## The Case of Peru: Gender-Based Sexuality Education as a Priority Policy

Carmen Murguía

Programme Analyst, United Nations Population Fund, Country Office, Lima, Peru

In 2016, Peru completed the reform of education and the revision of the educational curriculum to strengthen its impact on students' life, including their autonomy, decision making competency and self-care. The incorporation of Comprehensive Sexuality Education (CSE) in the curriculum was key to respond to limitations in its conceptual and pedagogical treatment, call for political support, make the issue visible and reduce the resistance of conservative sectors. It was an opportunity to consolidate gender and human rights approaches thanks to the recognition of international cooperation in its role of evidence-based technical assistance.

**Action and Population group:** An intense process of policy dialogue and technical assistance based on evidence aimed at Ministry of Education (MoE) was launched by UNFPA to incorporate CSE in the curriculum, impacting at political, programmatic and operational levels, involving multiple actors. The process ended with the official approval of the curriculum that includes competencies and knowledge of the exercise of a healthy sexuality. The MoE subsequently went through a judicial process brought by a group of parents against the gender approach in the curriculum.

**Discussion & recommendations:** Technical assistance based on evidence, face to face with officials of the education sector, at national and local level, was highly valuable to clear out false concepts about CSE, sexuality, current legal norms, and to sensitize them to the fundamental role of the school in the protection and respect of adolescents' human rights.

Main recommendations for the future: to support the progressive implementation of the curriculum as planned by the MoE maintaining gender and human rights' approaches as well as CSE as key axes. The training of teachers is key as well as the monitoring and evaluation of CSE implementation.

**Supporting literature:** UNESCO, UNFPA, UNICEF, ONUSIDA (2018). International Technical Guidance on Sexuality Education. An evidence-informed approach.

**Keywords:** advocacy in CSE, Comprehensive sexuality education, public policies in CSE

**Source of Funding:** United Nations Population Fund (UNFPA)

**Conflict of Interest and Disclosure Statement:** None

SY-02

## Sexual Knowledge and Sex Education Across the Globe (SSSS Symposium)

Sexual knowledge and sex education are necessary for optimal sexual health, personal well-being, and pleasure. This symposium, sponsored by the Society for the Scientific Study of Sexuality, or SSSS, will feature four presentations related to sexual knowledge and sex education from across the globe. First, key findings will be presented from the 6th National Survey of Australian Adolescent Sexual Health Knowledge Behaviour and Education. Second, qualitative research with sexuality educators will be presented, highlighting experiences integrating social justice concepts into sexuality

education curricula. Third, researchers will report on a mixed methods study of Back to the Body retreats offered in the USA and abroad, focusing on participants' experience of the hands-on bodywork aspect of the retreats, and the impact of the retreats on their sexual lives. Fourth, and lastly, researchers will highlight the current research and educational efforts to educate college and university students about sexual consent.

**Keywords:** Sex education, Sexual knowledge, Sexual health

### 6th National Survey of Australian Adolescent Sexual Health Knowledge Behaviour and Education: Key Findings

Christopher M. Fisher, Andrea Waling, Paulina Ezer, Rosalind Bellamy, Lucille Kerr, Graham Brown and Jayne Lucke

Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

**Introduction & objectives:** The national survey informs the progress on national strategies to address sexually transmissible infections, including HIV, and the general sexual health and wellbeing of adolescents in Australia. The objective of the 6<sup>th</sup> survey was to measure HIV, STI and BBV knowledge, sexual behaviours (including condom use, partner communication and peer group norms), sexting and cyberbullying, information-seeking, and perceptions of sexuality and relationships education.

**Method(s) & Sample:** Participants were recruited via social media using minimum quota sampling based on two census-based clusters. The 23-minute survey included up to 286 items (depending on skip patterns). A total of 8,263 participants completed the survey filling all minimum quotas. Participants were female (53%) and heterosexual ( $n = 5,959$ , 73.0%) with an average age of 16.26. Data are being analysed using descriptive, univariate and multivariate procedures.

**Results:** Across all factual sexual health knowledge questions, participants gave correct responses 56% of the time with significant deficits in HPV and viral hepatitis knowledge (~30% correct). More than half of

sexually active adolescents (56.9%) used a condom at last sexual event; males were more likely to report use and age was a predictor with older (heterosexually active) participants more likely to be using the pill in a relationship context. Sexting (33%) and cyberbullying (7%) were not pervasive. The majority had received school-based sexuality education (83.6%) but rated it as moderately relevant; a variety of other sources of informal education (e.g., internet, 78.7%) were also reported.

**Conclusions & recommendations:** Adolescents in Australia generally reported average sexual health knowledge, moderate condom use and a diversity of educational experiences. The findings highlight a need for improved knowledge, programs to continue promoting condom use for more than just pregnancy prevention, and development of new strategies to maximise use of the diverse ways adolescents learn about sexual health.

**Keywords:** adolescents, knowledge, behaviours

**Source of Funding:** Commonwealth of Australia Department of Health

**Conflict of Interest and Disclosure Statement:** None



## Teaching the Political: Addressing Social Identity in Sexuality Education

Shadeen Francis

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**Introduction & Objectives:** The field of sexuality education has an expressed commitment to diversity and inclusivity, however much of the materials, content, and teaching methodologies have yet to meet these standards. Teaching, regardless of discipline, is a realm in which lessons are not just described, but modeled. From this lens, inherent to the role as a sex educator is a commitment to advocacy, justice-consciousness, and service. What does this look like in practice? This project explored the challenges and success strategies of sex educators in teaching sexual subjects with sensitivity to issues around privilege, multicultural competence, and intersectionality. It also highlighted the experiences of educators who represented both the teachers and the subjects in this domain by virtue of holding marginalized identities. The primary objective of this project was to provide foundation for teaching frameworks that address the gaps between the those who occupy positions of privilege in the classroom, and those who are underserved due to prejudice and marginalization.

**Methods and Sample:** Ten sex educators based in community and institutional settings were interviewed. The interviews invited the participants to highlight

their experiences integrating social justice concepts into their sexuality education curricula. Transcripts were analyzed to find key themes, barriers, and opportunities.

**Findings:** Experiential learning, challenging microaggressions, early intervention, and explicit modeling were all described as strategies that created attitudes of diversity and inclusion within the classroom. The development of emotional intelligence was also indicated. Their acknowledged barriers are structural and systemic, including racism, elitism, and ableism.

**Discussion and Recommendations:** Justice conscious educators work to create teaching materials and curate learning spaces that reflect a wide variety of experiences. They call for higher accountability from administration to increase funding and structural support for these efforts. Educators of colour further described opportunities for structural changes such as non-exclusionary hiring processes and increased services for students with greater needs.

**Keywords:** sex education, diversity, inclusion

**Conflict of Interest and Disclosure Statement:** None

## Teaching Sexual Consent at the Post-secondary Level

Terry Humphreys

Psychology Dept., Trent University, Peterborough, Ontario, Canada

**Introduction & Objectives:** In the wake of the #MeToo and #TimesUp movements, there is momentum to focus educational efforts on sexual consent as key to reducing rates of sexual assault and coercion. The No Means No campaigns of the 1990's have been replaced by the Consent is Sexy campaigns of today, but have we learned any more about what it takes to effectively teach sexual consent to university and college students? Contrary to many of the prevention campaigns on college/university campuses, sexual consent is conceptually and practically quite complex. The objective of this presentation is to highlight the current research and educational efforts to educate college and university students about sexual consent.

**Approach and Population:** A literature review will be provided that highlights numerous elements that potentially help (and hinder) sexual consent education at the post-secondary level. This presentation will explore the complexities of sexual consent from numerous perspectives including what we know from the research literature, educational/prevention campaigns, primary/secondary school curricula, and international endeavours.

**Findings and Discussion:** Foundational skills critical to effectively enact/negotiate sexual consent will be discussed along with how these skills can be scaffolded developmentally. Interrelated contextual challenges arise from any attempt to teach sexual consent self-efficacy including, a sex-negative culture, sexual ambivalence and

uncertainty, gendered socialization, heterocentrism, and the lack of a comprehensive sexuality knowledge base. The dynamics of young people's current sexual relationships and cultural norms regarding how consent is typically negotiated also need to be considered. On a personal level, individuals also need a clear understanding of their own desires, needs, wants (i.e., pleasure) and the ability to communicate those boundaries to a partner.

Muehlenhard, C., Humphreys, T.P., Jozkowski, K., & Peterson, Z. (2016). The complexities of sexual consent among college students: A conceptual and empirical review. *Journal of Sex Research*, 53, 457–487.

**Keywords:** sexual consent, education/prevention, sexual communication

**Conflict of Interest and Disclosure Statement:** None

## Sexual and Reproductive Health Education Attitudes and Experience in India: How Much Support is There for Comprehensive Sex Education?

Lucia O'Sullivan

Department of Psychology, University of New Brunswick, Fredericton, Canada;

**Introduction & objectives:** India has one of the world's poorest sexual and reproductive health records among adolescents. This includes one of the highest rates of untreated sexually transmitted infections (STIs) (WHO 2012), low rates of STI prevention or contraception use, and early marriage among girls (UNICEF 2018). Sex education is arguably the most controversial issue in education today (Hodžić et al. 2012), including in India, with perhaps no other subject sparking so much debate. Indian sociocultural norms prohibit frank discussion about sex-related matters, especially for girls and women, prescribing instead that such education be left in the hands of parents (Sanneving et al 2013; Nair et al. 2013b; Lambert and Wood 2005). However, the extent to which adults support comprehensive sex education is unknown, as is whether support varies depending on the topics covered and school level at which it is provided.

**Method:** Indian adults (N = 1140) completed anonymous online surveys assessing attitudes and experience in relation to the provision of sexuality education. A subset of these reported on the sex education of their adolescent children.

**Results:** We found widespread support for the provision of sex education to youth in India amongst our largely well educated, middle-class sample. However, most believed sex education should be provided relatively late (i.e. in mid- to late-adolescence). Few opposed sex education altogether and attitudes were not predicted by background, own school-based sex education, or parent-child communication about sex. Of note, a minority endorsed coverage of all topics, indicating that support for truly comprehensive coverage was less strong.

**Conclusions & recommendations:** Sexual and reproductive health programmes must take these findings into account and equip youth with information and services to help improve their sexual health. These programmes must involve parents and other stakeholders in tailoring the curriculum to some extent so as to ensure its successful implementation.

**Keywords:** India, sex education

**Conflict of Interest and Disclosure Statement:** None

SY-03

## Formación en Sexología: Realidades y Desafíos en Tres Países Latinoamericanos (ECIS Symposium)

La Sexología es una ciencia con disparidad histórica en Latinoamérica y en el mundo, sin embargo, diferentes países poseen sus estrategias de formación y capacitación para profesionales interesados. El Cono

Sur latinoamericano particularmente, posee uno de los más antiguos países con trayectoria histórica: Uruguay, así como a uno de los más recientes: Paraguay; pasando por Chile que probablemente sea una experiencia



intermedia entre historia y experiencia. Considerando que la región está fuertemente influenciada por la perspectiva religiosa, la academia y los profesionales de salud se ven permeados por esta influencia o confrontados ante la misma. Desarrollar estrategias de formación y capacitación plantea desafíos que cada país ha sorteado ajustándose a su realidad y al mismo tiempo, estableciendo los lineamientos de rigurosidad científica. También, la colaboración entre los países ha sido importante en cuanto al fortalecimiento regional y

nacional de la Sexología como ciencia y como área que necesita formación integral e interdisciplinaria, para su aplicación por parte de los profesionales interesados. Este simposio presenta las realidades y desafíos en cuanto a formación en Sexología de: Sociedad Uruguaya de Sexología de Uruguay, Escuela Transdisciplinaria de Sexualidad de Chile y Educación, Clínica e Investigación en Sexualidad de Paraguay.

**Palabras clave:** Sexología, Formación, Latinoamerica

## Formación en Sexualidad a Nivel Latinoamericano: La Experiencia de Uruguay

Santiago Cedrés

Sociedad Uruguaya de Sexología, Montevideo, Uruguay

La Sociedad Uruguay de Sexología (SUS) ha realizado la formación en Sexología Clínica en Uruguay desde su fundación el 9 de abril de 1965.

En 1983 ha protagonizado la Creación de Cátedras de Sexología en la Universidad Católica y en el Instituto Superior de Estudios de Psicología a cargo del Dr. Flores Colombino.

Desde su creación la SUS y el Instituto Uruguayo de Capacitación Sexológica (IUCS) han dictado cursos de Sexología Clínica con los requisitos de formación académica y de experiencia en docencia de la FLASSES (Federación Latino Americana de Educación Sexual). En estos cursos se puede ingresar con experiencia suficiente en clínica, con los títulos de psicólogo o médico.

En el 2017, la Universidad de la República Oriental del Uruguay creó la Diplomatura en Medicina Sexual, primer título universitario de la Facultad de Medicina de la República, destinada solo a estudiantes recibidos de médicos.

En el 2018 se creó en Montevideo el primer Servicio Público de Salud Sexual y Reproductiva con perfil docente asistencial, por donde los estudiantes de la SUS realizan pasantías para entregar sus historias clínicas.

Gracias a las políticas públicas en nuestro país en materia de sexología, se han dejado en evidencia la fundamental necesidad de formación en esta disciplina: creación obligatoria de unidades de Servicios de Salud Sexual en todas las Instituciones de Salud en el 2011, Ley de Interrupción Voluntaria del Embarazo 2012, Gratuidad de la Reproducción Humana Asistida de baja complejidad (2013) y la aprobación del Proyecto de Ley Integral para personas Trans en el 2018.

Por todo esto, la formación en Sexología en Uruguay es un emergente y un camino que tiene su recorrido histórico invaluable quedando mucho por hacer.

**Palabras clave:** Sexología, Formación, Uruguay

**Conflicto de interés y declaración de divulgación:** Ninguno

## Realidades y Desafíos de la formación en Sexología en Paraguay

María Rosa Appleyard Biscotti

ECIS – Educación, Clínica e Investigación en Sexualidad, Asunción, Paraguay

Paraguay es un país ubicado en el corazón de Sudamérica y debido a su estratégica ubicación, recibe influencias de toda la región. La ciencia sexológica no ha escapado a esta realidad. Al mismo tiempo, posee

características únicas, como el tener un idioma indígena (Guaraní), además del Español como idiomas oficiales y tener más del 90% de la población de religión católica.

Desde el 2011; ECIS – Educación, Clínica e Investigación en Sexualidad, ha desarrollado programas de capacitación en Sexología con certificaciones intermedias: Escuelas de Verano, Diplomados y Especializaciones, tanto en el área clínica, educacional e investigativa. ECIS forma parte de la FLASSES y de la WAS.

Inicialmente, la entidad pionera de capacitación sexológica en Paraguay fue la Sociedad Paraguaya de Estudios sobre Sexualidad Humana – SPESH ya en el 2010; y actualmente posee una alianza con ECIS que permite a los estudiantes, tener una doble certificación.

En el área oficial, Paraguay posee dos capacitaciones a nivel universitario actualmente en Sexología, uno en la Carrera de Psicología de la Universidad Nacional de Asunción, con el Seminario “Psicología de la Sexualidad” y una cátedra también en la carrera de Psicología de la Universidad Autónoma del Paraguay

## Formación en Sexualidad en Chile

Magdalena Rivera Becker

Escuela Transdisciplinaria de Sexualidad, Santiago de Chile, Chile

La Escuela Transdisciplinaria de Sexualidad comienza a realizar el diplomado desde el año 2016 en Chile, siendo la primera escuela en el país con un posicionamiento claro y consistente desde los Derechos Sexuales como un eje transversal.

Esta formación surge de la necesidad de capacitar a profesionales de la salud y la educación en sexualidad, área en la que suelen estar en déficit debido a que no suelen haber cursos de la materia en los pregrados. El objetivo principal del diplomado está el que los estudiantes sean capaces de realizar actividades de consejería y educación en Sexualidad.

Una de las particularidades de este programa es que realiza combinación entre el activismo y la sexología proveniente de la academia, lo que se refleja en la planta docente, la bibliografía y las metodologías empleadas. Esta inclusión del activismo en la formación no le quita rigurosidad, sino que ha sido los puntos claves para lograr una formación con una ética coherente con los derechos sexuales.

denominada “Intervenciones en Problemas Sexuales y de Pareja”, ambas instancias oficiales, son dictadas por profesionales de ECIS.

Uno de los desafíos es lograr la interdisciplinariedad, incluyendo y capacitando a médicos locales; así como a profesionales de otras áreas. También, enfrentar a políticas de gobierno que incluso prohíben la Educación Sexual Integral desde el nivel secundario e inclusive mencionar la palabra “Género” en cualquier capacitación.

A pesar de las características y los desafíos actuales, la capacitación en Sexología adaptada a su cultura es una realidad en Paraguay, y su continuo desarrollo es resultado no solo de los apoyos y esfuerzos locales sino también de los internacionales.

**Palabras clave:** Sexología, Formación, Paraguay

**Conflicto de interés y declaración de divulgación:** Ninguno

La diversidad de profesiones del alumnado ha sido a la vez un desafío en relación a como abordar las temáticas de manera comprensible y relevante para personas con conocimientos previos dispares, así como también una fuente de enriquecimiento del aprendizaje por la diversidad de experiencias que traen los participantes.

Los estudiantes refieren que esta formación no solo les entrega conocimientos teóricos y herramientas prácticas para el trabajo en sexualidad, sino que también se convierte en un espacio que les permite reflexionar sobre sus propias vivencias en la temática a la vez que tomar más conciencia de las desigualdades y motivarlos a realizar acciones para el cambio.

La recepción de este diplomado ha sido muy buena, completándose los cupos desde la primera versión el 2016 y llegando a abrirse dos secciones paralelas el 2019 debido a la alta demanda.

**Palabras clave:** Sexología, Formación, Chile

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Articulación Regional en el Fortalecimiento de la Capacitación Sexológica

Ariel González Galeano

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La Sexología es una ciencia relativamente joven comparada con otras ciencias. Existen numerosos profesionales autodenominados sexólogos sin formación pertinente en el área y representantes de otras ciencias o el público en general, aún posee dudas respecto al rol profesional y formación académica necesaria para la titulación en Sexología.

La construcción de apoyos locales a veces no alcanza para el fortalecimiento de una ciencia, y es ahí, donde el apoyo regional e internacional cobran vital importancia para empoderar a la Sexología como ciencia clínica, educativa e investigativa.

El intercambio docente entre Paraguay, Chile y Uruguay, así como de otros países; a sido un hito relevante en el desarrollo de la Sexología. Igualmente, es importante destacar instancias como la Federación Latinoamericana de Sociedades de Sexología y Educación Sexual – FLASSES, que con sus congresos bianuales permiten la actualización constante y la búsqueda de mejores prácticas en la capacitación y desarrollo de la Sexología.

Apoyar con clases en Diplomados y disertaciones en Congresos locales y nacionales, entre Sexólogos de diferentes países del Conosur latinoamericano, sin

solicitar retribución monetaria en cuanto a honorarios profesionales; ha sido un antes y un después de las capacitaciones en Sexología.

El intercambio constante de experiencias y mejores estrategias de docencia, ha permitido que la formación en Sexología a nivel regional se fortalezca y se desarrollen nuevas generaciones de profesionales sexólogos de manera constante y no solo por determinados periodos.

El desafío regional es continuar las articulaciones y fortalecer además de instancias nacionales, las regionales e internacionales, ya que no sólo la Sexología como ciencia se verá beneficiada, sino la Salud Sexual de las personas, a través de adecuada capacitación y ejercicio en Sexología.

Una de las bases de la identidad como ciencia de la Sexología es su formación; y la articulación regional es clave en este proceso.

**Palabras clave:** Sexología, Formación, Conosur Latinoamericano

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-04

## Sexuality, Intimacy and Eroticism in Trans and Non-Binary People (WAS Scientific Committee Symposium)

The trans and non-binary experiences of sexuality shed light on the relations between body, subjectivity, gender, desire and pleasure. This symposium intends to engage a dialogue between methods (quantitative, qualitative, clinical) and between empirical research, trans feminist theory, gender studies and sexology.

The trans experience of sexuality exemplifies the contemporary nomadic subjectivity. It also exposes the limit of the classical clinical and/or sexological typologies, which fails to capture the lived, phenomenological experience of gender and eroticism. Gender, like subjectivity, is diffracted through the many possibilities for

the ongoing creation of the self. There is a need to elaborate new categories for describing these experiences and we want to capture and elaborate how these new categories may impact on how we can think sexuality, eroticism and intimacy. Since clinical theories are made to describe a particular relation to the world, we should look at trans experiences of the world to help us work out new theories for sexological interventions.

**Keywords:** Transgender, Non-binary, Sexuality & Relationships

## “Dirty Little Secrets”: On Transphobic Eroticism and the Limits of Intimacy

Talia Bettcher

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**Introduction & Objectives:** Trans people face difficulties negotiating intimacy – sexual or otherwise – in dominant constructions of intimacy and sexuality. For example, many straight-identified men will have sex with trans women “behind closed doors.” And trans women are also subjected to distinctive eroticisms that are not easily assimilated into straight/bi/gay model of sexuality.

The objective is to theoretically illuminate the relationship between the construction of trans people as illusions and the attendant foreclosures of intimacy. While some of the results will be more general, much of the focus will concern relations and sexual interactions between trans women and non-trans men.

**Approach:** Critical Phenomenology, Philosophical analysis and argumentation

**Findings and Discussion:** While Garfinkel proposes *temporal contextualization* to explain what he calls “ceremonial sex transfers,” this presentation defends

the notion of *contextualization in interpersonal space* as more appropriate. Interactions with trans people are “frozen” at a particular interpersonal distance. Any movement closer (or sometimes further away) terminates the “playing along” that others sometimes engage in. A better understanding of the transphobic eroticisms of trans women can be highlighted by turning to “erotic structuralism” – the view the sexual desires have a structure that can typically be understood in terms of the relations among self, activity, and other and that sexual desire involves the eroticization of certain forms of intimacy. In these cases it is argued that “playing along” is restricted to the “erotic content” of the desire alone.

**Keywords:** Transgender, Transphobia, Intimacy

**Source of Funding:** Csula

**Conflict of Interest and Disclosure Statement:** None

## Sexual Excitement and Sexual Attraction in Individuals who Experience Gender Incongruence in Norway

Elsa Mari Almas

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**Objectives:** Sexual excitement and sexual attraction have been made obscure in histories of gender incongruency. One reason has been the ideas among professionals, that genital surgery could be justified by lack of sexual interest among transsexuals. Individuals who experience gender incongruence have become more self-assertive, and more proudly self-aware. Sexual practices multiply, traditional norms are challenged when it comes to gender, attraction, sexual excitement and identities. This study aims at deeper understanding of the paradigmatic change in the views of sexuality and gender.

**Method:** A French questionnaire was translated and culturally adapted to Norwegian, using a forward-backward translation procedure. The survey consisted of 129 items, aimed to register data on gender transition, health, sexuality, gender identification, and discrimination. A total of 538 respondents answered the survey.

Responses around gender identification, sexual excitement and sexual attraction will be statistically analyzed.

**Results:** Sexuality is absolutely necessary or important for 69% of the responders. There are multiple sources of sexual satisfaction. These sources will be analyzed. Generally concerning sex with a partner, both are equally interested in sex, but 29% answer that it is the partner who is most interested. Only 7% respond that they never watch porn. A small percentage (8%) have visited swinger clubs, backroom gay clubs, BDSM- or fetish-clubs.

80% of the responders have had sex with others since about 17,5 years of age. 45% have had sex during the last month. Close to 50% of the responders define themselves outside the gender binary.

**Discussion:** Sexual excitement and sexual attraction will be analyzed and discussed in relation to self-

defined gender identity. Sexual excitement can be experienced separate from sexual attraction, and the concept of sexual orientation must be redefined into an outside the binary model of gender belonging.

**Keywords:** Attraction, Excitement, Identity

**Source of Funding:** University of Agder

**Conflict of Interest and Disclosure Statement:** None

## Sexual Life and Sexual Satisfaction Among Trans Women in France

Alain Giami

INSERM, Paris, France

**Objectives:** Working on the issue of trans and transvestite women is a difficult thing when you are a cis person, that is, with little political legitimacy to study this subject, these people. The risk for the researcher is to be the object of his own fantasies towards the people he studies. In order to reduce the risks of the researcher's subjective involvement, some kind of partnership between the researcher and trans organizations was set up and a questionnaire survey was developed in France.

**Method:** 379 self-administered questionnaires were collected in France between 2009-2011. The questionnaire consisted of 139 closed-ended questions, including a section on sex life, sex of partner, sexual satisfaction, sexual disorders and opinions about sexuality. The results are presented according to self-reported gender identity and compared to the results obtained on the same questions by cis-gender people (men and women) obtained during the French National CSF Survey (2006).

**Results:** The results suggest that trans women overall are more frequently without a sexual partner and have

lower frequency of partnered sexual activity. In addition, trans women report more frequently difficulties with orgasm and pain during sexual intercourse. They are less frequently satisfied with their sex lives and have had more frequently the experience of forced sex. Individuals who have had sexual reassignment surgery have a higher frequency of sexual activity, are more frequently satisfied with their sex life, and report reaching orgasm more frequently. Some of these trans women report more frequently experience of commercial sex, use of pornography and sex in group.

**Discussion:** These apparent contradictions between lower frequency of partnered sex, lower sexual satisfaction and experience alternative sex and sex work will be discussed.

**Keywords:** Transgender, Sexual pleasure and wellbeing, Sex and relationships

**Source of Funding:** INSERM, ANRS

**Conflict of Interest and Disclosure Statement:** None

## Will Non-binary Gender Change our Conception of Sexual and Couple Therapy?

Denise Medico

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**Introduction:** Sexology and couple therapy services should provide adequate care for trans and non-binary people. As our sexological knowledge is almost exclusively based on a binary and hétéronormative conception of gender/sex, questions emerge: is it of any help? Will non-binary gender change our conceptions of sexuality? and therefore sexual therapy?

**Method:** As a first step to build informed practices, we've addressed the question by doing a « critical » review of the literature from 2000 to 2019. The aim was to map out what we know about sexual and intimate relationships, romance and eroticism, for trans and non-binary people, and what sexual and couple therapists have proposed to do.

**Results:** A profound paradigm shift can be observed in scientific and clinical publications since 2010, and even more obvious since 2016: a shift in language and conceptual framework; an increased focus on previously under-studied topics such as transmen, non-binary people, and intimate partner violence; a concern in psychotherapy for social stigma as barrier to self-acceptance and relationships. Despite growing research, trans and non-binary gender remain under-studied and genital sex is still a gold standard for thinking sexuality.

**Discussion:** Current knowledge highlights how sexuality and gender are interrelated. Sexuality is a

cornerstone of the gendered experience of oneself, for identity affirmation, as a factor of embodiment, as a relational determinant. Sexuality is an important factor in well-being for trans people. But, current scientific knowledge on this topic remains partial, and not representative of recent social changes, but new theories are emerging. Sexologists and couple therapists should integrate a non-binary perspective on gender.

**Keywords:** Transgender, Non-binary, Sexology & Couple therapy

**Source of Funding:** Pafarc, UQAM

**Conflict of Interest and Disclosure Statement:** None

SY-05

## Applying Sexual Rights and Social Justice Frameworks to University-based Research and Programming (Symposium of the Widener University Center for Human Sexuality Studies)

The proposed symposium includes three presentations that describe and discuss strategies to center sexual rights in research and education at a university in the United States. The first presentation explores the use of qualitative research methods for community sexual empowerment and to generate research that can be utilized to de-pathologize marginalized communities. The second presentation presents a discussion of researchers' experiences navigating varying and intersecting identities in the implementation of education and research practices, specifically focusing on the ways in

which those experiences can and should shape our practice of research when using a rights and justice approach. The third presentation will describe the process by which the Center for Human Sexuality Studies faculty underwent curriculum revisions and developed new graduate programs to prepare students to work from a social justice perspective in their roles as sexuality educators, therapists, and researchers.

**Keywords:** curriculum, rights, justice

## The Use Grounded Theory as a Tool for Community Sexual Empowerment Among African Americans

Tracie Q. Gilbert

Interdisciplinary Sexuality Research Collaborative, Widener University, Chester, PA, USA

**Introduction & Objectives:** As it stands, there is little-to-no generalist sexological research centering African American voices. Of the works that do exist, many are considerably outdated, limited by shifts in technology, globalization, and generational attitudes (Staples, 1981). African American sexuality is most often problematized within sexological literature, both in concepts examined and theories extrapolated. Combined with

their overall racialized, sociosexual treatment, African Americans are believed to be under a persistent experience of anti-Blackness, linked to grave sexual development outcomes for the population. The purpose of the present work was to address this intersectional gap in literature by establishing speculative, non-pathologizing theory about sexuality among African Americans in the 21<sup>st</sup> Century.



**Methods & Sample:** In the present study, Grounded Theory Method was utilized as a strategy for identifying cognitive structures and schemas involved in African Americans' everyday sexual experiences, including but not limited to those related to race. Specifically, it employed the construct of "sexiness" to identify organizing principles utilized in their normative sexual conceptualization.

**Findings & Discussion:** In total, 95 individuals participated in semi-structured videotaped interviews, representing a wide range of ages, genders, sexual orientations, educational backgrounds, and U.S. regions. Nearly two dozen themes from the data were combined to form the emergent core concepts of Erotic Self, Sexiness (Exuded Being & Sensory Experience), eight Channels of Sexiness, and External

Influences. Evidence for a new sexological model, Black Sexual Epistemology, was also established, built on the metaphor of sexuality as an energetic engineering process.

**Recommendations:** Ultimately, both the data and methodology used in this study establish a standard for how others might produce more empowering, germane and timely sexological discourse. Moreover, it adds empirical evidence to the position that Black sexology matters, and that race should be considered a significant, if not inextricable aspect of sexual understanding for this population.

**Keywords:** African American, empowerment, epistemology

**Conflict of Interest and Disclosure Statement:** None

## A Research Team's Experience of Sharing the Community's Positionality While Developing a Community-Focused Sexuality Education Toolkit

Javontae Williams and Tracie Gilbert

Interdisciplinary Sexuality Research Collaborative, Widener University, Chester, PA, USA

**Introduction & Rationale:** In the US significant disparities exist in HIV incidence across demographic groups. If current trends persist, the Centers for Disease Control and Prevention projects that approximately 1 in 2 Black gay, bisexual, and other men who have sex with men (BGBMSM) will be diagnosed with HIV in their lifetime. Additional research links MSM's HIV risk to a number of other factors including heightened poverty risk, decreased access to health insurance and quality care, and lowered health-seeking behavior fueled by mistrust of providers. Thus, it is clear that standards for HIV care and education have not been effective in responding to this crisis. Such alarming statistics necessitate compelling initiatives that prioritize community's needs and voices. We will describe the development, approach, and outcomes of a community-centered sexuality education program aimed toward addressing these challenges in Baltimore, Maryland and Jackson, Mississippi.

**Methods & Sample:** ViiV Healthcare, Inc. sponsored the *Making Sex Ed Relevant* project – an initiative in which a multicultural professional team created sex

education materials for men living in Jackson and Baltimore. Over 250 men have been engaged in the program's development via focus groups, authoring content, facilitating, and participating.

**Findings & Discussion:** We created a community-based and community-focused online toolkit that houses tools and resources for local implementation. We have had many joys and challenges in this work, where we experience emic positionality with the community. Though some efforts appeared easier to implement than others, the positionality of the research team played a key role in the team's efforts and community's acceptance, lending a benefit to its outcome.

**Recommendations:** Research teams must plan for and conduct process reflection and process management protocol in projects like this. More research and writing is needed to further elaborate best practices and strategies for community-based program development.

**Keywords:** community, programming, positionality

**Source of Funding:** ViiV Healthcare, Inc.

**Conflict of Interest and Disclosure Statement:** None

## Assessing and Revising a University-Based Graduate-Level Program to Prepare Students for a Social Justice and Sexual Rights Approaches to Practice

Justin Sitron and Brooke Wells

Center for Human Sexuality Studies, Widener University, Chester, PA, USA

**Introduction & Objectives:** Widener University has graduated approximately 700 students in sexuality studies in its 20 year history. The fields of human sexuality education, sex therapy, and sexuality research in the US have long histories of aiming to do right while simultaneously marginalizing, oppressing, and infringing on varying population's sexual rights. In order to better prepare graduates for a social justice and sexual rights approach to practice, we conducted a Center-wide assessment and used the collected to make changes in the program. We will provide an overview of the process and share key learnings and changes we made.

**Methods & Sample:** Several methods of assessment were conducted including student and alumni surveys, curriculum content review, graduation, withdrawal and dismissal rates, comprehensive exam data, and held several extended meetings to review the data and consider changes and innovations.

**Findings & Discussion:** Across data points, there were apparent areas of improvement needed in key transition points for students (orientation, practicum application,

comprehensive examinations, and dissertation). Data analysis also revealed that there were disparities among students with regards to their success in the program and their experiences of courses, classmates, and faculty. In the review process, we identified gaps in the content, some areas of redundancy/paucity, and many strengths. As a result of the review process, new courses were added to the programs' foundations courses, some changes were made in where content and skills were taught, and the comprehensive exam process and transition to dissertation stage were changed. The faculty also made the decision to include social justice content and skills more thoroughly in the coursework. The faculty are currently developing a new curricular assessment system to evaluate the new structure and format of the program, and added new program offerings in response to current social, cultural, and political issues.

**Keywords:** graduate, program, assessment

**Conflict of Interest and Disclosure Statement:** None

SY-06

## A Conversation with the World Health Organization (WHO) About Guidelines for Treatment of Sexual Dysfunction: What Exists and What is Needed?

In 2017, to elevate sexual health and improve the understanding of what comprise sexual health services, the WHO released its operational framework on sexual health and its linkages to reproductive health. Eight health intervention areas were described: implemented together, they ensure comprehensive access to sexual and reproductive health (SRH) services for all. Certain SRH areas have traditionally received more attention, resulting in internationally-accepted recommendations in the form of WHO Guidelines. In other areas, including sexual functioning and psychosexual counselling, there are no WHO Guidelines. Instead, international/regional/national professional societies as well as government health agencies have developed their own recommendations to address certain aspects of sexual

functioning. Therefore, as WHO expands its work in sexual health, including sexual functioning, this session will be a discussion on the range of existing guidelines to treat sexual dysfunction/improve sexual functioning; and whether/where there is need for WHO recommendations on sexual dysfunction. Half the symposium will be devoted to a guided and participatory discussion with attendees with the goal of gathering opinions on what WHO's role in addressing sexual dysfunction might be. Prior to the discussion, a scoping review of existing guidelines on sexual dysfunction treatment will be presented, with commentary from a panel of experts.

**Keywords:** sexual dysfunction, guidelines, sexual health

SY-07

## Sexual Orientation and Gender Identity Change Efforts / Esfuerzos para Corregir la Orientación Sexual e Identidad de Género

Research with adults over many years indicates that efforts to change an individual's sexual orientation do not change sexual orientation, but instead contribute to increased risk for mental and physical health problems, including depression and suicide. Since the 1990s in the U.S., this has led health professional associations to adopt policies to prevent such efforts (APA, 2009; SAMHSA, 2015). Increasingly, U.S. states, and some countries have adopted laws to prevent licensed practitioners from sexual orientation change efforts with minors. Research from the Family Acceptance Project found that all efforts to change a child's orientation – including by parents and caregivers – contribute to high levels of depression, suicide attempts, impaired

self-esteem, as well as lower levels of income and education in young adulthood (Ryan, et al., 2018). Yet sexual orientation change efforts persist, and include efforts to change gender identity and expression. These efforts have intensified among many socially and religiously conservative groups, despite documented health risks, testimonies of survivors and increasing public policy proscriptions. This symposium will discuss sexual orientation change efforts and initiatives to promote affirmative development of LGBT young people from the perspective of researchers, mental health providers, parents, youth and advocates

**Keywords:** Ecosig SOGI, Diversidad sexual

## Helping Parents and Families to Affirm – Not Try to Change – a Child's Sexual Orientation, Gender Identity & Expression

Caitlin Ryan

Family Acceptance Project, San Francisco State University, USA

Efforts to change an individual's sexual orientation, gender identity and gender expression are deeply rooted in cultural and religious values and beliefs and are widespread. Research from the Family Acceptance Project has identified more than 100 specific family behaviors that parents and families use to reject or accept their children's LGBT identity and have linked these behaviors with serious health risks and with well-being in young adulthood. This research found that family rejecting behaviors, such as using religion to condemn a youth's sexual orientation or gender identity are linked with high levels of depression, attempted suicide, illegal drug use and HIV. Similarly, family accepting behaviors such as requiring other family members to treat an LGBT child with respect help protect against health risks and promote well-being. Taking a child to a therapist or religious leader to change them is only one of these common rejecting behaviors that parents do to try to help – not hurt – their LGBT children. Moreover, all family rejecting behaviors are motivated by trying to change,

prevent, deny and minimize LGBT identity. LGBT youth whose parents and caregivers try to change their sexual orientation – and who take them to a therapist or religious leader to try to change them – are two and three times more likely to report high levels of depression and to attempt suicide, to have lower self-esteem, substance abuse problems and risky sexual behavior, with lower levels of education and income as young adults. The Family Acceptance Project has developed the first evidence-informed family support model to help diverse families learn to support their LGBT children to reduce risk and promote well-being – in the context of their cultural and religious values. This approach is changing how LGBT children are cared for across systems.

**Keywords:** Sexual orientation change efforts, LGBT children, Parents and families

**Source of Funding:** The California Endowment; Robert Wood Johnson Foundation

**Conflict of Interest and Disclosure Statement:** None

## Esfuerzos para Corregir la Orientación Sexual e Identidad de Género

Ivan Enrique Gomez Tagle Durand

YAAJ TRANSFORMANDO TU VIDA A.C., Mexico

La orientación sexual, la identidad de género y la expresión de género son dimensiones íntimas y privadas de la personalidad y, por tanto, son parte esencial del proyecto de vida de las personas que deben ser salvaguardadas.

Las personas con orientación sexual, expresión o identidad de género no normativa han sido históricamente sujetas a diversos Esfuerzos para Corregir su Orientación Sexual e Identidad de Género (ECOSIG). Privación de la libertad, tortura, violaciones correctivas, terapias de conversión, medicalización de los cuerpos, son algunas de las prácticas ejercidas para reprimir su sexualidad.

Los ECOSIG son prácticas fraudulentas que atentan contra la dignidad, salud física, emocional y desarrollo libre de la personalidad, justificadas por “profesionales” de la salud mental a través de concepciones religiosas que patologizan todo acto sexual que no tenga como fin la procreación, lucrando con el dolor y desinformación de las personas. Sus principales víctimas son niñas, niños y adolescentes.

Pese a todas las recomendaciones internacionales y leyes que hablan sobre el peligro de los ECOSIG y la

garantía de los DDHH de esta población, siguen existiendo estas prácticas bajo el supuesto de que existe una cura a algo que no es enfermedad.

Gracias al trabajo de investigación e incidencia política, Yaaj en conjunto con representantes políticos, academia y organismos autónomos hemos colocado iniciativas de ley para acabar con estas practicas que configuran tratos crueles, inhumanos, degradantes y tortura. En México y el mundo cada vez son mas países que buscan legislar sobre esto, haciendo de nuestra propuesta un referente mundial para incidir estratégicamente y avanzar hacia el reconocimiento de los derechos de la comunidad LGBTTTI+por ello la importancia de estos espacios para dar a conocer el trabajo realizado.

<http://yaajmexico.org/dossier-ecosig/>

<https://www.youtube.com/watch?v=WWs3f64qISQ>

**Palabras clave:** Ecosig, violaciones correctivas, Tortura  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Propuesta Teórico-práctica de Competencias Profesionales Para el Abordaje de la Diversidad Sexual

Tania Esmeralda Rocha Sánchez

Universidad Nacional Autónoma de México, Mexico

Pese a los avances que se han dado en torno a la sexualidad y la diversidad sexual como elementos clave en la vivencia humana y parte inherente de su diversidad y riqueza, prevalece la noción equívoca de que la “homosexualidad” y cualquier expresión, vivencia sexual y de género que trasgrede el modelo cisheteronormativo, constituye una suerte de desvío o comportamiento anormal, que puede ser “corregido”. Así, y contrario a lo esperado, en el marco del ejercicio profesional orientado a la salud y salud mental, prevalecen prácticas “formales” e informales que buscan corregir y cambiar la orientación y/o la identidad de las

personas, incurriendo en acciones violentas y transgresoras de la dignidad y el bienestar de la población LGBTTTIQ+, pero que además constituyen una violación a sus derechos humanos y sexuales. Estas prácticas se basan en prejuicios, desinformación, falta de actualización, así como en la carencia de competencias profesionales acordes a los lineamientos consensuados por la comunidad científica internacional. Como señalan la Asociación Americana de Psicología y la Asociación Americana de Psiquiatría, las prácticas o esfuerzos por corregir la orientación sexual y/o la identidad de género de las personas (ECOSIGS) son

acciones sin fundamento científico, que afectan a las personas LGTBTTIQ y a sus familias, y que ponen en tela de juicio el quehacer profesional. Por lo anterior, se presenta una guía acorde a nuestro contexto, que integra los elementos indispensables para que las y los profesionales de la salud puedan abordar de manera informada, oportuna, ética y responsable desde la práctica terapéutica, investigativa y docente, el tema de la sexualidad y la diversidad sexual. Esta guía se fundamenta en una revisión exhaustiva de la literatura en

torno al tema, las recomendaciones internacionales, datos de investigación y la contextualización de las personas LGTBTTIQ en nuestro país.

**Palabras clave:** despatologización, Guía Profesional, ECOSIG

**Fuente de financiamiento:** YAAJ /ONUDC

**Conflicto de interés y declaración de divulgación:** Ninguno

## Testimonio de una persona sujeta a esfuerzos de corrección de orientación sexual ECOSIG

Erika Jazmin Moreno Venadero

YAAJ TRANSFORMANDO TU VIDA A.C., Mexico

Me llamo Erika Venadero y soy sobreviviente de un ECOSIG, cuando cumplí 15 años empecé a tener muchas dudas sobre mi sexualidad, sin embargo, mi familia nunca fue muy cercana, es así que en mi búsqueda, decidí acercarme a alguien a quien yo le tenía confianza, le conté lo que me pasaba, lo que sentía y él desde su incompreensión, su prejuicio, me propuso ir a un lugar donde supuestamente me podrían dar respuestas.

Cuando llegué todo parecía normal, pasaron cosas que me dolieron mucho, sin embargo el último día, camino a casa, estas personas acercaron primero a todos los demás, pero a mí no, se estacionaron en un lugar oscuro, y ambos hombres se pasaron a la parte de atrás donde me encontraba, ellos se empezaron a turnar, para penetrarme, para violarme, yo solo quería que todo terminara, que me dejarán en paz, me

aventaron agua bendita y me gritaron “Dale Gracias a Dios Porque ya eres MUJER de verdad”, me bajaron de la camioneta, aventaron mis cosas y corrí a casa, solo quería huir, y no regresar.

Por mucho tiempo pensé que había sido mi culpa, que yo me lo había buscado, que lo que me pasó, fue un castigo por ser quien soy, me costó mucho trabajo, comprender que lo que viví no fue algo que yo hubiera buscado, se aprovecharon de mi necesidades de respuesta para lastimarme.

**Palabras clave:** ECOSIG

**Fuente de financiamiento:** YAAJ

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-08

## ICPD@25: Progress and Challenges in Achieving Sexual Health, and Sexual and Reproductive Rights for All (UNFPA Symposium)

Tim Sladden

UNFPA, USA

As we mark 25 years since the International Conference on Population and Development, we may reflect on progress in realization of sexual and reproductive health and rights for all. Whilst there has been progress, significant unmet need remains particularly for marginalized individuals. This symposium will

focus on the ability of people to realize and enjoy their sexual health.

Stigma and discrimination are significant barriers to ending the AIDS epidemic, especially within marginalized populations. Rejection of sexual and reproductive rights by some policy makers and community members

is one way this stigma and discrimination is manifest, and it occurs in many forms. In some countries, adolescent girls and young women have no say in their reproductive lives – e.g. on choice of marriage partner, childbearing and birth spacing. Female genital mutilation is still practiced in some countries. Many young people cannot access SRH services or sexuality education. People with non-binary gender identities or of diverse sexual orientation are often criminalized, as is sex work. People with disabilities are often treated as

asexual beings, denying their sexual and reproductive rights and needs.

Symposium panelists will examine opportunities for promoting and protecting sexual health within broader ICPD, universal health coverage and development frameworks.

**Keywords:** International Conference on Population and Development (ICPD), Sexual and reproductive health and rights

## Sexual Health, Sexual Rights and Sexual Pleasure – the Essential Triangle

Sofia Gruskin<sup>a</sup> and Eszter Kismödi<sup>b</sup>

<sup>a</sup>Institute on Inequalities in Global Health, University of Southern California, Los Angeles, USA; <sup>b</sup>Chief Executive, Sexual and Reproductive Health Matters, London, UK

To improve sexual and reproductive health, even in charged political contexts, necessitates going beyond biomedical approaches, and requires meaningfully addressing sexuality, sexual rights and sexual pleasure within broader sexual and reproductive health and rights (SRHR), public health and development agendas.

Since the Cairo and Beijing commitments, the reality within countries and at the global level has been a siloed approach focusing on reproductive health (and at times reproductive rights), ignoring an increased and comprehensive understanding and integration of sexuality, sexual health and sexual rights within policy, programme development and service delivery, and for addressing the underlying social determinants of health.

A world where positive intersections between sexual health, sexual rights and sexual pleasure are reinforced in law, in programming and in advocacy, can strengthen health, wellbeing and the lived experience of people, especially the most vulnerable, including adolescents, LGBTI populations, those affected by crisis, sex workers, people living with disability. This requires a clear understanding of what interconnection of these concepts means in practice, as well as conceptual, personal and systemic approaches that fully recognise and address the harms inflicted on people's lives when these interactions are not fully taken into account.

**Keywords:** Sexual health, Sexual rights, Sexual pleasure  
**Conflict of Interest and Disclosure Statement:** None

## Advancing the Triangle of Sexual Health, Sexual Rights and Sexual Pleasure in the SRHR and LGBTQ Youth Movements

Antón Castellanos-Usigli<sup>a,b</sup>

<sup>a</sup>Wyckoff Heights Medical Center, Brooklyn, USA; <sup>b</sup>Global Advisory Board for Sexual Health and Wellbeing, London, UK

**Introduction & rationale:** In 2016, the Global Advisory Board for Sexual Health and Wellbeing (GAB) put forward the concept of the “triangle approach” to meaningfully address the links between sexual health, sexual rights and sexual pleasure across public health programs, training, education, advocacy,

policy and research. This responds to the risk-focused approach that has historically dominated the provision of sexual health care. The GAB recently published a review article in *Sexual and Reproductive Health Matters* outlining this approach and in 2018 it released a toolkit to train future health care providers



in delivering sexual and reproductive health services with the triangle approach, entitled “Sexual Pleasure: The forgotten link in sexual and reproductive health and rights”.

**Population and settings:** This presentation will focus on the perspectives of youth leaders involved in the SRHR and LGBTQ movements about the implementation of the triangle approach in their own work.

**Outcome:** Testimonies will be presented from youth leaders belonging to organizations such as: Planned Parenthood, the Youth Coalition for Sexual and Reproductive Rights, the International Lesbian, Gay, Bisexual, Trans and Intersex Association, AIDS Healthcare Foundation, among others.

**Discussion and recommendations:** Based on the findings of these interviews, implications for the implementation of the “triangle approach” in policy, health care

and education will be discussed, with the aim of improving young people’s sexual health and wellbeing.

**Conflict of Interest and Disclosure Statement:** None

## References

- Global Advisory Board for Sexual Health and Wellbeing. Sexual Pleasure: The Forgotten Link in Sexual and Reproductive Health and Rights – Training Toolkit. 2018 [accessed 2019 May 13]. Available from <https://bit.ly/2XNOY3a>
- Gruskin S, Yadav V, Castellanos-Usigli A, et al. Sexual health, sexual rights and sexual pleasure: meaningfully engaging the perfect triangle. *Sexual and Reproductive Health Matters*. 2019; 27(1): 1593787

**Keywords:** Triangle approach, LGBTQI people, Young people

## Criminalization and Negation of Trans Sexualities

Alexandra Rodrigues De Ruiz

Board of Directors, IRGT, A Global Network of Transwomen and HIV, USA

We have been told that being trans is a disagreement between the gender assigned at birth and the gender that a person feels is their own. To many people in society, being trans remains a pathology, and trans people and their bodies continue to be criminalized in many countries. But trans people are mobilizing to claim the right to be accepted as part of society. The struggle trans people face is continuous – campaigning for the right to express their own gender and sexuality just like everyone else who are considered “normal”.

Sarah Seton, author, doctor and self identified transsexual, tells us: “Transsexuals and other sexual minorities are made to dress the shame of our insecure society about gender identity and sexual preferences; they are expelled out into the emotional deserts to die of alienation and loneliness, to atone for the boredom of society itself.”

These words come from a trans person who has lived through the experience of being considered “abnormal” in this “normative” society, that continually debases and discriminates against what is considered to be a sexual deviation.

This presentation will explore the way sexual health rights for transgender people are being denied by a criminalizing system and a normative society. It will show how – through activism – trans movements are giving visibility to this issue, fighting against discrimination and trying to find solutions to promote a more inclusive society, where trans people can have better sexual health and live better lives.

**Keywords:** Trans, gender and sexuality, Sexual health and rights

**Conflict of Interest and Disclosure Statement:** None

## Sexuality and Disability: The Missing Discourse of Pleasure-Fast Forward 20 Years

Mitchell S. Tepper

Founder and President, The Sexual Health Network, Inc., Atlanta, GA, USA

In the realm of sexuality and disability there is public discourse on deviance and inappropriate behavior, abuse and victimization, asexuality, gender and orientation with regard to women, and reproductive issues in women and men. However, there seems to be a missing discourse of pleasure. Since publishing these sentiments in the ground-breaking paper, **Sexuality and Disability: The Missing Discourse of Pleasure** (2000), there has been increased academic interest in this topic as evidenced by the 159 other papers that have referenced it since. Unfortunately, the sexual rights of people with disabilities are still lagging behind other marginalized group, despite that we represent 15% of

the global population. That is over 1 billion of us. This talk will review where we were 20 years ago, reinforce why sexual pleasure is important to quality of life, point out a few of the consequences of not including a discourse of pleasure, share some of my research on sexual pleasure in people with spinal cord injury (SCI), and make a plea for inclusion of people with disabilities and sexual pleasure in all future sexual and reproductive health and rights initiatives.

**Keywords:** Sexuality, Disability, Rights, Pleasure

**Conflict of Interest and Disclosure Statement:** None

## When Sex Workers and Health Care Professionals Team Up

Minerva Valenzuela

Ladelcabaret, Mexico City, Mexico

Very occasionally, sex workers have the opportunity to attend forums where we are discussed. We are generally talked about – not with – regarding several issues: our health, our morals, our risk to others and how we should live our lives.

This lack of inclusion has made us generate alternative ways to access our rights, and specifically for us to look after ourselves without being scolded, stigmatized or vilified as objects of study.

One way we access health services is to conceal that we are sex workers. Sometimes this works and sometimes not, but this concealment should not be necessary.

Another way has been for sex workers to generate our own information materials, such as Scarlet Alliance's STI manual (Australia), Redtralsex's Good practice guide for health workers (Latin America), Street Brigade materials (Mexico), or Durbar Mahila Samanwaya Committee publications (India).

But best is when sex workers and health providers work together to develop joint strategies. This only works when sex workers are respected as partners, as experts about ourselves, and treated as complete people, not just sexual organs.

Sex workers are always being told: go to the clinics, go to the doctor, pay attention to what they tell you. But health care personnel also need to be told: go to the sex workers, pay attention to what they tell you.

So let us pay attention to both sides. Health professionals are key, respected members of society – and can influence and change how the rest of society looks at us. Once this is resolved, it will be easier to progress the conversation to talk about rights, justice, and even pleasure.

**Keywords:** Sex work, Partnership

**Conflict of Interest and Disclosure Statement:** None

SY-09

## When Man Says No. How to Improve Sexual Desire? (FLASSES Symposium)

The mainly western culture has spread that sexual initiative and the demonstration of sexual desire as part of the masculine universe. With the sexual revolution women are also claiming this role, and as women have more sexual experience, men are admitting they are suffering from sexual desire disorder. The number of consultations for decreased sexual desire has recently increased in the sexological care. As it has a multidisciplinary nature involving organic ((diseases, hormonal

changes, side effects of medicines, sexual dysfunctions, etc), psychocultural factors in the etiology, also involving the sexual partner, in the treatment and as these topics are not so well known in its depth by the clinical sexologists, we thinking in discuss all aspects during a Symposium.

**Keywords:** Sexual desire disorder, Men, Treatment

## When Man Says No: Biological Etiologies

Santiago Cedrés

FLASSES (Latin American Federation of Societies of Sexology and Sexual Education), Brazil; Uruguayan Society of Sexology, Uruguay

**Introduction:** When there is decreased sexual desire is important also to think about biological factors like hormonal changes, diseases and side effects of medicines.

**Methods:** literature review of biological etiologies that may contribute to disorders of sexual desire.

**Findings & Discussion:** Data suggests that about 25% of men aged 40–80 years or 16 to 59 respectively have experienced desire dysfunction. Prevalence for older men is approximately 41%. Low sexual desire may be present in men with sexual difficulties, especially those with erectile dysfunction. Hormonal factors are often implicated in low sexual desire. Low testosterone levels have been associated with low levels of sexual interest. Hypogonadism or Androgen Deficiency of Aging Male (ADAM) course with diminished functional activity of the gonads, may account for the relationship between aging and low sexual interest. Hyperprolactinemia, and hypothyroidism have also been associated with low sexual desire in men. Certain medications, like SSRIs and SNRIs, have been linked to low sexual interest in men. Atypical antidepressants

may have lower incidence of reduced sexual desire. Neurological disorders and other inflammatory medical conditions (bowel disease, Crohn's disease, and ulcerative colitis) are associated with low sexual desire. However, decreased desire may result from the medications used to treat these conditions. Coronary disease, heart failure, renal failure, and HIV have also been associated with low sexual interest in men. It remains unclear if decreases in desire are due to the conditions themselves, the medications used to treat the conditions, or the psychosocial stressors that often accompany them.

**Recommendations:** Health professionals who intend to treat men with diminished sexual desire should be knowledgeable of biological etiologies as well as of psychosociocultural causes. The man must be seen in an integral context so that his sexual health is restored.

**Keywords:** Organic etiologies, Men, Decreased sexual desire

**Conflict of Interest and Disclosure Statement:** None

## When Man Says No: Psychocultural Etiologies

Stuart Oblitas Ramirez

FLASSES (Latin American Federation of Societies of Sexology and Sexual Education), Brazil. Peruvian Association of Sexology and Sexual Education, Peru

**Introduction:** As current women have sexual experience men are not more to deny that they suffer from Hypoactive Sexual Desire Disorder (HSDD) and seek expert help.

**Methods:** A study was done about current publications on HSDD in men.

**Findings & Discussion:** Low sexual desire can be due, to negative feelings such as boredom, grind routine, lack of attraction among the couple, feelings of frustration and mild anxiety, lack of satisfaction with the relationship or partner, excessive work / professional activity (stress), fear of sex due to traumatic experiences, anxiety born of other sexual problems in the relationship. Regarding individual psychosocial causes, we find: the educational context (absence of information on sexuality, transmission of sexual taboos), the family context: parental and family weaknesses, conflicts. Sexual traumas. Cultural issues: Western culture teaches men and women, from childhood, that it is a part of manhood/virility and of being a man to demonstrate sexual desire and feel it. Then

there is the charge of the man and the woman about the man taking the sexual initiative. Other causes: stress in everyday life, the presence of a mild anxious state. According to the clinical experience and research, mild anxiety and stress are the bases of the disorder, they have highlighted the anger, as underlying elements in the absence of desire. Studies mention “cognitive distractions” and “absence of erotic thoughts” within the sexual context. Erectile dysfunction is the main sexual problem that in research leads to low sexual desire, although it may originate from other sexual problems. The emotional reactions that accompany anxiety are those as resentment or guilt, thus establishing a vicious circle: resentment – inhibition of desire – resentment.

**Recommendations:** Sexologists should be aware of the new publications on low sexual desire in men as it is a multifactorial and complex theme.

**Keywords:** Etiologies, Hypoactive sexual desire., Psychocultural

**Conflict of Interest and Disclosure Statement:** None

## When Man Says No: Treatment with Psychotherapeutic Techniques

Felipe Hurtado Murillo

FLASSES (Latin American Federation of Societies of Sexology and Sexual Education), Brazil. Spanish Society of Specialists in Sexology, Spain

**Introduction:** There is an increase in men who admit they are suffering from Hypoactive Sexual Desire Disorder (HSDD) or low desire and seek treatment, after excluding organic etiologies or for a joint treatment in the case of mixed etiologies.

**Methods:** We reviewed the publications on techniques that can improve sexual desire in men.

**Findings & Discussion:** The choice of techniques is based on the etiology of emotional and cultural factors and involves the cognitive behavioral line and techniques of sexual therapy and it is challenging because the nature of desire is multifactorial. It may be necessary to perform individual or couple therapy because each situation is unique. The main techniques are listed :1)

Myths and beliefs involving the masculine universe and sexual desire will be solved by techniques of cognitive restructuring; 2) Misconceptions involving the sexual response will be clarified by sex education and maybe cognitive restructuring techniques; 3) To identify what triggered desire in the past; 4) Search for new types of erotic material that may be aphrodisiacs (like video, photos, etc.); 5) To create sexual fantasies with material that has erotic potential; 6) Thinking about erotic fantasies and erotic material instead of thinking about sexual performance charges. 7) Alone allow yourself to have erotic sensations with your own body; 8) Guide the Focusing of the Sensations grade I and II with the sexual partner. This technique is applied together with

forbidden intercourse, so we seek to improve erotic experiences while reducing anxiety and inhibition about sexual activity, in order to reactivate sexual desire.

**Recommendations:** Adapt to realistic bases the treatment of Hypoactive Sexual Desire Disorder

(HSDD) by challenging the machismo culture, internalized aspects of sexuality and relationship conflicts.

**Keywords:** Hypoactive Sexual Desire Disorder, Men, Psychotherapeutic techniques

**Conflict of Interest and Disclosure Statement:** None

## When Man Says No: What Medications are Indicated?

Rosa Luisa Acuña Rendón

FLASSES (Latin American Federation of Societies of Sexology and Sexual Education), Brazil. Mexican Federation of Sexual Education and Sexology, Mexico

**Introduction:** The organic etiologies of decreased male sexual desire should be treated with medications.

**Methods:** Review of literature on medications was performed.

**Findings & Discussion:** Adults with established testosterone deficiency may benefit from replacement therapy. Treatment slows the course of osteopenia, muscle loss, vasomotor instability, loss of libido, depression, and occasionally erectile dysfunction. Options for replacement therapy include: 1) Testosterone gel; 2) Transdermal axillary solution; 3) A buccal mucosal lozenge; 4) Transdermal testosterone patch; 5) A nasal formulation (Spray); 6) Subcutaneous testosterone implants; 7) IM testosterone enanthate or cypionate; 8) IM testosterone undecanoate. Six months of daily treatment with Vardenafil improves parameters of endothelial inflammation and of hypogonadism in male patients with type 2 diabetes and erectile dysfunction (ED).

Several clinical studies have shown that combination treatment with sildenafil and testosterone was effective in male patients with the following comorbid conditions: bone marrow transplantation (BMT) and clinical features of hypogonadism, ED, diminished libido, and ejaculatory disorders; renal disease, ED, reproductive

abnormalities, and cavernosal arterial insufficiency; hypogonadism and ED that was unresponsive to sildenafil monotherapy; type 2 diabetes, and ED that was unresponsive to sildenafil monotherapy; hypogonadism and ED that did not improve satisfactorily with testosterone monotherapy; low-normal serum testosterone levels and ED that was unresponsive to sildenafil monotherapy; and symptoms of partial androgen deficiency in aging men (PADAM) and ED. Hypogonadal men with ED and on hemodialysis demonstrated that the combination of sildenafil plus erythropoietin improved erection. For men suffer from hyperprolactinemia one option is cabergoline. Treatment must also focus on resolving the different causes of decreased sexual desire such as during taking medication (antidepressants, diuretics, antiretrovirals, antipsychotics, etc.) liver cirrhosis, morbid obesity, kidney failure.

**Recommendations:** The sexologist must be up to date on the best remedies to treat all etiologies that lead to decreased sexual desire.

**Keywords:** Decreased sexual desire, Medicines, Organic Etiologies

**Conflict of Interest and Disclosure Statement:** None

## When Man Says No: The Role of Woman

Silvana Valente

FLASSES (Latin American Federation of Societies of Sexology and Sexual Education), Brazil. Society Argentina Sexuality Human, Argentina

**Introduction:** The role of the woman is important in the rescue of man's sexual desire especially when the etiology is not biological.

**Methods:** Reviewed the latest research published in scientific journals.

**Findings & Discussion:** Male sexual socialization is based on the belief that they have an autonomous sexual response; learning that desire, arousal and orgasm are easy and instinctive; and they always have to be ready for sex independent of woman experience and participation. When a man does not motivate or desire to have sex, woman worries about it and mostly increases the sexual demand and pressure on your partner, including threatening to end the relationship by not feeling wanted or even love. Including intimacy and erotism into a relationship is increasingly important in the interaction of the couple. Feeling comfortable, sharing nondemand pleasuring, maintaining positive and realistic sexual expectations, instead of emphasizes frequency and performance value intimacy. The women who are partner of these men are disoriented in front of a socially different approach. Therefore, they must be included in therapy and

sustained in the learning and development of new beliefs; because they expect that man always have the sexual initiative. Re learning sexuality, emphasis on the meaning and role of sexuality as intimate, interactive, flexible and variable experience. Incorporating erotic techniques, realistic sexual expectations and no performances pressure. Facilitates sexual satisfaction and prevent sexual avoidance. Reinforce the importance that she has in the change of sexual attitude of her partner, incorporating healthy attitudes, specific readings, creativity and proposal of operational sexual resources. That the woman gets involved in the solution of the problem is fundamental to overcome the disorder of desire.

**Recommendations:** Although many men wish to have treatment alone, when a sexual partner exists the sexologist should encourage women's participation, especially when the etiology is psychosociocultural.

**Keywords:** Woman, Couple, Hypoactive Sexual Desire Disorder

**Conflict of Interest and Disclosure Statement:** None

## When Man Says No: Controversies and Contraindications in the Treatment

Jaqueline Brendler

FLASSES (Latin American Federation of Societies of Sexology and Sexual Education), Brazil. Brazilian Society for Studies in Human Sexuality, Brazil

**Introduction:** to discuss the controversies and contraindications in the treatment of Sexual Desire Disorder in men that involving organic and psychocultural factors.

**Methods:** We reviewed the published literature involving testosterone and psychotherapeutic techniques.

**Findings & Discussion:** The best method for dosing testosterone is controversial, being recommended the Calculated Free or Bioavailable Testosterone (TLC). Always the benefits of testosterone treatment should be weighed against possible damage and these should be

clarified. Testosterone should not be prescribed if there is desire for fertility, in these patients we can use clomiphene, HCG and aromatase inhibitors. Absolute contraindications for testosterone using are presumed or confirmed breast cancer and suspected or confirmed prostate cancer. Relative contraindications: congestive heart failure, erythrocytosis / polycythemia, severe sleep apnea, gynecomastia, severe obstructive symptoms of the lower urinary tract resulting from prostatic hyperplasia. There are controversies and there are absolute and relative contraindications to the use of testosterone The desire is multifactorial, while each man is unique



about what promotes his sex drive, we know that many men have the sexual desire triggered by vision, so besides the techniques of the Behavioral Cognitive Line which includes Sexual Therapy are important techniques: 1) To discuss machismo in the culture that preaches the demonstration of sexual desire as a symbol of virility ; 2) Identify and work on sexual fantasies; 3) Reestablish sexual inciters ; 4) Male Sexual Menu Technique : To erotize the mind thinking about sexual images and fantasies (3x a day) and using it during intercourse, replacing the “lack of erotic thoughts”. 5)

During intercourse prohibited technique can be prescribed Focus of Sensations I and then the II.

**Recommendations:** More studies are needed to evaluate testosterone safety and also the effectiveness of psychotherapeutic techniques, but techniques that use the sex-specific male inciters have a chance of being effective.

**Keywords:** Male Sexual Desire Disorder, Contraindications, Controversies

**Conflict of Interest and Disclosure Statement:** None

## SY-10

### Prevention of Sexual Violence (Symposium of the Sexual Rights Committee of WAS)

The Sexual Rights Committee of WAS presents talks and a panel discussion about prevention of sexual violence and harassment. The perspectives range from treatment of potential offenders to cultural structures sustaining abusive behavior and violence.

**Introduction:** Protection of Sexual Autonomy and Bodily Integrity are Fundamental Rights: Tommi PAALANEN

- Child Brides and Cultural Injustice: Faysal EL-KAK

- Work against Sexual Violence in India : Dr. KAMARAJ
- Amending the Laws on Sexual Violence in Japan: Yuko HIGASHI
- Shifting Focus on Potential Offenders: Sex Ed and Therapy as Means of Prevention: Tommi PAALANEN

**Keywords:** sexual rights, sexual violence, prevention

## SY-11

### ¿Es Posible Reducir el Embarazo no Planificado en la Adolescencia? Experiencias Exitosas en el Cono-sur (Argentina, Chile y Uruguay) / Is It Possible to Reduce Unplanned Pregnancy in Adolescents? Successful Experiences In South Cone. (Argentina, Chile and Uruguay) (OPS Symposium)

The objective of the symposium it is to share the lessons learned in the implementation of the public policies, that in the south cone of America were successful in the reduction of the teen pregnancy rate. The integration of Comprehensive sexuality education and provision of the Long acting reversible contraceptive methods it is a very powerful combination that will be

evaluated by the panellists. A global and regional perspective will be the framework that will allow to discuss the common ground and next steps.

**Keywords:** teen pregnancy, modern contraception, comprehensive sexuality education

## Introduction to the Global Perspective of Adolescent Pregnancy Prevention

Venkatraman Chandra-Mouli

World Health Organisation, WHO, Geneva, Switzerland

**Introduction:** The current rate of 44 births per 1000 women aged 15–19 is down from 65 in 1990–1995, although progress has been uneven (United Nations Department of Economic and Social Affairs, 2015, 2017, 2018). Impoverished, poorly educated, rural girls everywhere are more likely to become pregnant than wealthier, urban, educated ones.

**Population:** For some adolescent pregnancy are planned and wanted, within or outside marriage. For many, they are not and result from unplanned, sporadic or coerced sex. Many sexually active girls are unaware of contraception, do not want to use it, or do not able obtain it. When they try to get and use contraception, they may face restrictive laws or disapproving health workers and/or partner resistance. 3.9 million unsafe abortions occur annually, with serious consequences. Early childbearing also increases risks for newborns, including low birthweight, pre-term birth and severe neonatal conditions. Unmarried pregnant adolescents may face stigma or rejection and adolescent mothers are more likely than older mothers to experience intimate partner violence. Evidence suggest

that young adolescent mothers who experience perinatal depression or are in difficult social situations may experience difficulties in securely attaching with, caring for and nurturing their babies and children. Finally, early pregnancy often leads to school dropout, reduces employment opportunities, and perpetuates cycles of poverty.

**Recommendations:** Adolescent pregnancy is a global public health challenge. Most births to adolescents – 95% – occur in developing countries, where an estimated 21 million girls aged 15–19 became pregnant in 2016, of whom 12 million gave birth. In those countries, an estimated 2.5 million girls under 16 give birth every year. In this symposium we will analyze the positive examples of the south cone of America where adolescent pregnancy rate was reduced substantially.

Ref: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5512880/>

**Keywords:** adolescent, pregnancy, public policies

**Source of Funding:** WHO

**Conflict of Interest and Disclosure Statement:** None

## EL Enfoque del Embarazo no Planificado en la Adolescencia en la Región de América Latina y el Caribe

Sonja Caffé

Coordinadora del Area de Salud del Adolescente en la Organización Panamericana de la Salud en Washington DC, Estados Unidos

**Introducción:** La tasa de fecundidad total ha ido disminuyendo en América Latina y el Caribe a lo largo de los treinta últimos años, la tasa de fecundidad en adolescentes solo ha disminuido ligeramente durante ese período y sigue siendo la segunda más alta del mundo, solo superada por la del África subsahariana.

**Población:** El embarazo precoz afecta profundamente la trayectoria de salud de las adolescentes, obstaculiza su desarrollo psicosocial y se asocia con resultados deficientes en materia de salud y mayor riesgo de morbilidad y mortalidad maternas. En LAC la probabilidad de empezar a concebir hijos es hasta cuatro veces mayor en las adolescentes que no han

recibido educación o han recibido solo educación primaria. Cubrir la necesidad insatisfecha de anticonceptivos modernos en las adolescentes de 15 a 19 años permitiría evitar cada año 2,1 millones de nacimientos no planificados; 3,2 millones de abortos y 5 600 muertes maternas

### Recomendaciones:

1. Aumentar la visibilidad del embarazo en la adolescencia, sus factores determinantes y consecuencias, así como a los grupos más afectados, mediante datos desglosados, informes cualitativos e historias reales.

2. Diseñar intervenciones dirigidas a los grupos más vulnerables, para garantizar que los enfoques se

adapten a su realidad y aborden sus desafíos específicos.

3. Involucrar y asegurar que la población adolescente participe y forme parte activa del diseño, ejecución y seguimiento de las intervenciones estratégicas.

4. Abandonar las intervenciones ineficaces e invertir los recursos en aplicar las intervenciones de eficacia demostrada.

5. Fortalecer la colaboración intersectorial para abordar de modo eficaz los factores determinantes del embarazo en adolescentes en América Latina y el Caribe.

6. Pasar de pequeños proyectos minoritarios a programas sostenibles en gran escala.

7. Crear un entorno favorable para la igualdad entre sexos y la salud y los derechos sexuales y reproductivos de las adolescentes

**Palabras clave:** embarazo adolescente, política pública, recomendaciones

**Fuente de financiamiento:** Organización Panamericana de la Salud

**Conflicto de interés y declaración de divulgación:** Ninguno

## Reducción del Embarazo no Planificado en Adolescentes, el Caso de Argentina

Gabriela Perrotta

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**Introducción:** Argentina muestra una tasa de fertilidad en adolescentes que en los últimos años ha descendido gracias a la implementación de políticas públicas de alto impacto, en esta presentación se analizarán las lecciones aprendidas fortalezas y debilidades de este éxito. El implante subdérmico ampliamente aceptado con una tasa de discontinuación es del 13.1%, oscilando entre 2% y 16% entre regiones del país. Es menor entre mujeres entre 15-19 años (del 11%) que entre mujeres de 20 a 24 años (15%).

**Población y Resultados:** De acuerdo con el modelo multivariado utilizado, una mujer joven adulta que trabaja tiene más probabilidad de retirarse el implante. También el modelo muestra que hay más probabilidad de retiro del implante en mujeres nulíparas que en mujeres con partos. Los altos niveles de satisfacción en comodidad y confianza hallados en la muestra nacional identifican al implante como una herramienta de profunda aceptación. Por su parte, el retiro del implante, según la evidencia recogida, refleja que no es la efectividad del instrumento o sus efectos los principales

motivos de retiro, sino que se asocian con un perfil etario y sociodemográfico basado en decisiones individuales de salud reproductiva y sexual.

**Recomendaciones:** Se observa la relevancia de la consejería en la comodidad del uso del implante subdérmico. Esto concuerda con la evidencia internacional, de la utilidad de brindar información en el uso del implante. En línea con ello, cuando la decisión de la colocación del implante es realizada por el/la profesional de la salud o un miembro del círculo familiar es menos probable a que la mujer se retire el implante. Esto también puede relacionarse con una mayor tranquilidad en el uso del dispositivo por parte de la mujer, lo cual muestra la relevancia de la capacitación a profesionales médicos y la información a pacientes.

**Palabras clave:** embarazo adolescente, implante subdérmico, política pública

**Fuente de financiamiento:** WHO

**Conflicto de interés y declaración de divulgación:** Ninguno

## Reducción del Embarazo Adolescente en Chile

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**Introduction:** In Chile there was reduction in births to mothers aged under 19 by 51% between 2000 and 2017. Adolescent pregnancy was put on the national agenda Recognising its high adolescent fertility rate (55.8 births per 1000 women aged 15–19 years in 2005), Chile adopted the regional 2007–2013 Andean Plan for the Prevention of Adolescent Pregnancy, targeting a 10% reduction in the adolescent fertility rate in the 2011–2020 National Health Strategy and strengthened the National Comprehensive Health Programme for Adolescents/Youth and the corresponding Strategic Action Plan. A five-pronged approach to improve the health system's responsiveness to adolescents was developed for the ten-year strategy. New government circulars were issued on parental consent requirements, adolescents' autonomy, and protecting young people from sexual abuse. Further, several laws were consolidated.

**Population:** The program built on functional systems by strengthening the capacity of frontline workers, and implemented its strategy gradually, starting with regions with the highest need. To respond to the need for better data, a monthly statistical register was created to gather data on adolescents, disaggregated by

age, sex, and risk factors. The program drew legitimacy from regional/national plans and legislative frameworks. The Ministry of Health's media department made data on progress available to journalists to publicize the positive results. Intensive advocacy with scientific associations, NGOs, women's advocates and young people helped to overcome resistance to contraceptive provision. However, the program strategically decided not to provide education on sexuality to avoid risk of opposition to the broader agenda.

**Recommendations:** The approach in the ten-year National Health Strategy ensured sustained human and financial resources through three governments of left- and right-leaning political parties. Positive results encouraged other stakeholders to collaborate. It communicates that through the application of good science, strong leadership and management, and with perseverance such results can be achieved everywhere.

**Keywords:** Pregnancy prevention, public policy, adolescent reproductive rights

**Source of Funding:** WHO

**Conflict of Interest and Disclosure Statement:** None

## Reducción de Embarazo Adolescente en Uruguay

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**Introducción:** El año 2018 se registraron 814 embarazos menos en adolescentes que en 2017, una tendencia a la baja que marca una disminución de casi la mitad en los últimos tres años. El ministro de Salud Pública, Jorge Basso, recordó que en 2015 se identificó como principal problema sanitario la gestación no intencional en esa franja etaria, que presentaba entonces una tasa de 60 nacimientos cada 1.000 menores de 19 años.

**Población y política pública:** Política sanitaria logró en tres años reducir a la mitad la tasa de embarazos no deseados en adolescentes. Entre los principales indicadores de natalidad y fecundidad brindados por las

autoridades del Ministerio de Salud Pública, se destaca la merma de embarazos en menores de 19 años. Así, se indica que se registraron 814 nacimientos menos que en 2017 de madres adolescentes de entre 15 y 19 años y, si se compara con 2016, la reducción llegó a 2.025. En suma, la reducción de la cantidad de nacimientos en 2017 y 2018 representa un descenso del 29 % del total. Los datos generales del año pasado indican que se registraron 40.139 nacimientos, 2.897 menos que en 2017, lo cual coloca a Uruguay en el grupo de baja natalidad, característica que comparten el 50 % de los países en el mundo, con un promedio de 1,6 hijos por

mujer. La incidencia de la interrupción voluntaria de embarazo no explica la caída en la cantidad de nacimientos, puesto que en los últimos tres años los procedimientos se estabilizaron, con un promedio de 10.000 anuales.

**Recomendaciones:** Entre las medidas que incidieron en esa merma se encuentra el mayor acceso a los métodos anticonceptivos, particularmente los implantes

subcutáneos, dada la distribución de más de 60.000 en el sector público.

**Palabras clave:** embarazo adolescente, política pública, anticoncepción

**Fuente de financiamiento:** WHO

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Gran Disparidad en el Acceso a Métodos Anticonceptivos Refleja Inequidades Sociales en los Países de América Latina y el Caribe Acceso a Larc en América Latina

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**Introducción:** Los métodos anticonceptivos de larga duración son una excelente alternativa, altamente efectivos, preservan el derecho de las mujeres a decidir sobre su fertilidad en el futuro y minimizan las dificultades en el acceso debido a que no se necesita la reposición por un periodo de 3 a 5 años.

**Población:** Se realiza un análisis de 23 países en Latinoamérica y el Caribe, en base a una muestra de 212.573 mujeres sexualmente activas de entre 15 y 49 años, lo que comprende el 91% de las mujeres en edad reproductiva en la Región. Haití es el país con la prevalencia más baja de uso de anticonceptivos modernos (31,3%), seguido de Bolivia (34,6%); mientras que Brasil, Colombia, Costa Rica, Cuba y Paraguay cuentan con una prevalencia de uso del 70%. El uso de anticonceptivos de larga duración reversibles fue por debajo del 10%. Las mujeres de mayores ingresos tienen una mayor frecuencia del uso de anti concepción permanente y métodos reversibles de larga duración. “Las inequidades en la salud están relacionadas con los determinantes sociales, y América Latina y el Caribe todavía se caracteriza por una amplia inequidad social

y de ingresos, a pesar de que ha habido grandes progresos”, señala el artículo. En ese contexto, los autores puntualizan que varios países en la región han hecho importantes progresos incrementando el uso de anticonceptivos modernos, pero continúa habiendo inequidades entre y en los países.

**Recomendaciones:** Se debe aumentar el uso de anticonceptivos de larga duración reversibles en la mayoría de los países, incluyéndolos en la canasta de métodos ofrecida o mejorando la información dada a las mujeres. En cualquier caso, las mujeres deben ser las que decidan en su reproducción, siendo capaces de hacer una elección libre e informada para la elección de los métodos anticonceptivos”.

**Palabras clave:** anticoncepción de larga duración, inequidad, acceso universal

**Fuente de financiamiento:** Organización Panamericana de la Salud

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-12

## Terapia de Reencuentro: Su Aplicación en los Espacios Personal, Relacional, y Social

Se expondrá el sentido que tiene el trabajo grupal, siempre teórico-práctico y vivencial dentro del marco de la Terapia de Reencuentro, en la Educación para la Salud psicosexual y de los vínculos afectivos, así como

para los procesos de Terapia, integrando las dimensiones personal, relacional y sociocultural.

**Palabras clave:** salud, educación, sexual

## La Terapia de Reencuentro Como Modelo Clínico, Educativo y Comunitario, Con Perspectiva de Género

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La Terapia de Reencuentro (TR) nace en la España de los años 70, donde se busca recuperar la sexualidad, especialmente el cuerpo negado de las mujeres. Desde los movimientos sociales, mujeres y hombres exploran otro tipo de relaciones afectivo-sexuales, en un mundo más igualitario, libre y respetuoso con las diferencias. Se creó la Societat de Sexologia del PV, en Valencia.

La TR, fue creada por Fina Sanz, a partir de la investigación clínica y del trabajo grupal con mujeres y hombres, en relación a las consecuencias que la socialización dicotómica de género, y los conflictos psicosexuales, que se producen.

Se elabora el marco teórico de la TR y una primera metodología que se publica en el libro *Psicoerotismo femenino y masculino*. Se va ampliando la investigación a diferentes procesos humanos y vínculos -seducción, encuentros eróticos, crisis y duelos, etc., publicándose en varios libros, incorporándose en talleres monográficos y programas amplios de 2 años: *Crecimiento Erótico y Desarrollo Personal*, y

posteriormente en 2 Másteres; el primero: *Máster de Autoconocimiento, Sexualidad y Relaciones Humanas en Terapia de Reencuentro*, para conocer diferentes procesos humanos y herramientas educativas y terapéuticas; y el segundo: *Máster de Educación Sexual para la Salud Comunitaria y Terapia Sexual en Terapia de Reencuentro*, para llevar grupos comunitarios.

La TR es un modelo que enfoca la sexualidad de una manera multidisciplinar, con una perspectiva de género, clínica, educativa y comunitaria, que puede ser aplicada y adaptada en diferentes ámbitos sociales. Se trabaja siempre en tres dimensiones: personal, relacional y social, para el autoconocimiento, el empoderamiento del cuerpo psicosexual y de la propia vida, facilitar vínculos afectivos armoniosos y generar, en esas tres dimensiones, la práctica del buentrato.

**Palabras clave:** educación, terapia, reencuentro

**Conflicto de interés y declaración de divulgación:** Ninguno



## Aportaciones de la Terapia de Reencuentro en la Atención de Crisis

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**Introducción y justificación:** Desde la perspectiva de la Terapia de Reencuentro, las crisis son situaciones laberínticas por las que las personas atraviesan, la manera en la que cada individuo aprende a afrontar las adversidades está determinada por los mandatos de género según sean mujeres y hombres (Sanz, 1992). Ante una situación laberíntica inesperada con los desastres naturales, estas diferencias también se observan.

**Acción & población:** Después del sismo del 19 de septiembre de 2017 ocurrido en México, la Fundación de Terapia de Reencuentro otorgó un financiamiento al Centro de Intervención en Crisis para que brindara atención a dos de las comunidades más afectadas, San Gregorio Xochimilco y el Multifamiliar Tlalpan.

**Resultados:** Se realizaron 11 visitas a cada lugar, se atendieron un promedio de 40 personas por día, se observaron diferencias en la sintomatología presentada de acuerdo al género, las mujeres presentaban síntomas depresivos y dolores focalizados en diferentes partes del cuerpo, en los hombres aumentaba la ingesta de alcohol, drogas y enojo que provocaba aumento en la violencia familiar.

**Discusión y recomendaciones:** De acuerdo con los resultados encontrados, se está de acuerdo con Sanz (1992) cuando plantea que de acuerdo a los mandatos de género hay emociones y conductas permitidas, las mujeres pueden expresar sus emociones a través del llanto, el dolor y sufrimiento, sentimientos que son valorados socialmente, no obstante a los hombres no les es permitido mostrar sentimientos de tristeza porque les resta valor social, por lo tanto tienden a emplear sustancias des-inhedoras para poder expresarlas. Se sugiere que para futuras intervenciones se trabaje con grupos de hombres ya que la mayoría de las intervenciones se hacen con mujeres.

### Referencias:

Sanz Ramón, F. (1992). *Psicoerotismo femenino y masculino*. Barcelona: Kairos.

**Palabras clave:** memoria, corporal, desastres

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Terapia de Reencuentro en la Terapia Sexual

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Los problemas relacionados a la sexualidad que las personas traen a la consulta, son temas que se tornan complejos porque están rodeados por diversas facetas e inmersos en diferentes espacios, como son: el personal, el relacional y el social, y que los hacen muy dolorosos y angustiantes, tanto para mujeres como para hombres.

La Terapia de Reencuentro de Fina Sanz, es un modelo que de manera muy eficaz se puede aplicar en educación para la salud, a nivel individual, en el trabajo comunitario, en la terapia sexual y de pareja. Su marco teórico y metodología permite un trabajo completo e integrador, mediante los conceptos que dan estructura

a las personas en sus aspectos físicos, sexuales, de género, mentales, emocionales, sociales espirituales y comportamentales.

El presente trabajo explica de manera concreta, como la Terapia de Reencuentro permite un trabajo con la psicosexualidad individual dentro de una estructura social y cultural, partiendo de la integración del espacio interno, el relacional y el social los cuales atraviesan la vida de la persona, en particular la sexual.

A diferencia de otras aproximaciones sexoterapéuticas, la Terapia de Reencuentro enfatiza y trabaja con aspectos positivos, placenteros y de gozo

sexual para establecer relaciones dentro de un desarrollo sexual equitativo en el establecimiento de relaciones justas que favorezcan el buentrato, la convivencia y el respeto en la pareja, entre las personas y con la persona misma.

Se busca el reencuentro con:

- la persona misma integrando mente, cuerpo, emociones, vínculos eróticos y el placer.
- la otredad, lo diferente, con otros pueblos, con otras culturas.
- nuestras heridas emocionales para poder sanarlas

- el equilibrio y reconocimiento de la importancia de la fusión y la separación de los vínculos amorosos
- los hombres y las mujeres, desde la equidad de género y Buentrato

**Palabras clave:** terapia, sexual, reencuentro

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Terapia de Reencuentro en la Educación Afectivo Sexual Comunitaria

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Esta experiencia socioeducativa se basa en la aplicación de la Terapia de Reencuentro y otras metodologías comunitarias participativas relacionadas con el género, la sexualidad, la diversidad, y el buen trato.

Es un trabajo con grupos de mujeres y hombres adultos, así como con adolescentes desde una visión comunitaria, integral y sistémica. Es coordinado desde 2012 por la ONG “Ser, Comunidades Saludables y Buen-Trato” en la isla de Tenerife, Comunidad Autónoma de Canarias (España).

La Terapia de Reencuentro, como metodológica multidisciplinar permite concebir a la persona desde la integración de sus dimensiones corporal, emocional, mental, sexual, espiritual y social. Se favorece el buen trato, las relaciones de convivencia pacífica entre mujeres y hombres, dando apoyo a las situaciones de crisis personal y creando espacios grupales que fomentan la tolerancia y la aceptación de las diferencias como base del enriquecimiento personal relacional y social.

Utilizando herramientas vivenciales de aprendizaje cercanos y fácilmente aplicables, las personas participantes se dan cuenta de su realidad. Se propician

cambios y se mejora la autopercepción; desarrollando vínculos con “buentrato”, y reencontrando en la comunidad compromisos para la salud y el bienestar.

La vivencia compartida de las relaciones interpersonales y de la sexualidad, desde una óptica inclusiva, contribuye a estimular una mirada más abierta. Deconstruimos y construimos, individual y colectivamente, falsas creencias, admitiendo actitudes y comportamientos poco saludables.

Nos permitimos reconocer que la sexualidad no puede estar exenta del imaginario y de la percepción que tenemos de nosotras mismas. Al contrario, nos conecta con el placer, la comunicación, la creatividad, la libertad y el compromiso, constituyéndose en un termómetro de nuestra salud global.

Más de mil quinientas personas de todas las edades se ha visto beneficiadas de estos aprendizajes y actúan de multiplicadoras en sus entornos.

**Palabras clave:** educación, sexualidad, reencuentro

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Terapia de Reencuentro en la Educación de la Sexualidad

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Este trabajo plantea los aportes de la Terapia de Reencuentro (TR) en la educación de la sexualidad y el género, con estudiantes de la Facultad de Psicología, UNAM. Se basa en una metodología reflexivo-vivencial donde se van integrando los conceptos teóricos con los ejercicios vivenciales. Un aspecto fundamental que aporta la Terapia de Reencuentro es visibilizar el maltrato y transformarlo en buentrato en los espacios personal, relacional y social. En este sentido se fue construyendo un espacio de confianza y buentrato entre las y los estudiantes para llevar a cabo un trabajo de deconstrucción de los aprendizajes en torno al género y la sexualidad, que permitió la apertura para la expresión y escucha comprensiva de sus emociones y experiencias. El análisis de las aportaciones de la TR tiene como ejes principales el autoconocimiento, la apropiación del cuerpo en relación a su autocuidado, el placer global y el placer genital, la perspectiva de género y la promoción del buentrato.

En relación al autoconocimiento lograron escucharse a sí mismas/os, identificando aquello que necesitaban

para asumir la responsabilidad sobre su bienestar. A partir de los ejercicios corporales y el énfasis de la TR en la disponibilidad y apertura al placer, las y los estudiantes lograron entrar en contacto con su placer global y su placer genital, integrando con mayor conciencia corporal las experiencias placenteras, transformando con ello las dificultades que les generaban las creencias de género.

En general las y los estudiantes lograron favorecer el buentrato consigo mismas/os y con los demás.

Se concluye que la TR aporta aspectos fundamentales en la educación de la sexualidad, promueve equidad de género y buentrato hacia sí mismas/os y los demás, contribuyendo con ello a la construcción de la salud sexual.

**Palabras clave:** educación, sexualidad, reencuentro

**Conflicto de interés y declaración de divulgación:** Ninguno

## Recuperación del Cuerpo y del Placer para la Construcción del Buentrato

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**Introducción y justificación:** Las mujeres son educadas mayoritariamente en contextos de maltrato y violencia donde el cuerpo es cosificado y sexualizado para satisfacer los gustos masculinos, ellas van internalizando estas creencias y desconectándose de las sensaciones corporales llegando a la “anestesia” y la fragmentación e invisibilización del cuerpo, específicamente de la vulva. Al mismo tiempo las relaciones de maltrato se normalizan y se justifican las violencias de todo tipo. Para que las mujeres logren un cambio en la forma que tienen de relacionarse con ellas y los demás es indispensable que hagan consciencia de la relación que tienen con su cuerpo, reconozcan sus sentimientos, así como el maltrato en su vida diaria y

se permitan experimentar vivencias placenteras y de cuidado.

Se presenta el resultado del trabajo de 22 mujeres que conformaron un grupo de crecimiento personal con la metodología de la Terapia de Reencuentro.

A través de ejercicios vivenciales, sesiones teóricas y acompañamiento psicoterapéutico las participantes adquirieron herramientas para el autoconocimiento, la apropiación e integración del cuerpo, la identificación del maltrato que viven cotidianamente y las diversas herramientas para construir relaciones de buentrato consigo mismas y con las demás personas.

El espacio grupal permitió una reflexión de sus vivencias, exploración de la concepción y forma de

relación que tienen con su cuerpo; el conocer y replantearse otras formas de relación consigo mismas, de autocuidado así como las posibilidades de cambio para vivir una sexualidad libre y placentera.

Sanz Ramón, F. (1992). *Psicoerotismo femenino y masculino*. Barcelona: Kairos.

Sanz Ramón, F. (1995). *Los vínculos amorosos*. Barcelona: Kairos.

Sanz Ramón, F. (2016). *El buentratro como proyecto de vida*. Barcelona: Kairos.

**Palabras clave:** cuerpo, placer, buentratro

**Conflicto de interés y declaración de divulgación:**  
Ninguno

SY-13

## Sexology in the DSM 5 and ICD 11 ERA (EFS Symposium)

Nomenclature and classification systems enable clinicians, researchers, and regulatory agencies to use the same language and principles, in order to plan and evaluate research, and in the clinical field, to diagnose and manage patients within standardized processes.

Nevertheless, definitions and classifications in the sexuality field are also used to define who and what is “normal”, whatever that term means, leaving out identities, preferences and behaviors that are natural and

genuine. Constant deliberations, ideological discrepancies and re-conceptualizations, are part of a constant vortex, which fosters new developments but still has unmet needs.

In this session we will present some of the latest discourses in the field.

**Keywords:** DSM-5, ICD 11, Classification of sexual dysfunction

## Challenges and Critiques to the DSM Criteria of Sexual Disorders

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All the DSM classifications until present time-based definitions of sexual dysfunctions on expert opinions that were not supported by sufficient clinical or epidemiological data. Additionally, definitions included vague terms such as satisfactory, soon after satisfactory, rapid, short, minimal, recurrent, persistent which were difficult to interpret. The DSM 5 attempted to operationalize the diagnostic criteria and avoided these vague terms. It also used specific duration and severity criteria to identify more homogeneous groups for purposes of good clinical epidemiological research and better treatment decisions. All of the DSM classifications until DSM 5 classified male and female SD on the same continuum based on unified sexual response cycles. DSM 5 made a major conceptual change and

emphasized that different genders' sexual disorders are no longer required to be analogous. DSM 5 also merged female desire and arousal diagnosis into one entity defined as female sexual interest and arousal disorders.

This presentation aims to compare and contrast DSM 5 definitions of sexual dysfunctions with that of DSM IV TR and explains the rationale for making these changes. It subsequently challenges the suggested DSM 5 criteria and addresses some issues to be considered further for future diagnostic criteria.

**Keywords:** DSM-5, Sexual dysfunction definitions

**Conflict of Interest and Disclosure Statement:** None

## The Declassification of Kink. Implications for Our Sexual Life and Relationships

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**Introduction:** The evolving changes to medical classification systems has removed many of the sexual behaviours between consenting adults that have hitherto been classified as mental disorders.

**Population group:** The paraphilias can be either erotic, sexual or both and includes leather fetishism, sexual sadism and masochism, bondage, discipline and submission & group and polyamorous activities. These can be considered as diverse sexual behaviours yet without the stigma associated with those conditions now categorised as paraphilic disorders. The latter may require clinical interventions, but is kink now free from harassment or discrimination when disclosed to clinicians and other observers? Some may interpret consensual kink interactions as non-consensual partner

violence regardless of reason for disclosure, sexual orientation or age. Alongside increasing tolerance and acceptance there have evolved new and more exploratory practice and lifestyle kink which is explored further.

**Discussion:** How may these various changes have any beneficial impact on intimacy and pleasure for individuals and couples? What could be the impact for sexologists and society? The politics and ethics may remain misunderstood by many but what is the legitimacy for involvement of physicians and health care practitioners in this era of mainstreaming kink?

**Keywords:** Kink, Paraphilias, Classification systems

**Conflict of Interest and Disclosure Statement:** None

## Gender and Classifications: Differences Between the ICD 10 and ICD 11

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In the wake of ICD11, sexologists must look into the different items of sexual health care offered by the nations we inhabit.

One offer is that which is given to those of us who experience gender incongruence (GI).

Nations do this health care differently, and the offers have been more or less in line with the recommendations of the Standards of Care (SOC) from the World Professional Association for Transgender Health (WPATH).

The guidelines for all healthcare given to GI people fall into two main models: That of gate-keeping and that of gender affirming. The former will be a decision by the professional, the latter would practice models of informed consent. Some guidelines involve psychiatric evaluation of all clients, some are based on referring to psychiatry if there are any psychiatric challenges.

ICD 11 represents a professional view of gender incongruence that is paradigmatically different for that of ICD 10, hence the health care guidelines are ripe for changes also.

A short list of differences between ICD10 and 11 can look as follows:

*Mental disorder* is replaced by *condition related to sexual health*, gender binary model is replaced by a multiple gender model, *the other sex and anatomical sex* is replaced by *experienced gender and gender assigned at birth*, *disgust/insufficiency concerning anatomical sex* is replaced by *dysphoria with primary or secondary sex characteristic* and *make the body as much as possible congruent with preferred gender* is replaced by a *wish to remove some or all bodily sex characteristics and/or a wish to have sex characteristics equivalent with one's gender identity*.

All in all ICD11 renders the GI group a clean bill of health and moves from a discourse of objectivity to one of subjectivity.

This calls for models of health care offers based on informed consent.

**Keywords:** Transgender Health, Gender incongruence, Multiple gender model

**Conflict of Interest and Disclosure Statement:** None

## Is There Such a Thing as “Normal” Desire? DSM-5 and Beyond

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The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), published on May 2013, brought with it considerable changes in the field of the Female Sexual Dysfunction definitions, particularly the elimination of the desire disorders as such. This change was based on Rosemary Basson circular model of sexual desire, and integrated hypoactive sexual desire disorder (HSDD) and female sexual arousal disorder (FSAD) into one single diagnosis: female sexual interest and arousal disorder (FSIAD).

In the last couple of years, the International Society for the Study of Women’s Sexual Health (ISSWSH) has

challenged the DSM-5 theoretical framework, affirming that HSDD should be maintained as an entity separate from FSAD. The latest ICD 11 corresponds with the ISSWSH nomenclature.

In this presentation we will depict the different sides of this debate and discuss: Is there such a thing as “normal” desire?

**Keywords:** Female Sexual Desire, Women’s sexual health, Sexual desire problems

**Conflict of Interest and Disclosure Statement:** None

SY-14

## Atención a la Salud Sexual en un Entorno VICA (Volátil, Incierto, Complejo y Ambiguo) (Symposium of Asociación Especialistas en Sexología & Instituto De Sexología y Psicología Espill)

Con la llegada de era digital los cambios en nuestras vidas son cada vez mayores. Vivimos inmersos en lo que se ha llamado un entorno VICA, (Volátil, Incierto, Complejo y Ambiguo). En este mundo complicado, afortunadamente muchos de los cambios están relacionados con el reconocimiento de los derechos sexuales de las mujeres y la diversidad sexual y de género. Otros no son tan positivos, como la vulnerabilidad de los niños y adolescente frente al grooming. Además, irrumpen nuevos conceptos y términos como Digisexualiad, Tecnología Háptica

(produce sensaciones táctiles) *Machine Learning*, *Tecnoética*, etc.

Como profesionales de la salud sexual debemos estar preparados para abordar esta realidad con animo inclusivo, sin descuidar la importancia de la diversidad, del cuerpo físico (importante especificar para distinguir de los avatares sexuales) y la ética. Por lo que en el simposio hemos elegido los temas siguientes: *El impacto de la era digital en la vida sexual. La respuesta sexual en transexuales antes y después de los tratamientos hormonales y quirúrgicos. La Importancia del ecosistema*



somático en la vivencia de la sexualidad femenina. Sin dejar de lado las *consideraciones éticas*, que son fundamentales para no perder la perspectiva en este entorno VICA tan cambiante y complejo.

**Palabras clave:** Nuevas tecnologías y sexualidad, Percepción corporal, Transexualidad y bioética

## Cómo Abordar el Impacto de la Era Digital en la Vida Sexual y Amorosa

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La era digital ha supuesto un fuerte impacto en los cambios de costumbres sexuales. Estamos en el 30 aniversario de la World Wide Web y en estos últimos años la comunicación digital es el principal sistema de interacción en la especie humana; esto ha supuesto un desarrollo exponencial a las posibilidades de expresión e interacción sexual para las personas. Ahora disponemos de múltiples y variadas aplicaciones para citas, los cada vez mejor desarrollados juguetes sexuales, realidad virtual, realidad aumentada, robots sexuales,... No podemos negar que las nuevas tecnologías han modificado nuestra vida sexual y amorosa y también nuestra concepción de la intimidad.

Al entorno surgido a partir de la aparición de las nuevas tecnologías se le ha llamado entorno VICA (Volátil, Incierto, Complejo y Ambiguo) que se caracteriza por su:

**Volatilidad:** tendencia a los cambios continuos, así como a la acelerada velocidad a la que ocurren.

**Incertidumbre:** La incertidumbre marca la pauta también en las nuevas relaciones amorosas y sexuales,

incertidumbre incluso en la propia orientación sexual y de género. Nunca ha habido tanto género fluido.

**Complejidad:** Con la diversidad el panorama se vuelve más complejo y ante la complejidad se complica la toma de decisiones y las cosas que están fuera de nuestro control.

**Ambigüedad:** Nos movemos en un mundo donde la ausencia de certezas y los diferentes puntos de vista marcan la pauta.

En este entorno, en el que las actitudes y conductas sexuales son más líquidas que nunca, las pautas para ayudar a las personas a tomar decisiones de carácter sexual no están claras. Por lo que es fundamental que los profesionales de la salud sexual afrontemos el reto para interactuar adecuadamente en este entorno VICA, para dar una respuesta informada a las demandas de las personas que buscan nuestra ayuda.

**Palabras clave:** Sexualidad y Nuevas Tecnologías, Amor y sexo, Sexualidad y Entorno VICA

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexualidad y Transexualidad: Respuesta Sexual Antes y Después de los Tratamientos Hormonales y Quirúrgicos

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La sexualidad es definida como la forma en que las personas experimentan y se expresan como seres sexuados. La transexualidad es definida como una manifestación persistente de discordancia personal entre el sexo asignado al nacimiento (genético, gonadal, genital y morfológico) y el sexo y género sentido. Como consecuencia de la discordancia la persona transexual puede experimentar un sentimiento de profundo rechazo hacia las características sexuales primarias y secundarias de su sexo morfológico y busca adecuar su cuerpo mediante tratamientos hormonales y/o quirúrgicos para corregir su apariencia y conseguir vivir y ser tratada socialmente acorde al género sentido y deseado. Los estudios de seguimiento de personas transexuales tratadas, mediante tratamientos hormonales y quirúrgicos tienen consecuencias positivas, disminuyendo la disforia de género y, por consiguiente, mejorando la calidad de vida. La experiencia clínica muestra, que muchas personas transexuales pueden no tener la sexualidad en el centro de su interés personal antes de realizar los tratamientos para modificar sus características sexuales. En cambio, expresan mucho

interés sobre su futuro sexual tanto en cuanto a estética del aparato genital, como en cuanto a la necesidad de sentir o seguir sintiendo placer sexual después de la genitoplastia quirúrgica. La evidencia científica obtenida de recientes estudios sugieren que la terapia hormonal en personas transexuales, mejora la disforia de género, el funcionamiento psicológico y la comorbilidad mental, la función sexual y la calidad de vida. Teniendo los hombres transexuales mejores resultados que las mujeres transexuales. Las transformaciones quirúrgicas genitales conducen a una notable mejoría de la vida sexual en las personas transexuales, que conlleva a un incremento notable de su actividad sexual, pareciendo deberse estas mejorías a los cambios físicos y estéticos obtenidos tras la eliminación de los genitales biológicos y no deseados.

**Palabras clave:** Respuesta sexual, Personas transexuales, Tratamiento hormonal personas transexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Importancia del Ecosistema Somático en la Vivencia de la Sexualidad Femenina

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La sensualidad siempre ha sido un atributo asociado a la sexualidad femenina. La sensualidad se asocia al cuerpo visible y a la actitud de atraer a otra persona. Sin embargo, en el contexto de la sexualidad femenina, tanto desde la vivencia positiva como desde la disfunción, los factores corporales han sido minimizados u obviados en múltiples ocasiones, siendo los factores psicológicos y emocionales los considerados

relevantes a priori. Aunque los sentimientos y las emociones sean los que dirigen la sexualidad humana, el sexo y las actividades sexuales necesitan de la integración y modulación exitosa del sustrato neuroendocrino, del sistema vascular, muscular, etc. Todo ello condiciona una percepción corporal donde queda integrada la imagen corporal. La percepción de la imagen corporal está muy presente en las mujeres, sin

embargo, el cuerpo y su funcionamiento suelen estar presentes cuando aparecen enfermedades o problemas, esto ocurre igual en la esfera sexual. Generalmente las mujeres desconocen el funcionamiento e incluso la anatomía relacionada con su sexualidad. También ocurre, en ocasiones, con profesionales. Esta exposición pretende “visibilizar” la importancia de los mecanismos fisiológicos que están presentes en la sexualidad femenina y la importancia de la conciencia corporal como elemento terapéutico. Se expondrá como influyen las hormonas sexuales y sus fluctuaciones fisiológicas en los cambios individuales y temporales de la morfología y funcionalidad genital, en la percepción corporal y en la satisfacción sexual. La correlación orgánica de las

sensaciones interoceptivas, exteroceptivas y propioceptivas con la vivencia de la sexualidad. La influencia en la motivación y el deseo sexual, en la excitación y la lubricación. La influencia en la vida sexual de la autoimagen genital o los sentimientos y creencias de las mujeres sobre sus propios genitales. El reconocimiento de signos y síntomas de alerta y recursos que ayuden al equilibrio del ecosistema somático necesario para la satisfacción sexual.

**Palabras clave:** Deseo y excitación sexual, Percepción corporal en la mujer, Mecanismos fisiológicos sexualidad  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Conflictividad Bioética de los Psiquiatras en Disforia de Género y Trastornos del Desarrollo Sexual

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**Introducción & objetivos:** El psiquiatra tiene conflictos éticos al tomar decisiones relacionadas con la salud de los pacientes con trastornos del desarrollo sexual y disforia de género. Este trabajo se propuso comprender las representaciones sociales de salud sexual, sexo y género de los psiquiatras, a partir del conflicto entre autonomía y beneficencia, en los casos de Trastornos del desarrollo sexual y Disforia de género. Los objetivos se concentraron en: analizar la estructura conflictiva diacrónica-sincrónica en el conflicto entre autonomía y beneficencia que emerge en las representaciones sociales de los psiquiatras; y describir las relaciones entre salud sexual, sexo y género con la normalización en las representaciones sociales de los psiquiatras. El marco teórico estuvo definido por: 1) Representaciones sociales de Serge Moscovici, 2) Conflicto ético en Ricardo Maliandi y 3) Normalización en Judith Butler.

**Método(s) & muestra:** siguió el paradigma interpretativo en la perspectiva del interaccionismo simbólico. La metodología comprendió la realización de entrevistas semiestructuradas en profundidad a once psiquiatras, seguidas posteriormente por codificación abierta, axial y selectiva.

**Hallazgos & discusión y Recomendaciones:** Se encontró que la categoría central emergente se escindía en sendas corrientes: plexo conflictivo y desambiguación. El plexo mostró que la conflictividad ética puede ser interpretada como una amplia red donde las representaciones sociales de los relatos hacen convergencia y divergencia según diferentes factores como el momento del ciclo vital del paciente. La desambiguación alude a las ambivalencias que términos como género o trastorno sexual pueden tener en los psiquiatras lo que lleva a medidas iatrogénicas en algunos casos. En la parte conclusiva se muestra que las representaciones sociales de los psiquiatras muestran una imbricación de la beneficencia médica con la autonomía de los pacientes, en medio de las matizaciones que ofrecen los conceptos de sexo y género y su relación profunda con la salud sexual.

**Palabras clave:** Trastornos del desarrollo sexual, bioética, sexo, género y salud sexual  
**Conflicto de interés y declaración de divulgación:** Ninguno

SY-15

## Learning from Our Experiences to Plan for the Future (Symposium of the Was Youth Initiative Committee)

In May 2011, the World Association for Sexual Health (WAS) approved the constitution of the Youth Initiative Committee (YIC), which gathers young sexual health advocates from different countries. The mission of the Youth Initiative is to contribute to youth's sexual health and sexual rights through a fuller participation of youth in WAS governance, policies and activities.

The aim of this symposium is to illustrate the YIC experiences over the last 8 years through the lens of some of its members, with the aim of planning future activities of the Committee based on identified successes and challenges.

Some of the activities organized by YIC members that will be described and discussed during this

symposium are: participation in regional and international congresses, involvement in World Sexual Health Day, promotion in social media, research, intervention and dissemination tools on youths' sexual rights. In terms of plans for the future of the YIC, we will discuss: more involvement of young people within WAS (particularly from regions still not covered, like Africa), possible strategies to increase the volume of student members and a call to renew the membership of the YIC, allowing new young professionals to get involved.

**Keywords:** WAS Youth Initiative Committee, Young People

## Was Youth Initiative Committee: Celebrating the Past, Thoughts for the Future

Antón Castellanos-Usigli

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In 2010, I proposed the creation of the Youth Initiative at the World Association for Sexual Health (WAS). Rosemary Coates and Esther Corona supported and championed the idea of having a Youth Committee within WAS. The WAS General Assembly approved the Youth Initiative and the first Committee was established in May 2011. Over the last eight years, the Youth Initiative Committee (YIC) has opened spaces for youth participation at World and Regional WAS Congresses and has promoted the involvement of young people in different WAS activities.

The YIC of the World Association for Sexual Health has been integrated by young sexual health professionals from a variety of countries and backgrounds. Members of the Committee over the last years include: Founding Chair and current Co-Chair, Antón Castellanos-Usigli (USA/Mexico), current Co-Chair Stefano Eleuteri (Italy), Masayoshi Yanagida (Japan), Katy Peichert (Poland), Rola Yasmine (Lebanon),

Magdalena Rivera (Chile), Yasmany Díaz (Cuba), Carlos Cotiz (Venezuela) & Kazuko Fukuda (Japan).

The YIC has organized presentations, symposiums and/or workshops in all the World Congresses for Sexual Health since 2011. Also, its Members have actively participated in the annual celebration of World Sexual Health Day since its inception in 2010. The Youth Initiative was also a driving force behind *Fulfill! Guidance Document for the Implementation for Young People's Sexual Rights* (2016), produced between the International Planned Parenthood Federation (IPPF) and WAS. The YIC has also inspired the emergence of similar groups in WAS-affiliated Regional Federations, such as the European Federation of Sexology, and in WAS-affiliated national organizations, such as the Italian Federation of Sexology.

WAS should ensure the participation of YIC members in all its activities. After the 2019 World Congress for Sexual Health, WAS should launch a call to renew

the membership of the YIC, allowing new young professionals to get involved.

**Keywords:** WAS Youth Initiative Committee, Young People

**Conflict of Interest and Disclosure Statement:** None

## The WAS Youth Initiative Committee: From Activism to Research

Stefano Eleuteri

Psychology, Sapienza University of Rome, Rome, Italy & Co-Chair Youth Initiative Committee, World Association for Sexual Health

**Introduction & rationale:** Youth Initiative Committee (YIC) has been launched in the WAS in 2011. Since its activation, one of the aims was the inclusion of young activists in the activities of the World Sexual Health Day (WSHD), but also the possibility that youths could present new projects to carry on inside WAS. The aim of this presentation is to present how YIC has been involved in WSHD in these years, referring in particular to the Italian context, and to present a research project on sexual rights born in Italy in collaboration between YIC and the Italian Federation of Scientific Sexology Youth Committee.

**Action and population group concerned:** The general population has been the target for both the initiatives, while young activists and sexologists have been the actors involved in the action.

**Outcome:** In the WSHD in Italy, more than 50 people have been generally involved each year, from 2011 to 2018. The organizations of the events during the different years have been characterized by a great flexibility regarding both the decision of themes and the organizational point of view. The research have

reached almost 1000 participants and the first paper has been submitted (Silvaggi et al., [submitted](#)). Other papers will follow and the research will be replicated in different contexts.

**Discussion and recommendations:** YIC has emerged as an important factor to promote WSHD and to present new and innovative ways to celebrate it. Young professionals, with the help of the YIC, can be also seen as an important network useful to promote international researches in the sexual health field.

### Citation of supporting literature:

Silvaggi M., Di Santo S.G., Colombo M., Fava V., Malandrino C., Simone S., Nanini C., Rossetto C., Eleuteri S. (submitted). ATTITUDE TOWARDS THE SEXUAL RIGHTS OF LGB PEOPLE: FACTORS INVOLVED IN RECOGNITION AND DENIAL.

**Keywords:** WAS Youth Initiative Committee, Youth activism, International research

**Conflict of Interest and Disclosure Statement:** None

## How Can We Promote the Sexual Health of Male Adolescence?

Masayoshi Yanagida

WAS Youth Initiative, The Japanese NGO providing SRHR related services to the youth, Japan

**Introduction & rationale:** For most Japanese adolescent people, it is difficult to gain the correct sexual health information and to see through it true or false. We do not have enough opportunities of sexual education in schools so most Japanese people (not only young people but also adult people) have enough knowledge and appropriate sexual health literacy.

Especially, from the viewpoint of me, the lack of information for male sexual health is one of the remarkable problems.

**Project / Population and settings:** So we provided YOUTUBE movie contents whose title is “Penis troubles that we face at the age of adolescence” about 5 years ago. I talk with an urologist in the contents. I

asked questions gathered from ordinal people. Why this project chose YouTube is in Japan middle aged people use Google when they want to search something but young people use the search function of Twitter or YouTube. So this project had a hypothesis that young male people would use YouTube if they want to search about penis troubles.

Throughout this content, we provided medically correct information to male adolescent people and to people who need these information.

Outcome: This 5 series content marks more than 65,900 PV so far in total. And I corresponded some cases that male adolescent people called my office. They were worried like the end of the world but what

they were worried was basically no problem things. They were just victims of lack of information or prejudiced values.

Discussion & recommendations: We have to recognise the lack of information. We have to understand what is the needed information for male adolescent people. We have to determine appropriate channel to deliver information or to accept consulting. In the symposium I will concretely show what kind of solution about them.

**Keywords:** Sexual Health Promotion

**Conflict of Interest and Disclosure Statement:** None

SY-16

## Corevih: A Regional Coordination in Sexual Health in France (Corevih Ile-de-France Sud Symposium)

In France, since the decree of April 28th, 2017, the regional human immunodeficiency virus (HIV) and sexual transmission infectious (STI) coordination committees (Corevih) are in charge of implementing the national sexual health strategy plan set up by the Government.

Since that date, the Committee for Southern Ile-de-France has started sexual health training for its staff and the protagonists who specialize in HIV. The Committee has strengthened its links with STI care organizations such as centers for Information, Testing and Diagnosis of STIs and HIV (CeGIDD); it has also

built new relations with various other specialized sexual health organizations, such as the Family Planning and Education Centers.

We would like to present 4 contributions on our Committee and its assignments; on antiretroviral pre-exposure prophylaxis (PrEP) consultations and the link with sexual health; on the opening of the first general sexual health center in Paris; and on clinical study coordinator and how their jobs have developed and now include sexual health.

**Keywords:** COREVIH, Sexual health, Committee

## Missions of Corevih on HIV, STI and Sexual Health

Dominique Salmon<sup>a,b</sup> and Philippe Sagot<sup>a</sup>

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The regional HIV coordination committees (Corevih) set up in 2007 so as to coordinate the various protagonists of the fight against HIV, and to improve global care for patients, were given new assignments 2 years ago. Following a new ministerial decree, even if the assignments haven't changed much, the regional

committees must now address STI and sexual health coordination.

In April 2018, new committee members were appointed by the regional health agency so as to include new participants who work together to improve global care for HIV patients and people with STIs, and who are generally involved in the



population's sexual health. The Ile-de-France committees work jointly on subjects defined with the regional health agency; they also address subjects specific to their own organizations and areas.

Over the past year the Southern Ile-de-France committee has concentrated on target populations such as vulnerable, underprivileged and low-access persons; it has strengthened the link between the various information, testing and diagnosis centers (CeGIDD) in its remit; it has looked into Chemsex-and-MSMs and issues such as partner notification, MSM vaccination, HIV testing and self-testing.

## PREP, a Global Approach in Sexual Health

José Luis Lopez Zaragoza

Immunology clinic & Infectious diseases, Henri Mondor hospital, Créteil, France

Antiretroviral pre-exposure prophylaxis (PrEP) is recommended for HIV prevention among high-risk gay and bisexuals, sex workers, people who inject drugs, high-risk heterosexuals and People experiencing precariousness.

PrEP prescription is part of a global and multi-disciplinary sexual health management because the follow-up gives one opportunity to prevent infectious diseases by vaccination: HAV, HBV, HPV or Meningococcus.

Screening for sexual transmitted diseases (STIs) is therefore offered before initial prescription of PrEP to diagnose any unknown STIs. Individuals who do not get regularly tested for HIV can thus be screened and, if positive, they can receive adequate management and be rapidly treated. The impact of the hidden HIV epidemic on the global epidemic dynamic can thus be reduced.

Most studies showed evidence of an increase in condomless sex among PrEP users, these findings highlight the importance of frequent STI testing among gay and bisexual men using PrEP. Monitoring of risk compensation among MSM in the context of PrEP scale-up is

Reflections lead to actions that are selected in compliance with the national sexual health strategy and are set up locally or regionally; our committee's goal is to address in the best possible way quality of life for persons with HIV by organizing patients' weekends where the topics are chosen by the patients themselves through their steering committee.

**Keywords:** HIV, STI, Sexual health

**Conflict of Interest and Disclosure Statement:** None

needed to assess the impact of PrEP on the sexual health of MSM and to inform new preventive strategies with antibiotics or vaccines but should not replace the use of condoms, whenever possible.

PrEP should be offered to patients as part of a prevention package combined with counseling in gynecology, endocrinology, and proctology and in case of sexual dysfunction or other disorder of sexuality benefit a medical approach in urology and sexology. Among this high risk population there are many psychiatric disorders so it is necessary to support psychiatric health also.

In this population prevention and treatment of complications related to use of recreational drugs are mandatory.

Finally PrEP is an opportunity to access to global health. By the fact of being in medical follow-up, every patient could benefits for prevention of cancer, cardio-metabolic diseases or many others.

**Keywords:** PrEP, Vaccination, Counseling

**Conflict of Interest and Disclosure Statement:** None

## Opening of First Sexual Health Center all Public in Paris

Sophie Florence<sup>a</sup>, Laurence Slama<sup>a,b</sup>, Valérie Ledour<sup>c</sup> and Philippe Sagot<sup>d</sup>

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Sexual health is complex and requires implementation of structures with a large and diversified offer of care (sexual counseling, Testing and treatment of sexually transmitted infections (STIs), HIV- testing, hepatitis B and C testing, family planning center and contraception (CPEF)). Since January 2019, we opened the first sexual clinic in Paris, close to the highest area of HIV-infection and STIs, which offers an extended range of care and treatment.

Our objective is to provide a dedicated Unit for sexual health including a global management of individuals, to improve the sexual healthcare path. Our goal is to reach the entire population including targeted populations, to invest in sexual health promotion and to promote clinical research and innovation in sexual behavior.

Under both governance of the Hall Town and the Academic Public health care system of Paris (APHP), we created, within a Health Cooperation Group, a large multidisciplinary team (Free Centers for Information, Screening and Diagnosis (CeGID), CPEF and Infectious Disease Department) covering overall 10 specialties at the Hôtel-Dieu hospital.

The offer of care is wide, from Monday to Friday, 9am to 7pm, with or without appointment, inside and outside the walls. Free and anonymous access is possible. We offer physical, mental and social counseling linked to sexuality; sexual relationships; gendered discrimination, coercion, and violence as well as medical or nurses appointments: screening and treatment of STIs, point of care tests, contraception delivery, pre- and post-abortion appointments, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), vaccination, dermatology and proctology consultations.

In connection with the Public Sexual Health Network, the preexisting medical care platform from the hospital including a young health and a judicial medico units, the APHP and the City of Paris, as well as local actors, the center aims to articulate in a coordinated way to reached a high level of excellence

**Keywords:** Sexual Health Center, STIs, Reproductive health

**Conflict of Interest and Disclosure Statement:** None

## Clinical Study Coordinator in Corevih, Evolution of Skills Towards Sexual Health

Valérie Le Baut<sup>a,b</sup>, Marie Pietri<sup>a,b</sup> and Philippe Sagot<sup>a</sup>

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A clinical study coordinator is based in a health care organization within a regional HIV coordination committee (Corevih). He/she works with various professions in charge of patients with HIV and hepatitis. He/she collects epidemiological data, sets up research protocols and takes part in the Committee's life. In our Committee (COREVIH Ile-de-France Sud) we are regularly trained so as to cope with changes in our jobs. We are involved in publications, in international

partnerships and also in various events such as World AIDS Day. Since April 2017, epidemiological data collection includes data on STIs and sexual health from other organizations such as information, testing and diagnosis centers (CeGIDD) and family planning and education centers. Our Corevih's clinical study coordinators have been trained in sexual health and play a part in prevention and testing, with the help of educational tools. We organize surveys during themed

sessions which then lead to publications that can be presented at conferences. We recently became involved in prison facilities where sexual health is seldom addressed. Our job offers a wealth of human contacts and constant developments.

**Keywords:** Epidemiology, Research, Evolution

**Conflict of Interest and Disclosure Statement:** None

## SY-17

### WPATH Standards of Care Version 8 Draft (WPATH Symposium)

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The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association, whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health.

With over 2,500 members in the mental health, medical, surgical, legal and social services fields, WPATH is the only international professional association devoted solely to improving the health and treatment of transgender and gender diverse individuals worldwide.

WPATH is best known for publishing the Standards of Care (SOC) first published in 1979. Through WPATH's leadership, the Standards of Care is now in

its 7th revision. The Standards of Care is based on evidence-based medicine and expert professional consensus. WPATH has translated the SOC7 into 17 languages all available free for download via [www.wpath.org](http://www.wpath.org).

The revision process for SOC8 is currently underway and WPATH is expected to release the first draft for feedback in September 2019. This symposium will present an overview of the recommendations and gather input from the audience as well as provide mechanisms for further feedback.

**Keywords:** transgender, Standards of Care, WPATH

**Conflict of interest and Disclosure statement:** None

## SY-18

### Sexuality and Cancer: Challenges and Opportunities

Sexual function is a vital quality-of-life issue for many cancer patients, throughout all phases of survivorship. Nevertheless, health care providers and patients are often hesitant to raise the subject, leaving sexual concerns undiagnosed and untreated. Both the diagnosis and treatments, disrupt sexual function by causing significant physical and emotional effects. Sexual minority populations, may have additional challenges related to

the need for a safe environment, where culturally sensitive assessment and intervention is the rule.

In this symposium, we will present different aspects of sexuality and intimacy challenges during the course of cancer survivorship, as well as different strategies for evaluation and treatment.

**Keywords:** Cancer, Survivorship, Sexual function

## Breast Cancer and Sexuality

Mijal Luria

The Center for Sexual Health, Obstetrics and Gynecology Department, Hadassah Hebrew University Medical Center, Jerusalem, Israel & The Rotem Center for Multidisciplinary Sex Therapy, Jerusalem, Israel

Women diagnosed with breast cancer may face a negative impact on psychological, physiological, and social well-being aspects of her life, in the short and long term. Both the diagnosis and the different treatment modalities, can have a profound impact in their sexual identity, self-confidence, self-schemas and sexual function.

Although the sexuality challenges in women with breast cancer are well known, there is still a need to raise awareness among both the general population

and the health care providers, which often overlook the topic, leaving these women and their partners to deal alone with their challenges and distress.

We'll discuss the most common difficulties these women (and their partners) face, and possible ways to deal with them.

**Keywords:** Breast Cancer, Sexual function

**Conflict of interest and Disclosure statement:** None

## The Controversy Surrounding Penile Rehabilitation after Radical Prostatectomy

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Penile rehabilitation consists of understanding the mechanisms that affect erectile function (EF) and utilizing pharmacologic agents, devices or interventions to promote male sexual function before and after any insult to the penile erectile physiologic axis.

Radical prostatectomy (RP) techniques have been refined in the last few decades, although disease-free survival remains the primary goal of prostate cancer treatment, erectile dysfunction (ED) still seems to be affecting more than half of patients undergoing RP and remains a common complication that affects the quality of life.

Several treatment options are available, including phosphodiesterase-5 inhibitors, vacuum erection devices, intracavernosal or intraurethral prostaglandin

injections, and penile prostheses. Urologists must consider more effective ways to establish optimal treatments for ED after RP. ED is an important issue among patients with prostate cancer, and many patients hope for early ED recovery after surgery.

The goal of this review and presentation is to assess a contemporary series of trials that study penile rehabilitation, highlighting the currently available treatment options for ED after RP and their limitations.

**Keywords:** Erectile dysfunction, Penile rehabilitation, Prostatectomy

**Conflict of Interest and Disclosure Statement:** Speaker and advisor for Eli Lilly, GSK and Asofarma

## LGBTQ Cancer Patients' Unique Sexual Health Care Needs

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The national institutes of health (NIH) and the American Society of Clinical Oncology (ASCO) define the Lesbian, Gay, Transgender, Bisexual and Queer (LGBTQ) community as sexual and gender minorities (SGMs), with distinctive sexual habits, who have to deal with health disparities. There have been limited efforts to systematically identify their special needs and differences as cancer patients, starting by primary prevention, early detection, diagnosis, treatment, survivorship and end-of life care.

In this presentation we will portray specific fields that need special attention, such as the establishment of a non-discrimination assessment approach, the provision of a safe space for disclosure, the need to expand health care providers' education in cancer for SGM individuals, special attention to end of life arrangements and more.

**Keywords:** LGBTQ, Sexual and gender minorities, Cancer

**Conflict of interest and Disclosure statement:** None

## The Impact of Cancer on Couples' Relationship and Sexuality

Francesca Tripodi

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A cancer diagnosis can be characterized as a "bio-psychosocial disaster" for the patient and his/her partner. Some couples report that this diagnosis lead to an intensification of their partner relationship, while in other couples partners differ in how they cope with the threats and emotions related to it. Such a difference may burden the relationship and lead to an emotional distance between partners resulting in anxiety about losing each other, physical distance, worse communication and sexual concerns.

Cancer and its treatments may have different impact on sexuality, including sexual functioning, sexual experience, fertility, importance of sex, and meaning of sex.

Sexual satisfaction after cancer is related to psychological adjustment of both partners, but especially to

the quality of the relationship, including (sexual) difficulties that were present already before the cancer diagnosis. Therefore, it is important for health professionals to rule out whether the sexual problem of a couple is a sexual problem *per se* – that needs sex-focused therapeutic attention – or a symptom of another (old or new) underlying (personal or relational) problem, that needs a broader relationship therapeutic focus. Couple-focused interventions can be effective in reducing psychological distress and facilitating communication between partners, as well as helpful in re-establishing a sexual relationship.

**Keywords:** Couple-focused interventions, Sexuality and Relationships, Cancer

**Conflict of Interest and Disclosure Statement:** None

SY-19

## Miradas y Reflexiones de la Sexualidad Femenina (SASH Symposium)

La sexualidad femenina presenta diferentes miradas de acuerdo a las vivencias de cada mujer, poder reflexionar acerca de algunas circunstancias que las mujeres

viven a lo largo de su vida y atraviesan su sexualidad, es el objetivo de este simposio. Una mirada abarcativa, interdisciplinaria, de situaciones relacionadas con la

sexualidad y el cuerpo femenino. Desde si la violencia marco su desarrollo, cómo se construyó la sexualidad, cómo la vive, cuales son sus consecuencias. Cómo los ginecólogos abordan la sexualidad cuando una mujer desea o no desea un hijo. Cómo acompañamos los médicos la sexualidad de mujeres sanas en momentos específicos de su vida. Cómo repercute las experiencias en los dolores del cuerpo, específicamente en las pacientes con vulvodinia. Y por ultimo cuando el dolor es por el riesgo de vida y la enfermedad oncológica se

sitúa en los genitales femeninos o en las mamas y sus abordajes terapéuticos cambian la estética corporal y la forma de relacionarse con el mundo. El abordaje de la sexualidad en la mujer es complejo, multifactorial y dinámico. Los profesionales de la salud debemos capacitarnos no solo en conocimientos sino en escucha y respeto por la persona humana.

**Palabras clave:** mujer, trauma, dolor vulvar

## Cuando el Cuerpo Habla. Síntomas Postraumáticos en Sexualidad Femenina

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El objetivo del presente trabajo es presentar como los síntomas sexuales, muchas veces, están relacionados con elementos sensoriales o emocionales inconclusos de experiencias traumáticas que son desencadenadas en las personas luego de un trauma. Dándole lugar a su activación en la red neuronal, donde estaría almacenado el recuerdo, estimulando y precipitando, así, la repetición del evento postraumático en cada encuentro sexual. Teniendo en cuenta esto y resaltando la importancia de las consecuencias neurobiológicas, la

experiencia somática y las huellas subcorticales que deja la experiencia traumática y observando los diversos trastornos psicológicos, sexológicos y psiquiátricos que conlleva esto, se sugiere la necesidad de un trabajo interdisciplinario para la mejoría de la salud sexual de nuestros pacientes en la consulta Sexológica.

**Palabras clave:** trauma, neurobiología, sexualidad  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Incidencia de las Vivencias Traumáticas Tempranas en Pacientes con Diagnóstico de Vulvodinia

Claudia Derrossi

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La Sexualidad femenina no se construye solamente respondiendo a algo definido en lo biológico, sino que se va estructurando conjuntamente como consecuencia de las experiencias vividas en la infancia. Estas

vivencias que conforman la historia individual de cada persona caracterizaran su conducta sexual, sus manifestaciones, su forma de posicionarse ante el mundo, su identidad, y sus concepción de estar dentro de la



norma o la patología. Nuestro objetivo: desarrollar la idea de que el cuerpo, la psiquis y sus manifestaciones interpretadas muchas veces como patológicas, están atravesados por múltiples factores de la historia individual, y que estas manifestaciones pueden conducirnos a un error si la clasificamos dentro de una disfunción, sin comprender el mensaje que transmiten. Por ejemplo el dolor vulvar que ocurre en ausencia de una enfermedad reconocible subyacente se ha convertido en un problema clínico. Los miembros de la ISSVD reconocieron este dolor vulvar idiopático como una entidad única en 1976 y en ese momento, se utilizó el término síndrome de ardor en la vulva para identificarlo. La vulvodinia es un padecimiento de la sexualidad femenina que cuando se manifiesta altera toda la calidad de vida no solo la sexual. Hasta ahora se

proponen tratamientos que no solucionan sino parcialmente los síntomas. Presentamos tres casos clínicos de vulvodinia, se intentara abordar otra mirada en relación a esta manifestación que compromete el cuerpo femenino desde el dolor crónico genital. Desde esta perspectiva vayan tomando otras formas que pueden catalogarse como patológicas por no entrar en el imperativo actual. Consideramos una temática que como todas las que estudian la construcción subjetiva de la sexualidad no puede tener una sola mirada ni un solo determinante.

**Palabras clave:** vulvodinia, dolor, cuerpo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexualidad en el Cáncer Ginecológico. Otros Dolores Femeninos

Lucía Baez Romano

Psicóloga, Miembro de la CD de SASH

Algunos tipos de cáncer y sus tratamientos pueden causar disfunciones sexuales, especialmente el cáncer ginecológico en mujeres. Nos podemos encontrar con la presencia de depresión, ansiedad y estrés que conlleva a alteraciones fisiológicas que pueden dificultar la respuesta sexual. Disminución o pérdida de deseo sexual. Incluso puede llegar a resultar incómodos o desagradables cualquier insinuación o acercamiento por parte de la pareja.

Problemas en la excitación, déficit en la lubricación, sequedad vaginal, Dificultades para alcanzar el orgasmo. Ausencia de orgasmo o disminución en su intensidad o duración. Dolor y molestias durante la relación sexual, Son los síntomas mas consultados en un consultorio sexológico por una paciente con cáncer ginecológico. Tenemos que tener presente que la sexualidad la define cada pareja según su edad, sexo, actitudes, educación recibida, entre otras cuestiones. El poco deseo sexual es quizás la más compleja de todas las disfunciones sexuales.

Qué duele cuando duele? El dolor es una sensación desagradable y subjetiva que conlleva a la paciente con

cáncer a una experiencia jamás vivida. El dolor es producto de la cirugía, por la quimioterapia? puede doler el cuerpo y también puede doler el alma por la pérdida de órganos o por la pérdida de la fertilidad o de la propia sexualidad.

Es imposible, utópico y altamente dañino para éste considerar, después de un tratamiento invalidante, que aquí no ha pasado nada. Nada es ni será igual que antes de la enfermedad o el tratamiento, aún cuando se conserven intactas las funciones sexuales, en términos de genitalidad.

Considerar las quejas principales, el status sexual, el status médico incluyendo las terapias antitumorales, el status psicológico y psiquiátrico, la historia familiar y psicosexual y las relaciones interpersonales en todo esquema evaluativo, en un todo coherente que conduzca a un resumen y a recomendaciones terapéuticas.

**Palabras clave:** cáncer, disfunción sexual, dolor

**Conflicto de interés y declaración de divulgación:** Ninguno

## Iatrogenia en Sexualidad: Disociación Entre Placer y Reproducción

Silvina Valente

Presidenta de SASH, Jefa de Sexología Clínica del Hospital de Clínicas José de San Martín, Medica, Tesorera de FLASSES, Miembro de AISM'

La mitología es una especie de descripción de contra narrativa de lo que no se puede explicar racionalmente, siempre que la ciencia prolegómena no esté conectada con la experiencia humana. Son los mitos que para trascender lo que quieren comunicar se convierten en creencias que impactan en el desarrollo social. Luego de la socialización la ciencia como actualmente la concebimos recién investiga su veracidad o su naturaleza. Si nos centralizamos en el mito de Afrodita, diosa del amor, representaría la dualidad entre la sensualidad y la fertilidad y es la que ayudaría a la supervivencia generacional; esta diosa en el acto de nacer, dar vida o procrear transpone la sexualidad de ser burda a ser energía creativa. La tendencia actual nos propone la integración del ser humano, si bien, la fertilidad nos concede la llave de la vida y la trascendencia, no es sino por medio de la sexualidad, conducta humana regida por la vía del placer. Toda conducta que asegure la supervivencia de la especie está íntimamente ligada a experiencias placenteras.

Durante años los médicos no hablamos de sexualidad, inclusive hasta hoy no está incluida como objeto de estudio en nuestra formación. El entrenamiento en educación sexual es imprescindible para abordar múltiples cuestiones médicas relacionadas a la sexualidad como la anticoncepción, la búsqueda de un embarazo, el tratamiento con distintos fármacos que interactúan en la respuesta sexual. La demanda de los pacientes es la que llevo a preguntarnos cuales eran los motivos por lo cual no abordamos el tema. Es importante profundizar los conocimientos relacionados a la sexualidad femenina a la hora de indicar una medicación o un tratamiento o simplemente un control de salud; de no hacerlo, sin quererlo muchas veces caemos en la iatrogenia.

**Palabras clave:** anticoncepción, fertilidad, placer

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-20

## Funcionamiento de Una Red de Centros Centinelas Que Cuidan a Mujeres en Situación de Aborto. Red Clap Componente Musa (OPS Symposium)

De acuerdo con estimaciones de la Organización Mundial de la Salud, en América Latina 32 de cada 1,000 mujeres tiene un aborto inducido al año y un número indeterminado de abortos recibe asistencia en los servicios de salud. Mundialmente, se estima que ocurren 25 millones de abortos inseguros; 97% de estos abortos inseguros ocurren en África, Asia y América Latina. Se estima que sólo 1,510,000 de los 6,420,000 abortos que ocurrirían anualmente en América Latina son seguros. Un aborto inseguro ocurre cuando un embarazo es terminado por una persona que no tiene el entrenamiento adecuado, o en un lugar que no cumple con los estándares médicos mínimos. Son consecuencia de la falta de acceso de las mujeres a métodos anticonceptivos efectivos y a servicios de aborto legal. A pesar de contar con estimaciones generales, son

pocos los datos sistemáticos provistos por los hospitales de la región que sean útiles para diseñar, implementar y evaluar políticas públicas que atiendan las necesidades de estas mujeres. En 2015 el Centro Latinoamericano de Perinatología establece una Red de Centros Centinelas y el proyecto MUSA (de Mujeres en situación de aborto) (RED CLAP MUSA).

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la mujer, materna y neonatal. Documento Base, Junio, 2015.

**Palabras clave:** Mujeres en situación de aborto, calidad de cuidado, historia clínica electrónica

## El Uso de Evidencias con el Evi Sip y Su Potencial Para Toma de Decisión en La Red Clap

Suzanne Jacob Serruya

CLAP WRH PAHO/WHO, Montevideo, Uruguay

La toma de decisiones en salud demanda sistemas de información confiables que cumplan con las funciones esenciales de generación, compilación, síntesis, análisis y comunicación de datos. Contar con información de incidencia del aborto, determinantes, características de las mujeres en situación de aborto (MUSA) y sus consecuencias, es esencial para delinear intervenciones que mejoren la calidad de atención. Aunque se estima en mundo que del 7 al 9% de todas las muertes maternas ocurren por abortos, es difícil saberlo con precisión debido a la mala clasificación, que puede llevar a un sub-registro de casos no sólo en contextos restrictivos, sino también cuando es legal dados los prejuicios y estigma asociado. La Red CLAP componente Musa usa el Sistema Informático Perinatal (SIP) con el SIP-A en

los casos de mujeres en situación de aborto es un mecanismo efectivo para hablar un lenguaje común entre los países y al interior de cada uno. El uso del SIP-A permite conocer aspectos de la atención a la mujer en situación de aborto. Siendo esta la única red de esta característica. En este simposio se mostrarán los avances realizados en 3 países de la Región de América latina: Argentina, Bolivia y Honduras.

**Palabras clave:** evidencias, vigilancia, mujeres en situación de aborto, calidad de atención

**Fuente de financiamiento:** CLAP SMR

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiencia de la Implementación de Centros Centinelas en Argentina

Graciela Lukin

Secretaria de Salud de la Provincia de Buenos Aires, Argentina

En América Latina sólo uno de cada cuatro abortos es seguro y es común que las mujeres en la región obtengan medicamentos para la auto inducción fuera del sistema de salud formal desde hace varios años. También se menciona que en los casos de aborto legal es más común en los Centros Centinelas el uso de tecnologías apropiadas y el dar anti concepción, incluyendo el área de Urgencias y existiendo bastantes prejuicios.

Para reconocer los marcos legales del aborto y prevenir los abortos inseguros Naciones Unidas desarrolló una página Web en donde puede verse la legislación y

los requerimientos para acceder a un aborto legal según las normativas nacionales. En América Latina y el Caribe hay países que consideran esta atención como parte corriente de sus servicios de salud, mientras que en otros hay algunas causales como es el embarazo resultado de una violación. En la presente conferencia se mostrará la implementación de la Historia Clínica de SIP A en 6 centros centinelas de la provincia de Buenos Aires en Argentina y su impacto en la salud de las mujeres asistidas mostrando las líneas de

investigación desarrollas en los hospitales de la red CLAP componente MUSA en Argentina.

**Palabras clave:** aborto, calidad de atención, anticoncepcion postaborto

**Fuente de financiamiento:** CLAP SMR

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiencia de la Implementación de Centros Centinelas en Bolivia

Amanda Moreno

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En la región, se estima que los abortos inseguros causan 1,000 muertes y cerca de 500,000 hospitalizaciones por año, especialmente entre las mujeres más vulnerable. Además, también existen resistencias para la provisión del aborto legal basadas en creencias personales por parte de algunos sectores del personal de salud, las cuales atentan contra la salud y vida de las mujeres, negando un derecho reconocido en las leyes nacionales. En la presente conferencia se mostrara la implementación de la Historia Clínica de SIP A en 4 centros centinelas en Bolivia y su impacto en la salud de las mujeres asistidas. El uso del SIP-A permite conocer aspectos de la atención a la mujer en situación de aborto, que deben de considerarse a nivel local como criterio de calidad de atención y el uso de la mejor evidencia científica y recomendaciones de la OMS. Para esto se requiere que cada Centro Centinela tenga

revisión y análisis de sus propios datos. El uso regular del SIP-A para la gerencia abarca aspectos como, la identificación de las cargas de trabajo de las personas, como también tener un sistema confiable de datos en tiempo real para el aseguramiento de insumos de salud reproductiva. El aspecto de tener una fuente confiable con la atención realizada puede contribuir a romper el ciclo en no hay existencias de Aspiradores Manuales o de medicamentos en el momento que se necesita. Además, el uso de información sirve para comprender y mejorar los esquemas de coordinación internos.

**Palabras clave:** atención postaborto, anticoncepcion, calidad de atención

**Fuente de financiamiento:** CLAP SMR

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiencia de la Implementación de Centros Centinelas en Honduras

Rigoberto Castro

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El poder analizar la calidad de las prestaciones de salud a mujeres en situación de aborto permite a las instituciones de salud el mejorar la calidad de atención que ellos brindan y mejoramiento de los indicadores de salud. Es posible mejorar los indicadores mediante el análisis sistemático y continuo de estándares de calidad propuestos por la OMS. La preocupación de la salud pública ha estado centrada en los embarazos no deseados en las adolescentes, sin embargo la tasa de embarazos no deseados es más alta en las mujeres comprendidas entre 20-24 años. Incluso después de los

25 años, la mitad de los embarazos son no deseados (2). En un estudio realizado en Honduras entre el 2010 y 2011, se encontró que el 20,8 % de las mujeres que tuvieron un aborto eran mujeres menores de 19 años y las mujeres entre 20 y 34 años representaban el 62% de las mujeres. El 95,4% de ellas había recibido consejería o información sobre el uso de métodos anticonceptivo, no obstante sólo el 68,6% de estas mujeres en situación de aborto iniciaron un método anticonceptivo. El mejoramiento de la calidad de atención es el mecanismo para mejorar los resultados e indicadores

sanitarios. Muchos estudios han probado estrategias de educación continua y programas educativos dirigidos a personal sanitario, pero son pocos los que muestran evaluaciones de impacto con un seguimiento a largo plazo.

La Red de Centros Musa ha implementado algunas de las estrategias basadas en evidencia para mejorar la calidad de atención y las condiciones están dadas para conocer el impacto de estas. En la presente conferencia

se mostrará la implementación de la Historia Clínica de SIP A en 4 centros centinelas en Honduras y su impacto en la salud de las mujeres asistidas

**Palabras clave:** atención postaborto, calidad de atención, derechos reproductivos

Fuente de financiamiento: CLAP SMR

**Conflicto de interés y declaración de divulgación:** Ninguno

## SY-21

### AASECT: Sexual Science and Advocacy in the United States (AASECT Symposium)

“AASECT’s mission is the advancement of the highest standards of professional practice for educators, counselors and therapists.” AAASECT, 1967.

A current policy question at AAASECT asks, “Should AAASECT’s mission include advocacy? Increasingly more practitioners and health organizations claim advocacy is essential to promoting highest standards for sexuality education, counseling and therapy today. While few believe people can enjoy sexual health without social justice, many lament costs of an organization’s advocacy—dissension that undermines solidarity and collegiality among its members.

Because advocacy has become an essential part of AAASECT’s health promotion, leadership must collaborate on policy positions and how to manage conflict,

even hostility, that results from the politicalization of AAASECT’s mission.

This panel examines the centrality, complications, costs, and benefits of advocacy at AAASECT by discussing the organization’s history of advocacy and current measures to institutionalize AAASECT’s double focus on best practices and social justice. Examining a study and two current initiatives reshaping organizational governance, the panel will focus on benefits of advocating for policies that support best practices, those supported by scientific evidence. Finally, looking through the lens of diversity, inclusion and equity, the panel will discuss future gains AAASECT’s advocacy makes possible.

**Keywords:** advocacy, sexual science, social justice

### Strategy Shifts at Aasect

Susan Stiritz

The Brown School, Washington University in St. Louis, USA

**Introduction and Rationale:** AAASECT’s newest strategic planning process (2017) builds on a trajectory of advocating for sexual health as a social justice issue.

A tradition of eschewing advocacy prevailed at AAASECT from its founding in 1967 until 2002.

Silence about policy issues ceased when President George W. Bush advanced Abstinence Only Until Marriage Sex Education (1996-on) and David *Satcher*

replied with “The Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior” (2001). In 2002, AAASECT’s Board, led by Chair Jean Koelher, responded to this call for action by adopting advocacy as a critical strategy for AAASECT (Koelher, 2019).

**Action and Population group concerned:** In 2003-4, AAASECT aligned itself further with sexual rights advocates, creating “A Vision of Sexual Health Statement”

(2004; 2014). At least 17 subsequent position statements, a current strategic planning process, and continuous revisions of AASECT's Policies and Procedures address social determinants of sexual health.

AASECT's current Strategic Planning Task Force aims for organizational and social transformation. It "recognizes that practices that reflect values for diversity, inclusion, and equity impact all aspects of work among members, within the field of sexual health, and within the communities served by sexual health professionals." "[A]ddressing, dismantling, and transforming policies, structures, and biases throughout the organization and the field of sexuality education, counseling, and therapy" is now seen as intrinsic to providing competent sexual health care (AASECT, 2019).

**Outcome:** The Strategic Planning Task Force is creating drafts with which to solicit feedback from stakeholders. These will be shared with AASECT's Board in June, 2019.

**Discussion & recommendations:** AASECT's strategic planning aims to create a more just organization and society and recommends addressing sexual health through DEI lenses.

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**Keywords:** Advocacy, Sexual health, Social justice

**Conflict of Interest and Disclosure Statement:** None

## AASECT Position Statement on Sex Addiction: A Sexual Health Advocacy Process

Douglas Braun-Harvey

The Harvey Institute, USA

**Introduction & Rationale:** AASECT recently completed a multi-year process to establish a policy and position statement about whether sex addiction training and education meets their education and practice standards. The debate regarding the legitimate existence of a clinical disorder for sexual addiction motivated AASECT's mission of taking positions on contentious topics and cultural conflicts that impede sexuality education and health care. The AASECT continuing education committee chose to disqualify sex addiction training as unacceptable for sex educators, counselors and therapists. This required the AASECT Board to establish a policy to support this committee recommendation.

**Action and Population group concerned:** The President of AASECT directed committees to draft, review and ultimately present a position statement for the Board to consider adopting. This decision had ramifications beyond AASECT membership with reverberations among sex addiction treatment advocates, sexual health advocates and sexual rights advocates.

**Outcome, Discussion & Recommendations:** The release of the position statement has led to increased visibility of the controversy surrounding diagnosis and diverse perspectives on whether sexual behavior control problems should be considered an addictive disorder. AASECT advocacy has increased media knowledge



about the controversy with increased media and professional journal citations.

**Conflict of Interest and Disclosure Statement:** None

**Citation of supporting literature:**

Abrams, M. (2019). REBT and Sexual Problems. In *REBT with Diverse Client Problems and Populations* (pp. 127–147).

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Braun-Harvey, D. (2017). Sexual Health Conversations: Crossing Boundaries to Liberate Us from Sexual Addiction. *Current Sexual Health Reports*, 9(1), 1–4.

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**Keywords:** Out of control sexual behavior, Sexual health, Sex therapy

## Working Towards a Culture of Liberation; Using a Dei Lens to Promote Organizational Change

Chris Fariello

Philadelphia Institute for Individual, Relational & Sex Therapy, USA

**Introduction & rationale:** Diversity, Equality, and Inclusion committees are becoming more and more commonplace in organizations that are conscious and mindful of social justice issues. However, it is not enough simply to create a body designed to advise on these matters. As an organization leading the front of sexuality education and practice, AASECT has committed itself to using this lens in creation of every committee, every project, every election, every policy, and every decision made. We believe that, ultimately, there can be no Sexual Health without Social Justice.

**Action and Population group concerned:** AASECT has reworked its Bylaws and Policy & Procedure manuals with this social justice lens in mind. By doing so, each decision, even the way the organization goes about making decisions, uses this social justice lens. In this way we are better able to serve all our members, as well as the people for whom they provide services.

**Outcome:** Creating and instituting the policy to use this social justice lens has begun to transform our organization towards a greater culture of liberation and consent. However, it is not without controversy. Shining a light into areas that were once dark, has illuminated us to just how much work there is to accomplish.

**Discussion & recommendations:** Systemic oppressions, including oppression based on race, gender, sexual orientation, ability, body size, and class impact us all in our perceptions and how we interact with others. In order to effectively collaborate and move our work forward, we need to identify, understand, and manage the oppressions that hold us back, and find ways to break free creating a culture of liberated practices. In doing so, it is important to have members of as many “differences” as possible to enable the widest net cast. Even with best efforts, there will be short sightedness and prejudice. The goal is not to find completion, rather a continued effort to move forward.

**Conflict of Interest and Disclosure Statement:** None

**Citation of supporting literature**

De Welde, Kris. 2017. “Moving the Needle on Equity and Inclusion.” *Humboldt Journal of Social Relations* 1 (39): 192–211.

Dreachslin, JL, Weech-Moldano, R, Dansky, KG. Racial and ethnic diversity and organizational behavior: a focused research agenda for health service management. *Soc Sci Med*. 2004;59(5):961–971.

Sarmishta, S. 6 Degrees – RBC Report, All of Us: What We Mean When We Talk About Inclusion. 6 Degrees: 2017: 20.

**Keywords:** Diversity, Equity, Inclusion

SY-22

## How the Sexual Behaviours Clinic Got so Good at Treating Sex Offenders (symposium of the University of OTTAWA)

In the last 15 years The Sexual Behaviours Clinic (SBC) has developed a comprehensive approach to the treatment of sex offenders that has placed it among the most successful treatment programs in the world. In 2015 the SBC received the American Psychiatric Association's (APA's) prestigious award (the Gold

Award) as the "Top Academic Out-Patient Clinical-Research Program". This symposium will present the philosophy and method the SBC uses.

**Keywords:** paraphilias, treatment, group therapy

## New Ways of Approaching the Successful Treatment of Sex Offenders

J. Paul Fedoroff, Alphonso Corona, Lisa Murphy and Thanh Ly

The Royal, University of Ottawa, Canada

This presentation will explain how the Sexual Behaviours Clinic sees its mission to decrease and prevent sex crimes. It will show how it has been organized as a clinical-research clinic which won the top Award from the American Psychiatric Association as the best

out-patient academic Clinical Research lab of any type in North America.

**Keywords:** paraphilia, paradigm, treatment

**Conflict of Interest and Disclosure Statement:** None

## The SBC Group Therapies

Alphonso Corona

The Royal, University of Ottawa, Canada

This presentation will describe six different out-patient groups designed to successfully treat sex offenders. Included will be a description of the common aspects and unique aspects of each group. Ways in which the groups diverge from what is commonly recommended

for group therapy will be described. An explanation of how each group has developed will also be provided.

**Keywords:** Paraphilias, sex offenders, Group therapy

**Conflict of Interest and Disclosure Statement:** None

## How The SBC Uses Phallometric (PPG) Testing in Treatment

Lisa Murphy

The Royal, University of Ottawa, Canada

This presentation will briefly explain what PPG is and how it works. Ways in which PPG can be used to aid in therapy will be presented together with some data supporting the view that sexual arousal patterns can be

changed both by decreasing problematic arousal as well as by increasing non-problematic arousal patterns.

**Keywords:** phallometry, paraphilia, outcome measures

**Conflict of Interest and Disclosure Statement:** None

## Sex Offenders. Why Should We Believe Them?

Thanh Ly

The Royal, University of Ottawa, Canada

This presentation will discuss the problem of verifying whether former sex offenders in treatment are doing as well as they say they are doing. Data will be presented from an anonymous survey in which patients in

treatment in the SBC were provided the opportunity to disclose any offenses since they began treatment.

**Keywords:** sex offence, anonymity, treatment outcomes

**Conflict of Interest and Disclosure Statement:** None

SY-23

## Hacia Una Nueva Mirada Sexológica (FESS Symposium)

En sexología utilizamos conceptos como multidisciplinar, transdisciplinar o bio-psico-social, pero en la mayoría de las ocasiones se realiza desde una mirada biomédica, psicológica o social a la que se ha incorporado los aspectos relacionados con la sexualidad. La seguridad del marco teórico aprendido puede ser insuficiente y los enfoques vigentes no cubren todas las necesidades. Tendrían que ser revisados y encaminados hacia una nueva mirada sexológica.

La violencia estructural es una violencia invisible que se usa en aquellas situaciones en las que se produce un daño en la satisfacción de las necesidades humanas básicas como resultado de los procesos de estratificación social. La violencia contra las mujeres es un hecho cultural que constituye una violación de los

derechos humanos y adopta formas muy diversas: violencia de género, violaciones sexuales, trata de mujeres y niñas o la mutilación genital, entre otras formas.

La sexualidad femenina se ha contemplado y vivido desde una perspectiva patriarcal que ha condicionado su expresión y placer. El amor romántico establece las formas correctas y normativas de sentir, pensar y actuar en el entorno de la pareja, favoreciendo las relaciones heterosexuales, monógamas, románticas y duradora. En el amor líquido, predominarían las relaciones libertarias, superficiales, hedónicas y racionales.

**Palabras clave:** Sexología, Violencia estructural, Sexualidad femenina

## Hacia Una Nueva Mirada Sexológica

Francisca Molero-Rodríguez<sup>a,b,c,d,e</sup>

<sup>a</sup>Licenciada en Medicina y Cirugía, Universidad de Barcelona, España; <sup>b</sup>Miembro fundadora y co-directora del Institut de Sexologia de Barcelona, España; <sup>c</sup>Profesora asociada de la Universidad de Barcelona, España; <sup>d</sup>Responsable del Centro Municipal de Planificación Familiar y Orientación Sexual de Sant Andreu de la Barca, Barcelona, España; <sup>e</sup>Presidenta de la Federación Española de Sociedades de Sexología, España

En sexología utilizamos conceptos como multidisciplinar, transdisciplinar o bio-psico-social, pero en la mayoría de las ocasiones se realiza desde una mirada biomédica, psicológica o social a la que se ha incorporado los aspectos relacionados con la sexualidad.

En una sociedad tan trepitante como la actual, dónde conceptos como sexualidad líquida, flexibilidades de género y sexos, robótica, comunicació erótica virtual, etc se convierten en antiguos sin haber sido ni siquiera incorporados, la sexología se ha de plantear nuevos retos. Se necesita una nueva mirada para entender, para investigar y para hacer terapia. Los

enfoques vigentes no cubren todas las necesidades, la seguridad del marco teórico aprendido puede ser insuficiente, miradas cognitivo-conductuales, psicoanálisis, terapia sistémica, hipnosis, mindfulness, entre otras, tendrían que ser revisadas y encaminadas hacia una nueva mirada sexológica.

**Palabras clave:** Multidisciplinar, Transdisciplinar, Bio-psico-social

**Conflicto de interés y declaración de divulgación:** Ninguno

## Violencias Estructurales Hacia Las Mujeres

Felipe Hurtado-Murillo<sup>a,b,c,d,e,f</sup>

<sup>a</sup>Doctor en Psicología y Especialista en Psicología Clínica, Universidad de Valencia, España; <sup>b</sup>Facultativo Especialista en Psico-Sexología de la Unidad de Salud Sexual y Reproductiva "Fuente San Luis" de Valencia, Conselleria de Sanidad, Valencia, España; <sup>c</sup>Profesor Asociado Asistencial de la Facultad de Psicología de Valencia, España; <sup>d</sup>Facultativo Especialista de la Unidad de Referencia de Identidad de Género de Valencia, Conselleria de Sanidad, Valencia, España; <sup>e</sup>Vocal de la Junta Directiva de la Federación Española de Especialistas en Sexología, España; <sup>f</sup>Secretario General de la Federación Latinoamericana de Sociedades de Sexología

La violencia directa contra la mujer es todo acto de violencia intencional basado en la pertenencia al sexo/género femenino, que tenga o pueda tener como resultado un daño o sufrimiento físico, sexual o psicológico para la mujer, así como las amenazas de tales actos, la coacción y la privación arbitraria de la libertad, tanto si se producen en la vida pública como en la vida privada.

La violencia estructural es una violencia invisible que se usa en aquellas situaciones en las que se produce un daño en la satisfacción de las necesidades humanas básicas como resultado de los procesos de estratificación social. Generando un conflicto entre dos o más grupos sociales normalmente caracterizados en términos de género, etnia, nacionalidad, identidad, orientación sexual u otros. El conflicto es resuelto sistemáticamente a favor de una de las partes perjudicando a las demás.

Finalmente, la violencia cultural hace referencia a aspectos de la cultura que la legitiman a través de la religión, la filosofía y los valores sociales. Cumple la función de legitimar la violencia directa y estructural.

La violencia contra las mujeres es un hecho cultural donde la sociedad patriarcal considera lo masculino como lo dominante y lo femenino como subordinado. Es una estrategia dominación para mantener la situación de poder y la desigualdad social. Constituye una violación de los derechos humanos y adopta formas muy diversas: violencia de género, violaciones sexuales, trata de mujeres y niñas, prostitución forzada, matrimonios con menores o la mutilación genital, entre otras formas.

**Palabras clave:** Violencia estructural, Violencia cultural, Violencia directa

**Conflicto de interés y declaración de divulgación:** Ninguno

## Placer Sexual En La Mujer, Género Y Pareja

Silvia Pastells-Pujol<sup>a,b,c,d,e</sup>

<sup>a</sup>Doctora en Psicología de la Salud, Barcelona, España; <sup>b</sup>Especialista en Psicología Clínica, Madrid, España; <sup>c</sup>Máster en Sexología Clínica y Terapia de pareja, Barcelona, España; <sup>d</sup>Profesora de la Universidad Autónoma de Barcelona, Barcelona, España; <sup>e</sup>Vocal de la Federación Española de Sociedades de Sexología

La sexualidad femenina se ha contemplado y vivido, por un lado, desde una perspectiva patriarcal que ha condicionado su expresión y placer. Y por otro, el amor romántico establece las formas correctas y normativas de sentir, pensar y actuar en el entorno de la pareja, favoreciendo las relaciones heterosexuales, monógamas, románticas y duraderas (Sánchez-Sicilia y Cubells Serra, 2018). En el amor líquido, en cambio, predominarían las relaciones libertarias, superficiales, hedónicas y racionales, y su máximo ejemplo se encontraría en las relaciones virtuales (Bauman, 2003).

En la práctica clínica, la sexualidad femenina, sobre todo en el contexto de las relaciones de pareja de larga

duración, deben ser reformuladas para disminuir el sufrimiento en forma de malestar emocional cuando lo que ocurre individualmente o en la pareja no encaja en los modelos tradicionales románticos ni en el amor líquido. Aspectos como la asertividad sexual, la habilidad para concentrarse en el propio placer y la flexibilidad entorno al modelo de pareja exclusiva se tornan imprescindibles para el desarrollo del placer femenino del siglo XXI.

**Palabras clave:** Sexualidad, Placer sexual femenino, Modelos de pareja

**Conflicto de interés y declaración de divulgación:** Ninguno

## EL Deseo Sexual de la Mujer en el Siglo XXI

Francisco Cabello Santamaría<sup>a</sup>, Marina A. Cabello García<sup>b</sup> and y Francisco Javier Del Río Olvera<sup>c</sup>

<sup>a</sup>Doctor en Medicina y Cirugía por la Universidad de Málaga & Licenciado en Psicología y Especialista en Psicología Clínica & Máster en Sexología & Director del Master en Sexología y Terapia Sexual en Málaga & Director del Instituto Andaluz de Sexología y Psicología, Spain; <sup>b</sup>Licenciada en Psicología por la Universidad de Málaga & Directora de la sección infanto-juvenil del Instituto Andaluz de Sexología y Psicología & Máster en terapia sexual y de pareja & Vocal de la Sociedad Malagueña de Sexología, Spain; <sup>c</sup>Doctor en Psicología por la Universidad de Almería & Especialista en Psicología Clínica & Máster en Sexología & Profesor de la Universidad de Cádiz & Vocal de la Junta directiva de la Federación Española de Sociedades de Sexología, Spain

**Introducción y Objetivos:** El estudio del deseo sexual es importante para entender aspectos clave de la sexualidad femenina. El objetivo del presente trabajo es analizar el deseo sexual en mujeres en una amplia muestra.

**Método y muestra:** se utilizó la escala de deseo sexual del cuestionario Deseo Sexual y Aversión (DESEA). La muestra se obtuvo mediante un muestreo no probabilístico, método de muestreo casual o incidental. Las participantes pudieron contestar al cuestionario a través de un enlace habilitado en la página web de la Academia Internacional de Sexología Médica y del Instituto Andaluz de Sexología y Psicología. La muestra estaba formada por 18525 mujeres, con una media de edad de 34.65 años y una desviación típica de 9.51. Se

analizó el deseo en función de la edad de las mujeres y el tipo de pareja.

**Resultados:** mediante la prueba de Kruskal-Wallis, se detectó que la diferencia en puntuaciones media entre los grupos de edad era significativa, siendo las mujeres entre 18 y 28 años las que obtienen una mayor puntuación media (10.42), y las mujeres de 69–78 (8.67) las que obtienen una menor puntuación. Al comparar el modelo de pareja se obtuvo una mayor puntuación media en las mujeres que sí tienen una relación en exclusiva (10.05 > 9.64) pero no conviven con la misma, siendo dicha diferencia estadísticamente significativa.

**Conclusiones y recomendaciones:** Las mujeres con mayor nivel de deseo son las que tienen una única pareja pero no conviven con ella con una edad

comprendida entre 18 y 28 años. Se recomienda realizar más investigación en esta línea.

**Palabras clave:** deseo sexual, DESEA, mujeres

**Conflicto de interés y declaración de divulgación:**  
Ninguno

SY-24

## Who Guidance on Ethical Considerations in Designing and Conducting Research on Sexual and Reproductive Health in Adolescents

Venkatraman Chandra-Mouli

World Health Organisation, WHO, Geneva, Switzerland

**Background:** Well-intentioned attempts to protect adolescents from harm leads many research ethical boards and committees to exclude adolescents as a group from research studies in which there are sound reasons for them to be included. And where they are included, researchers to find the right balance between the ethical imperative on the other hand, and legal requirements and practical considerations on the other.

**Objective:** At this seminar, the key recommendations of the WHO guidance in four areas will be presented:

- Defining the study population
- Autonomy, consent, and assent
- Reconciling conflicting legal and ethical obligations with regard to adolescent research participants
- Information sharing

This will be followed by an opportunity to discuss the practical implications of the guidance for those involved in research in different contexts.

**Welcoming remarks:** Dr **Lale Say**, Coordinator, WHO's Department of Reproductive Health and Research / Human Reproduction Programme.

**Overview of WHO guidance:** Dr **Jerome Singh**, Head of Ethics and Law at the Centre for the AIDS Programme of Research in South Africa, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal and Adjunct Professor, Division of Clinical Public Health, Dalla Lana School of Public Health Sciences, and the Joint Centre for Bioethics at the University of Toronto, Canada.

**Discussant's comments:** Dr **Alain Giami**, Research Professor at INSERM (Institut National de la Santé et de la Recherche Médicale)

**Structured discussion moderated by** Dr **Venkatraman Chandra-Mouli**, WHO's Department of Reproductive Health and Research/Human Reproduction Programme.

**Closing remarks:** Dr **Venkatraman Chandra-Mouli**

SY-25

## Sexuality Research in Mexico via Online Surveys: Today's Sexuality in Mexico (AMSSAC Symposium)

El uso de encuestas en línea se ha mostrado como una herramienta valiosa para evaluar información y verificar una serie de hipótesis debido a la eficacia en la obtención de muestras de tamaño considerable, las consideraciones económicas y la velocidad de producción.

The Mexican Association for Sexual Health (AMSSAC) took the decision to start a program of online surveys taking advantage of the relatively large

online community (15,000) and the database of contacts of the Institution (some 9,000).

We have explored a variety of topics and areas of controversy and need for clarification or investigation. We present here a selection of topics that include investigations on sexual fantasies, sexual satisfaction, the experience of orgasm, discrimination and the



current discussion on arousal and desire as similar or separated entities in the way women identify them. These topics will be presented the main findings of each research project.

The symposium will end with an opportunity to discuss the findings, the limitations and advantages of this research approach.

**Keywords:** online sex research, sexual fantasies, sexual satisfaction

## Sexual Fantasies: An Exploration on its Variety and Frequency

Georgina García-Rodríguez, Alicia Rojas-Flores and Eusebio Rubio-Aurioles

Asociación Mexicana para la Salud Sexual, A.C (AMSSAC). Mexico City, México

**Introduction & Objectives:** Sexual fantasies are imaginary representations that are grounded in experiences or ideals generated by cultural exposure. Fantasies are important since they provide information of people's lives, interests, frustration and desires. The aim of this study was to characterize the sexual fantasies of participant, with a sizable majority of Mexican participants.

**Methods & Sample:** An online survey using the Wilson (1978) inventory of sexual fantasies, that groups fantasies in exploratory, intimate, impersonal and sadomasochist was integrated to a survey to which the database of the Institution as well as its social media were invited. A total of 1,513 participants completed the questionnaire

**Results:** The most frequent type of fantasy reported was the intimacy type. Exploratory fantasies were second in rank followed by sadomasochist and the impersonal. When frequencies were analyzed by reported gender, men had more exploratory fantasies

( $F = 11.268$ ,  $p < 0.001$ ) and impersonal ( $F = 6.022$ ,  $p = 0.003$ ); whereas females had more intimacy related fantasied ( $F = 7.146$ ,  $p = 0.001$ ). Interestingly the comparisons of sadomasochist fantasies were not statistically different when compared males with females

**Conclusion & Recommendation:** Sexual fantasies are extremely frequent and part of the sexual lives of participants. While the results cannot be generalized to the general population, the information provided as to the range of fantasies, and their role in sexual life and sexual well-being is clearly shown in this group of participants. It is recommended that this dimension of sexual life be part of educative and counseling and therapeutic processes.

**Keywords:** sexual fantasies, gender differences in sexual fantasies

**Conflict of Interest and Disclosure Statement:** None

## Sexual Satisfaction and Sexual Function: An Online Survey of 2,116 Male and Female Participants

Verónica Delgado-Parra, Alicia Rojas-Flores and Eusebio Rubio-Aurioles

Asociación Mexicana para la Salud Sexual, A.C (AMSSAC). Mexico City, México

**Introduction & Objectives:** Sexual Satisfaction can be conceptualized as an affect response that results from the evaluation of positive and negative aspects related to sexual experiences (Byers, Demmons y Lawrance, 1998, p. 268). We investigated the level of sexual satisfaction in a sample gathered via online invitations and to correlate this level with measures of sexual function

**Methods & Sample:** An online survey using the Index of Sexual Satisfaction, ISS; (Walter, Hudson,

Harrison y Crosscup, 1981) using the Spanish version (Vieira et al., 2008). In addition Spanish versions of the International Index of Erectile Function (FE) and the Female Sexual Function Index (FSFI) were included in the online survey. 2116 participants responded the questionnaires: 781 males and 1,335 females. The reliability of instruments was verified and it was very good for the three questionnaires: Cronbach's  $\alpha = 0.936$ ,

0.929 and 0.961 for the SSI, FSFI and the Erection domain of the IIEF (ED-IIEF).

**Results:** Sexual satisfaction was reported as high. Also, predictively, sexual satisfaction was positively correlated to sexual function both in males and females (for erectile function domain and sexual satisfaction  $r = 0.445$ ,  $p < 0.001$ , for total score at FSFI and sexual satisfaction  $r = 0.666$ ,  $p < 0.001$ ) A multiple regression analysis on sexual satisfaction including demographic and health related variables identified: self-rated health status (beta standardized 0.151,  $p < 0.001$ ), Self-reported depression (beta = 0.144,  $p < 0.001$ ), Age (beta = 0.144,  $p < 0.001$ ) How religious are you? (beta = 0.084,  $p < 0.001$ ), socio-economic level (beta = 0.064,  $p = 0.007$

and self-reported low testosterone levels (beta = 0.059,  $p = 0.012$ ).

**Conclusion & recommendations:** Sexual Satisfaction was high and is related to the level of sexual function both in males and females. As to the non-sexual predictors, health in general and depression in particular appeared as the stronger predictors. It is recommended that clinicians explore sexuality in more detail when health problems appear and in particular depression.

**Keywords:** sexual satisfaction, sexual function, predictors of sexual satisfaction

**Conflict of Interest and Disclosure Statement:** None

## The Experience of Orgasm: Qualitative and Quantitative Analysis of 1481 Responses

Claudia Rampazzo-Bonaldo, Alicia Rojas-Flores and Eusebio Rubio-Aurioles

Asociación Mexicana para la Salud Sexual, A.C (AMSSAC). Mexico City, México

**Introduction & Objectives:** The experience of orgasm remains to be under-investigated in comparison to other areas of human sexuality. A survey was designed to increase our understanding of this experience

**Methods & Sample:** An online survey was designed to explore quantitatively and qualitatively the experience of orgasm in males and females. 1481 individuals participated of whom 1,024 (69.14%) were females and 457(38.86%) males. 85.97% of participant females and, 71.43% of males identified as heterosexual.

**Results:** 92.85% of females and 97.33% of males reported having experienced orgasm (corrected chi square = 4.5547  $p = 0.0328$ ). 67.32% of males and 42.01 % of females reached their first orgasm via solo masturbation. Females were more likely to have their first

orgasm during interaction with a partner. Most participants (63.37% of females and 80.98%) adopted an active role when they had sexual activity. The quantitative exploration revealed that males describe more physical aspects of orgasm while females describe more relational aspects.

**Conclusion and recommendation:** The experience of orgasm is common, most participants enjoyed and looked actively to produce it. The differences in experiences between males and females remain but they tend to be small.

**Keywords:** orgasm, orgasm in women, orgasm in men

**Conflict of Interest and Disclosure Statement:** None

## Discrimination For Sexual And Physical Appearance Reasons: A Survey of 597 Respondents

Alma Aldana-García, Alicia Rojas-Flores and Eusebio Rubio-Aurioles

Asociación Mexicana para la Salud Sexual, A.C (AMSSAC). Mexico City, México

**Introduction & Objectives:** Sexual diversity and discrimination continues to be frequent association. To

explore aspects of how discrimination is experienced a survey study was implemented.

**Methods & Sample:** 597 participants responded an online survey. The sample was made up of 60.56 % were women and 39.43% were males. A majority with postgraduate education and 50% reporting being Catholic. 23% of participants reported having a homosexual orientation.

**Results:** More than half of participants reported having experienced some form of discrimination. The most frequent reason reported was physical appearance. When participants with a homosexual orientation were compared with those with heterosexual orientation there were higher levels of reported discrimination

in the family circle, educational institutions, work place, access to public places and being attacked physically or verbally

**Conclusion and recommendation:** Discrimination continues to be a significant problem among participants. Physical appearance and homosexual orientation are important triggers of discrimination. More work is needed to eliminate this burden.

**Keywords:** sexual discrimination, sexual orientation

**Conflict of Interest and Disclosure Statement:** None

## Do Women Get Confused When Describing Sexual Desire and Sexual Arousal? Responding Quantitatively with a Survey of 1140 Women

Eusebio Rubio-Aurioles and Alicia Rojas-Flores

Asociación Mexicana para la Salud Sexual, A.C (AMSSAC). Mexico City, México

**Introduction & Objectives:** It has been suggested that females do not differentiate the experience of sexual desire and sexual arousal, the DSM5 females sexual dysfunction reflects this assertion with the new entity female sexual interest/arousal disorder. We attempted to study if females differentiate the experience of sexual desire from sexual arousal using quantitative methodology.

**Methods & Sample:** A list of 32 possible descriptors of female sexual arousal and desire was developed using several validated measure of female sexual function and dysfunction and validated by a panel of experts. Each descriptor was included in the questionnaire twice, one time referring to desire, and another time referring to arousal. 1401 females responded to the invitation and filled the questionnaire age mean of 34.21 years with  $sd= 11.293$  and a range from 18 to 79, most of them with graduate and post graduate educational level.

**Results:** The comparison of frequencies of responses resulted in significant differences for 26 of the 32 descriptors, most of them with a  $p < 0.001$ . 23 descriptors had a significant difference in favour of sexual arousal 3 in favour of sexual desire, and 5 had no significant difference.

**Conclusion and recommendation:** Participants in this online survey differentiated the experience of sexual arousal from desire. This was stronger when participants with lower sexual function scores were compared with those with non-dysfunctional scores. Although the overlap of these two experiences occurred it is recommended that the current DSM 5 classification be re-considered.

**Keywords:** Sexual desire and arousal differentiation, Sexual arousal, Sexual desire

**Conflict of Interest and Disclosure Statement:** None

SY-26

## Comprehensive Sexuality Education (CSE) as a Factor of Development: The United Nations Response to the Needs and Demands of Youth (UN Interagency Symposium)

Comprehensive Sexuality Education has been recognized as an indispensable component of inclusive and equitable quality education. According to United Nations agencies, human right-based and gender focused CSE enables young people to protect their health, well-being and dignity. Diverse United Nations agencies have responded to the expressed needs and to research findings that document the needs of young people for CSE.

In this interactive symposium four senior specialists from UNESCO, the United Nations Population Fund (UNFPA) and the World Health Organization, will

discuss some of the basic principles of CSE, present new and innovative research on how CSE is implemented in diverse school settings as well as offering responses for the most vulnerable young populations.

This will be a unique opportunity for Congress participants to interact with the experts who shape CSE at international and regional level and to understand how the different agencies programmes collaborate to provide synergic actions to empower young people through CSE.

**Keywords:** Sexuality education, Rights, Youth

## Comprehensive Sexuality Education: Why is it Needed? What Should it Contain? How Should it be Delivered?

Venkatraman Chandra-Mouli

Scientist, Adolescent Sexual and Reproductive Health, World Health Organization / Human Reproduction Programme, Geneva, Switzerland

Drawing upon the International Technical Guidance on Sexuality Education (2018), Dr Chandra-Mouli will set out why children and adolescents need and have a right to sexuality education; evidence on the effectiveness of sexuality education; how generic themes could be adapted to the needs of children and adolescents in different age and development stages and contexts; and

evidence on how sexuality education could be delivered effectively based on research and field experience.

**Keywords:** Comprehensive sexuality education, Rationale, World Health Organization

**Source of Funding:** World Health Organization

**Conflict of Interest and Disclosure Statement:** None

## Learning from Comprehensive Sexuality Education Implementation Challenges – Study Findings from Four Lower & Middle Income Countries

Joanna Herat

Senior Programme Specialist/Team Leader, Sexuality Education. UNESCO, Paris, France

This presentation will offer an in-depth analysis and reflections on issues around planning, teacher education and curriculum development for good quality CSE, including data on both young people's and teacher's perceptions of CSE delivery

**Keywords:** Innovation, Evidence, Global relevance

**Source of Funding:** UNESCO

**Conflict of Interest and Disclosure Statement:** None

## Teachers in Context: Challenges and Opportunities for Quality CSE Delivery

Mary Guinn Delaney

Regional Advisor, Education for Health and Well Being UNESCO, Latin America and the Caribbean Regional Office. Santiago, Chile

Even experienced, knowledgeable and committed teachers face major challenges in their delivery of effective CSE. This presentation will summarize a recent study undertaken in Chile that focused on teachers' perceptions of the factors and dynamics that affect their classroom level work.

**Keywords:** Teachers, Innovative research, Classroom observation

**Source of Funding:** Regional Advisor, Education for Health and Well Being UNESCO, Latin America and the Caribbean Regional Office. Santiago, Chile

**Conflict of Interest and Disclosure Statement:** None

## Out of School Comprehensive Sexuality Education for Left Behind Adolescents and Youth

Ilya Zhukov

Technical Specialist Comprehensive Sexuality Education, Young Key Populations, United Nations Population Fund (UNFPA). New York, USA

The presentation will be focused on specific groups of left behind young people and what makes each of these groups different from others in regard to CSE; why do they need special attention when it comes to CSE; and how or what is needed to make CSE relevant to them. The new International Technical Guidance on the subject will be presented at this session.

**Keywords:** Out of school, key populations, Global relevance

**Source of Funding:** United Nations Population Fund (UNFPA).

**Conflict of Interest and Disclosure Statement:** None

SY-27

## “Gender Ideology”: A New Threat Against Sexual Health and Rights in Europe and Latin America (WAS Scientific Committee Symposium)

“Gender ideology” has become a buzzword among conservative circles and a vehicle to attack sexual and reproductive rights, gender equality and LGBTI rights. Invented by the Vatican in the nineties to understand and counter the results of the Cairo and Beijing UN conferences, this expression is used by a wide spectrum of actors today (evangelical and orthodox churches, right-wing populists, far right groups, etc.). In several parts of the world, it is currently at the centre of massive social and political campaigns, that we have called

anti-gender campaigns. This symposium, which gathers leading experts from Europe and Latin America, will shed light on so-called “gender ideology” and the various campaigns it inspires. Both practitioners and academics will provide an up-to-date overview of anti-gender campaigns, and highlight the state of research on both sides of the Atlantic.

**Keywords:** Anti-gender campaigns, populism, conservatism

## Anti-Gender Campaigns in Europe: Catholicism and Populism

David Paternotte

Université libre de Bruxelles, Belgium

Based on two recent projects including 14 countries in the region, this paper will examine the development of campaigns against “gender ideology” in Europe, leading to the emergence of a specific family of mobilizations that we call anti-gender campaigns. These campaigns started in the mid-1990s as a Catholic project but developed significantly in several European countries after crucial encounters with right-wing populism. This book examines how the academic concept of gender, when translated by religious organizations such as the Roman Catholic Church, can become a mobilizing tool

for, and the target of, social movements. It examines the intersection of religious politics with rising populism and nationalistic anxieties in contemporary Europe.

**Keywords:** Anti-gender campaigns, Europe

**Source of Funding:** Friedrich-Ebert-Stiftung, Fonds national de la recherche scientifique (Belgium), Agence universitaire de la francophonie

**Conflict of Interest and Disclosure Statement:** None

## European and Transnational Networks Around “Gender Ideology”

Neil Datta

European Parliamentary Forum for Sexual and Reproductive Rights, Belgium

On the basis of years of advocacy in favour of sexual and reproductive rights, this paper will map the oppositional landscape within European institutions and global fora, focusing on organisations such as CitizenGo, the World Congress of Families, Alliance Defending Freedom or the European Center for Law and Justice. It will present the various actors in the field and their

impact on policy-making, and will trace the influence of US and Russian actors in Europe today.

**Keywords:** anti-gender campaigns, Europe, transnational

**Conflict of Interest and Disclosure statement:** None

## Anti-Gender Campaigns in Latin America

Gloria Careaga

Sexuality Policy Watch, Brazil

This presentation will present the preliminary results of a comparative research project on anti-gender campaigns in nine Latin American countries, including the two country case studies to be presented in the symposium (Chile and Mexico). While these two studies look more closely into dynamics within national boundaries, the regional overview will illuminate common threads as well as heterogeneities across countries in terms of trajectories, strategies and repertoires of anti-gender

campaigns, key institutional and social actors (national and transnational) involved and, most principally, effects, with regards to specific domains – such as gender and sexuality education, LGBTTI rights, gender identity and gender based violence laws – but also much larger political impacts of de-democratization.

**Keywords:** anti-gender campaigns, Latin America

**Conflict of Interest and Disclosure Statement:** None



## Anti-Gender Movements in Chile

Jaime Barrientos

Universidad Alberto Hurtado, Chile

This study is the first one to examine anti-gender movement in Chile. Some of the most relevant findings show that the gender ideology movement in Chile started soundly in the country, above all with the discussion of the law on gender identity. This law began to be discussed in 2017, with the arrival of CitizenGo's bus. This movement strongly participated during the debate of the law at Congress, turning gender into a relevant issue at the Chilean Congress for the first time in history. Although this category appeared in the debate on the anti-discrimination law in 2012, debates had never reached the intensity and hate of the debate on the gender identity law.

The research relies on the collection of data from online sources (Google), academic sources (academic Google and scientific databases Scielo and Web of Science), and pieces of news (mainly from local newspapers such as *La Tercera*, *El Mercurio*, *El Mostrador*, and *El Desconcierto*). It also includes data gathered through talks and brief interviews with key informants such as a) faculty members (2), LGBT and feminist activists (3) college activists (2), and Catholic theologians (2).

**Keywords:** anti-gender campaigns, Chile

**Conflict of Interest and Disclosure Statement:** None

## Mexico: Gender and Sexuality at the Centre of the Hurricane

Luz Elena Aranda

Universidad Nacional Autonoma de Mexico, Mexico

This paper will analyze the process through which recent conservative attacks have put gender and sexuality at the centre of social and political debates to slow down the advancement of women's rights and to avoid the recognition of the rights of dissident sexualities. It will examine recent developments in Latin America, in comparison with the situation in Mexico today. While Latin America is currently turning more conservative, Mexico had apparently taken a distinctive path with

Lopez Obrador's election. The main actions taken in the 100 first days of government will be scrutinized to understand the foundations of what has been called the Fourth Transformation. It will reveal, however, that many resemblances between old and new practices which threatens the full enjoyment of sexual rights.

**Keywords:** anti-gender campaigns, Mexico

**Conflict of Interest and Disclosure Statement:** None

SY-28

## Nordic SAR/SSA – Sexual Attitudes Reassessment and Restructuring (SAR) / Sexual Self Acknowledgement (SSA)

In this symposium development and practice of Nordic SAR/SSA (Sexual Self Acknowledgement) in sexological education will be presented by representatives from Finland, Iceland, Sweden and Norway.

In 1995 the first Nordic Curriculum was presented in Iceland, and the first program in basic sexology and sexological counselling was established in Finland in

1996. In 1999 a Nordic framework for sexological education and authorization was presented, and in 2002 the first Specialists in Sexological Counselling and Clinical sexology were approved by The Nordic Association for Clinical Sexology (NACS). In this work, the original SAR, developed by Ted McIlvenna in the 1970's was introduced. The Nordic sexologists

agreed that there was need for a more up to date version of SAR. It came to be named Nordic SAR/SSA. It was up to each educational program to develop their versions of the SSA, and it has been developed by different influences in the Nordic countries. The main theme of SAR/SSA is to be confronted with expressions of sexuality that may provoke negative attitudes,

ignorance, counter-transference, and anxiety/fear. The students need to create a safe basis to become comfortable and competent in their meetings with all expressions of human sexuality; cultures, subcultures, and individual variations.

**Keywords:** Attitudes, Sexual cultures, Confrontation

## Development of the Nordic SAR/SSA

Elsa Almås

University of Agder, Grimstad, Norway

**Introduction and rationale:** In this symposium development and practice of Nordic SAR/SSA (Sexual Self Acknowledgement) in professional sexological education will be presented by representatives from Denmark, Finland, Iceland, Sweden and Norway.

**Project/Population and settings:** In 1995 the first Nordic Curriculum was presented in Iceland, and the first program in basic sexology and sexological counselling was established in Finland in 1996. In 1999 a Nordic framework for sexological education and authorization was presented in Norway, and in 2002 the first Specialists in Sexological Counselling and Clinical sexology were approved by The Nordic Association for Clinical Sexology (NACS). In this work, the original SAR, developed by Ted Mc Ilvenna in San Francisco in the 1970's was introduced. The Nordic sexologists agreed that there was need for a more up to date version of SAR. It came to be named Nordic SAR/SSA.

**Outcome:** It was up to each educational program to develop their versions of the SSA, and has been

developed by different influences in the different Nordic countries. In this symposium, Rikke Pristed will present the Danish SAR/SSA, Tiina Vilponen will present the Finnish SAR/SSA, Sigga Dögg will present the Icelandic SAR/SSA, Esben Esther Pirelli Benestad will present the Norwegian SAR/SSA, and Maria Carola Bure will present the Swedish SAR/SSA.

**Discussion and recommendation:** The main theme in all the Nordic versions of SAR/SSA is to be confronted with expressions of sexuality that may provoke negative attitudes, ignorance, counter-transference, and anxiety/fear. The students need to create a safe basis to become comfortable and competent in their meetings with all expressions of human sexuality; cultures, subcultures, and individual variations.

**Keywords:** SAR, SSA, Nordic version

**Source of Funding:** University of Agder

**Conflict of Interest and Disclosure Statement:** None

## Norwegian SAR/SSA

Esben Esther Pirelli Benestad, Rikke Pristed and Elsa Almås

University of Agder, Grimstad, Norway

**Introduction and rationale:** Sexual Attitude Restructuring (SAR) is a model for training professionals in sexology. The model uses explicit films, small group discussion, and informational lectures. This has been viewed as an acceptable and reliable way of helping professionals to reassess their own attitudes about

sexuality, lower any anxiety about sexual activities, and become comfortable with the subjects that comprise the field of human sexuality. New routes to the objective have been applied for the last 18 years, linked to education in sexological counselling at the University of Agder.

**Project/Population and settings:** Sexual Self Acknowledgement (SSA), is based on the following pillars:

1. Elements of tabooed diversity.
2. A dive into own sexuality where the students share, first with one other and then decides what can be share with 7 others, to decide what can be shared with the whole group of students.
3. Actual meetings with groups, individuals and businesses that in different ways represent diversities of sexuality and/or gender/agender, preferably at the locations where these different groups meet. The first encounter takes place in the second week of the course.
4. Excursion to Amsterdam, meetings with groups, individuals and businesses representing diversities of sexuality and gender at the locations where these different groups meet.

This takes place the 10<sup>th</sup> and last week all the students work together.

All experiences, reactions and insights are continuously shared throughout the course that has a total span of two years.

**Outcome:** The feed-back from the nine groups of approximately 35 students each, has been very positive with expressions to the effect of having been positively changed and feeling far more secure and at ease with issues of sexuality and gender.

**Discussion and recommendation:** SSA has over a period of 17 years proved very useful and is recommended for use in sexological education

**Keywords:** Diversity, Sexual subcultures, Training

**Source of Funding:** University of Agder

**Conflict of Interest and Disclosure Statement:** None

## Swedish SAR/SSA

Maria Carola-Bure

BC Psykologresurs AB, Stockholm, Sweden

**Introduction:** Clinical sexology is a subtle form of interpersonal work. The quality partly depends on the clinician's ability to integrate knowledge with emotional maturity and degree of self-awareness, including the clinician's own reactions to sexuality. As a means to increase the quality of sexological treatment and to secure the integrity of the clients, SAR-courses aim to enhance sexologist's self-awareness regarding attitudes and values towards sexuality and towards sexual norms/standards.

In Sweden, the national sexological organization (SfS) launched the first 25-hour residential SAR-course in 2015.

**Project setting:** The courses are launched by SfS and membership in the organization is a prerequisite for participation. Two sets of courses are offered:

25-hour workshop with focus on individual reactions to sexual themes.

23-hour workshop with focus on individual reactions to difficulties that may arise in sexological conversations in clinical work.

Course meetings are held 1-2 times a year. A set of basic rules are used to facilitate interaction and communication. The self-awareness process is stimulated through confrontational methods to lower rational defense mechanisms and to stimulate the participants to detect own reactions without passing through theoretical reasoning or focus on "the other".

Exercises are performed in large and small groups settings. Each course session includes an individual debriefing session to ensure the participant's condition.

**Examination:** An individual essay

**Outcome:** Findings through course evaluation forms:

- High satisfaction regarding relevance, material, and personal development
- High level of course-engagement

**Discussion and Recommendations:** Through a presentation the courses, their value for the field of clinical sexology is discussed. Further, the development of the

course content and methods is the result of experiences and conclusions drawn from the implementation of the courses and the ensuing course evaluations.

## SAR/SSA in Iceland

Sigga Dögg

President of Kynís, Sexology Association of Iceland and owner of Sigga Dögg sexologist, Iceland

**Introduction:** Iceland currently has four practicing sexologists and one sexology diploma on a graduate level. In the University of Iceland, Sóley Bender facilitates a miniature version of SAR/SSA in one of the three courses that the diploma consists of. As there are a limited number of professionals in the sexology field in Iceland, most sexologists attend a comprehensive SAR/SSA overseas. However, methods used within in SAR/SSA, to challenge attitudes, values and prejudices, are commonly used in sexual education classes for teens and young adults. Specifically, anonymous reflection journals held by students to reflect on their feelings and attitudes regarding various sexual discussions in an Introductory course in Sexology.

**Project setting:** A weekly reflection journal submitted online by undergraduate students in psychology in Reykjavik University during one semester in the course Introduction to Sexology.

## SAR/SSA in Finland

Tiina Vilponen

Sexpo Foundation, Helsinki, Finland

**Introduction:** In Finland hundreds of students per year are trained in sexology. Sexpo is the biggest Finnish training organisation in the field of sexology. Key element in training, especially in basic sexology training programme, is what the students learn from their own values, attitudes and sexual history, and are ready to challenge their thinking.

**Project setting:** SAR/SSA has been an essential part of Sexpo's trainings during the past 50 years. Before

**Keywords:** Self-awareness, Workshops, Confrontation

**Source of Funding:** Swedish Society for Sexology

**Conflict of Interest and Disclosure Statement:** None

**Outcome:** The feed-back from a weekly reflection journal of university student in Reykjavik University will be discussed and common themes analyzed. These journals serve as powerful ways to discuss gender, identity, pleasure, sexual politics, stereotypes and sex and inform the lecturers on future discussions.

**Discussion and recommendations:** In this presentation I will present some of the themes in the reflection diaries and reflect what topics and views younger people have regarding sexological matters. I will also talk about the importance of this as a tool for SAR/SSA modules.

**Keywords:** Attitudes, Values, Prejudices

**Source of Funding:** Kynís, Sexology Association of Iceland

**Conflict of Interest and Disclosure Statement:** None

the training starts the students will receive a questionnaire which helps them to explore and face their own ideas about sexuality, gender and relationships.

**Outcome:** Sexpo has been using the questionnaire for many years and during that time the answers have changed. Based on the answers, the trainers have been able to modify the training programme in details to cater for the needs of the students.

**Discussion and recommendations:** In this presentation I will present some of the questions in the questionnaire and reflect what has changed during the

years. I will also make recommendations of what to include to SAR/SSA modules.

**Keywords:** Sexual history, Values, Attitudes

## Danish SAR/SSA

Rikke Pristed and Nina Lildal-Schrøder

Psychologists in private practice, Denmark

**Introduction:** If you are not comfortable with your own sexuality it can be difficult to be confronted with the sexuality of others in a professional and non-judgmental way.

**Purpose:** The purpose of SSA training, is to make clinical sexologists aware of sexual diversity, sexual subcultures, and the sexual behaviours of others. The purpose of the training is to strengthen professional self-awareness.

The training focuses on self-awareness in order to understand and handle that which is activated in us as professionals when we work with patients/clients.

The participants must be willing to work with pre-conceptions, prejudice, boundaries and reactions. There is also individual reflection on the participants own sexual history.

The program is a mixture of presentations (primarily by people representing the sexual subcultures or practices), viewing of relevant film material, group discussions, exercises and excursions.

The students can participate in a fetish party. If they participate, there is a follow-up. The instructors will be

**Source of Funding:** Sexpo Foundation

**Conflict of Interest and Disclosure Statement:** None

present at the party, where people wear masks, so that participants concerned with their professional identity (meeting clients) are somewhat protected.

**Outcome:** The experience is that it makes a big difference for the participants, who have the opportunity to safely explore and examine different subcultures in a professional way that invites reflection, and hugely affects their interactions with clients. It often gives a much higher level of security, and also helps them define their professional identity as clinical sexologists.

**Recommendations:** We would however recommend, in an ideal world, that all health professionals, not just people who identify as sexologists, go through SSA training, as it would potentially make a big difference for people seeking professional help with sexually related issues, and avoid a lot of shame and awkwardness on both sides of the table.

**Keywords:** Attitudes, Experience, Training

**Conflict of Interest and Disclosure Statement:** None

## SY-29

### Sexual Rights for Transgender/Non-Binary/Gender Non-conforming Youth And Adults: A WAS Initiative (Symposium of the National Center for Gender Spectrum Health, Program in Human Sexuality, University of Minnesota Medical School)

Through the *Sexual Rights for Transgender/Non-Binary/Gender Non-Conforming Youth and Adults* initiative, WAS aims to better understand the key elements that contribute to the development and promotion of transgender/non-binary/gender non-

conforming (TGNBGNC) communities' sexual rights. We expect to contribute to the international dialogue about TGNBGNC people's sexual health and rights, and improve our own institutional knowledge in order to strengthen advocacy for implementing sexual rights.

This initiative's goal is to determine how issues of sexual rights converge in the field of human rights for TGNBGNC people, whose sexualities have been historically pathologized. For example, key concepts will include stigmatization, lack of access to care, and lack of gender-competent providers, and how these problems impacts sexual rights. What professional guidelines are needed to assist policy makers, service providers, and other practitioners? Can the concept of sexual agency for all people across the gender spectrum

transcend cultural boundaries to provide us with a global principle for the recognition and realization of TGNBGNC people's sexual rights?

A panel of global transgender human rights and sexual health organizational representatives will convene for an interactive dialogue exploring the concerns setting the agenda for the development of this groundbreaking document.

**Keywords:** transgender, human rights, sexual health

## Introduction and Overview to WAS Initiative on Transgender Sexual Rights

Katherine Spencer, Nic Rider and Nova J. Bradford

Program in Human Sexuality, University of Minnesota, USA

This symposium will be a panel discussion of global leaders in sexual health and human rights in the transgender community, including sexual health professionals, legal scholars, and community organizers. Through a new initiative, WAS is creating a working group to extend the WAS Declaration of Sexual Rights and the Sexual Health for the Millennium to the transgender, non-binary, and gender diverse communities. Through the Sexual Rights for Transgender/Non-Binary/Gender Non-Conforming Youth and Adults initiative, WAS aims to better understand the key elements and factors that contribute to the development and promotion of transgender/non-binary/gender non-conforming communities sexual rights. It is the ultimate goal of this initiative to determine how the issues of sexual rights including autonomy, protection and

participation converge in the field of sexual rights for people with gender identities whose sexuality has been historically pathologized. The Introduction will include historical and conceptual background information to this document, an overview of the process by which previous WAS declarations and human rights documents have been crafted, and an overview of the process for crafting the present declaration. This moderated panel discussion will contribute to the agenda of this document.

**Keywords:** transgender, human rights, sexual health

**Source of Funding:** National Center for Gender Spectrum Health

**Conflict of Interest and Disclosure Statement:** None

## Moderated Panel Discussion on Transgender Sexual Rights

Mauro Cabral Grinspan

Global Action for Transgender Equality (GATE), Argentina

In this moderated panel discussion, leaders from global transgender human rights organizations will discuss the pressing needs of the global transgender community. Speakers will include representatives from Global Action for Transgender Equality (GATE), Transgender Europe (TGEU), Transgender Professional Association

for Transgender Health (TPATH), Asia Pacific Transgender Network (APTAN), and Gender Dynamix. Panelists will discuss the global context of transgender human rights and their relationship to sexual rights, and the potential significance and impact of a WAS declaration on transgender sexual rights in various



international contexts. Next steps in the process of crafting this declaration will be discussed, and audience input will be solicited to create an interactive process of furthering the agenda for this document.

SY-30

## Graduate and Post-Graduate Sexual Education (ESSM Symposium)

Although the World Health Organization includes sexual health in the definition of overall health, well-being, and quality of life, Sexual Medicine (SM) and sexology are still not adequately recognized by the large majority of the European medical schools. However, numerous studies have shown not only a high prevalence of sexual dysfunction<sup>4</sup> and its impact on intrapsychic, relational, and general health, but also the exquisite ability of sexual dysfunction itself to predict, or to be comorbid with, a number of noncommunicable chronic diseases. Finally, the traditional belief that sexology is grounded more on opinions than on evidence is no longer tenable, considering the rapid accumulation of scientific evidence regarding SM and sexology over the last 20 years, with this area now well-recognized, flourishing part of mainstream science.

Students of medicine and healthcare professions within various specialties must be academically prepared to deal with medical and psychosocial aspects related to sexual health. The Multidisciplinary Joint Committee of Sexual Medicine (MJCSM) is a body of the European Union of Medical Specialists (UEMS), supporting excellence in SM and diffusion of good sexology practices by setting and defining educational standards and accrediting training institutions, identifying minimal requirements for training, and developing an assessment framework. This initiative has been jointly and strongly supported by the European Society of Sexual Medicine (ESSM), which was the founder of the MJCSM. To achieve a more elevated standard of complete medical and psychological education, medical and psychology schools should meet the following

**Keywords:** transgender, human rights, sexual health

**Source of Funding:** National Center for Gender Spectrum Health

**Conflict of Interest and Disclosure Statement:** None

criteria: 1. Developing students' knowledge and understanding about sexual function, gender identity, sexual orientation, and the diversity of human sexual expression and behavior. 2. Teaching diagnosis and integrated therapies of the major sexual dysfunctions from early age to old age. 3. Recognizing the role of sexual dysfunction as a precocious biomarker in identifying non-communicable chronic diseases. 4. Promoting the role of health care professionals in prevention of sexual dysfunction. 5. Improving students' ability to communicate about sexuality and sexual health and about mutual respect of genders and sexual orientations.

For post-graduate education of professionals in SM and Sexology the ESSM, in collaboration with European Federation of Sexology and the MJCSM, develop educational and certification program according to the European model of the UEMS that include knowledge, skills and attitude. This include textbooks, practical available teaching possibilities and courses and examinations for certification.

The European perspectives of these educational efforts will be presented with 3 presentations during the symposium. The first presentation will deal with sexual health and graduate & post-graduate sexology education. The second presentation will demonstrate how to become professionals in modern sexology. And the third will show about education among Primary Care physicians and gynecologists about gynecological changes and sexual function.

**Keywords:** Education, sexuality, post-graduate

SY-31

## Compulsive Sexual Behaviour: What Do we Know to Date? (Consulta Dr. Carlos Chiclana Symposium)

The recent inclusion of Compulsive Sexual Behavior (CSC) in ICD-11 may facilitate the understanding, conceptualization, and clinical approach to situations in which various people seek help with a sexual behavior they claim not to control. Despite this, the scientific debate about the etiology and the course of this reality remains open. To date, research does not answer all the questions that clinicians need to address it. This Symposium aims to delve deeper into the categorization and explanatory models of CHC, the relationship of pornography consumption with this problem and, in

turn, to understand the different modulatory variables that are of interest to be taken into consideration for the development and maintenance of these symptoms. Is CHC really a problem? Does pornography require a specific category? How is the profile of people seeking help? Is a multidisciplinary approach necessary? Does it really need to be treated?

**Keywords:** Compulsive Sexual Behaviour, Human Sexuality, Pornography use

## Use of Online Pornography: ¿Compulsive Sexual Behavior or Behavioral Addiction?

Maria Contreras Chicote

Departamento de psicología, Universidad de Navarra, Pamplona, Spain

Actually, the rise of new technologies has facilitated the emergence of addictive behavior through the Internet (video games, shopping, betting or cybersex). The use of online pornography can be considered as one of those risk behaviors for the development of sexual addiction.

It is a common activity among young people, where 71% of man and 29% woman recognize pornography consumption. This data increases in countries where Internet access is not restricted. Regarding problematic use, the only study with a representative sample (20.094 persons) reports that 1,2% of woman and 4,4% of men confirm having addictive sexual behaviour. Despite the increase of people who report having this behavior, there is controversy in the scientist literature about the conceptualization and etiology of this behaviour. Different terms have been used to refer to this problem, being “addiction” the term most used. Sexual addiction was proposed to the DSM-5 under the term “Hypersexual disorder”, as a new psychiatric diagnosis, but it was not included. Recently the ICD-11 has

included in its latest version, the concept of “Compulsive sexual behaviour”. This term can be considered an umbrella that encompasses several problematic sexual behaviours, such as the harmful consumption of pornography. Regarding the etiology, an attempt has been made to explain a model that explains the psychopathological nature of this behaviour from different scientific perspectives. There are a variety of theories trying to explain the cognitive and emotional process behind this behaviour: neurobiological theory, attachment theory, learning theory or dual pathology theory.

This work will consist of a narrative review of the last 15 years on the state of the issue of sexual behaviour out of control, in which, we will review the context, epidemiology, etiology, conceptualization, and clinical manifestations.

**Keywords:** Behavioural Addiction, Pornography use, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## Use of Pornography: An Unresolved Debate

Alejandro Villena Moya

Unidad de Sexología Clínica y Salud Sexual, Consulta Dr. Carlos Chiclana, Madrid, Spain

At present, the scientific debate on the possible consequences of the use of pornography remains unresolved. Some authors state that it should never be considered an addiction and that there may even be positive consequences of its use, such as an increase in partner desire, learning about sexual relations and improving sexual self-esteem. Other authors report that such consumption can be harmful: facilitating aggressive behaviours in the sexual field, unrealistic expectations about sexual relations, erectile dysfunction and that it can be considered as a behavioural addiction. The most recent research affirms that the consequences of the use of pornography are mediated by factors such as attachment, personality characteristics or sexual education. Can the problematic use of pornography be considered an addiction or an independent pathology? Is it use harmful or beneficial? Should online access be regulated to adolescents?

The results obtained on the possible consequences derived from the use of pornography are presented

( $N = 525$  and  $N = 330$ ). At the same time, aspects of the classification of pornography as an independent diagnostic entity and its possible relation with Compulsive Sexual Behavior (CSC) are debated.

The results show that the consequences of the use of pornography are diverse, being able to help to know better the human body, but also, they facilitate the comparison and the frustration with the body of the actors and actresses, among other aspects. These results can provide a broad view of the different profiles of pornography users.

The role of sex education, religiosity, personality factors and attachment style should be explored in depth to assess the categorization of problematic use of pornography.

**Keywords:** Pornography use, Compulsive Sexual Behaviour, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## Compulsive Sexual Behaviour: Is It Really Necessary to Treat?

Carlos Chiclana Actis

Unidad de Sexología Clínica, Consulta Dr. Carlos Chiclana, Madrid, Spain

In clinical practice, we see people who ask for help because they feel their sexual behaviour is out of control. Although some do present an addictive pattern or pathological behaviour, others have a problematic use or come for partner's, moral, religious or legal reasons, making difficult the approach. Can all these people be diagnosed with Compulsive Sexual Behaviour (CSB) or is it a new construct to explain other problems?

In CIE-11, World Health Organization includes CSB as a pathology in which repetitive sexual behaviours become the focus of the person's life, generating deterioration; making numerous unsuccessful efforts to control them, continuing sexual behaviours despite the adverse consequences and even when pleasure is not derived or is very small.

It is discussed whether the etiology is compulsive, addictive, impulsive or learned and there is little research on it. However, there are validated diagnostic instruments and the first randomized clinical trials are beginning to be published. In addition, it is necessary to take into account variables related to the origin of the problem and where it would be necessary to intervene such as poor sexual education, early exposure to pornography, attachment, personality, hypersexualization of society, social pressure for early and frequent sexual behaviour, violence against women and machismo, dual pathology, use of technology, religiosity and spirituality.

We present, with a critical perspective, our experience with a series of cases ( $n = 148$ ). We propose possible clinical strategies for differential diagnosis and

design of a therapeutic plan (pharmacological and psychotherapeutic) adapted to the reality and problems of those who ask the professional for help.

**Keywords:** Compulsive Sexual Behaviour, Sex Addiction, Hypersexuality

**Conflict of Interest and Disclosure Statement:** None

SY-32

## New Trends in Portuguese Sexology Research (SPSC Symposium)

In this symposium we intend to present some examples of the most preeminent research developed in Portugal considering its intersection with sexual rights. The Portuguese Society of Clinical Sexology has had an active role in promoting sexual rights and sexual education in basic sexology, sex therapy and clinical sexology. Our courses generally demand that trainees also develop research that is socially implicated or clinically relevant. This has created an atmosphere that has led to relevant research and activism with important political and health policy implications. In this brief presentation by three women we intend to show the diversity

of the work that Portuguese sexologists are performing and also claim room for Portuguese female researchers, an important aspect as up until recently Portuguese women had barely the opportunity to have a sexual life that was free of social and political constraints, as well as access to careers and sex research has been seen as minor field for professional development which creates a difficult intersection for female researchers.

**Keywords:** Sexual satisfaction, Multiple orgasm, Politicized Intimacy

## Narratives of Women Struggling to Politicize Intimacy, Published in the Press (Modas & Bordados) after the Carnation Revolution (Portugal, 1974)

Isabel Freire

Institute of Social Sciences, University of Lisbon, Portugal

**Introduction:** In Portugal, after the Carnation Revolution (1974), the women's magazine *Modas & Bordados* (M&B) publishes an editorial defending the birth of a "new country" and engaging in the struggle to listen to women's aspirations and problems, to encourage them to make their own choices "at home, at work, on the streets". Was it women's right to sexuality included in the problems and aspirations the magazine wanted to make visible and highlight?

**Method(s) & Sample:** A content analysis (quantitative) of M&B between 1968 and 1978 revealed a growing concern with sexuality immediately after the Carnation Revolution, namely by the agenda-setting of topics such as family planning, contraception, abortion, youth sexuality and pornography.

I analyze (qualitatively) the content of three narratives published after 1974: a teenager letter (Gisela) entitled "I made love for the first time on the night of the revolution"; an interview of the feminist Maria

Teresa Horta (Movimento de Libertação da Mulher) with Simone de Beauvoir; the cartoon "Heloísa" (Sam) portraying the dreams and fears of a young woman longing for emancipation.

**Findings & discussion:** Gisela claims sexual rights for women and young people. Maria Teresa Horta (co-author of *Novas Cartas Portuguesas*) discusses with Simone de Beauvoir how was considered a woman who wanted to have a "true relationship with her body", by that time, in Portugal. Heloísa, the figure of Sam's cartoon, expresses the inner conflict of a woman educated to repress or deny sexual desire and pleasure, living in a society where pleasure was being shout out loud in spheres such as cinema or literature. The three narratives contribute to disclose and discuss an emergent notion of "intimate citizenship". In this period of transition from the New State dictatorship to democracy, sexuality goes public and political in *Modas & Bordados*.

**Recommendations:** Historical research is fundamental.

**Keywords:** Politicized intimacy, Carnation Revolution, Sexual Rights

**Source of Funding:** 1Project WOMASS, Women and associativism in Portugal, 1914–1974, FCT, PTDC/HAR-HIS/29376/2017

**Conflict of Interest and Disclosure Statement:** None

## Definitions of Sexual Satisfaction by LGB Partnered People

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**Introduction & Objectives:** Sexual satisfaction is an important component of sexual health. There are few proposed conceptual definitions of sexual satisfaction and operational definitions are significantly limited. Those that exist were developed with heterosexual people. **Method & Sample:** In this study, we performed thematic analysis on 60 Portuguese, partnered, sexual-minority people's written answers to the question: "How would you define sexual satisfaction?"

**Findings and Discussion:** The results revealed a sex positive definition that includes intersecting individual

and dyadic dimensions with social discourses relating to sexual minority identity and dominant patterns of relationships and sexuality. **Recommendations:** Findings highlight the need to consider LGB specific experiences in both research and clinical work.

**Keywords:** Sexual Satisfaction, LGB partnered people, Thematic analysis

**Conflict of Interest and Disclosure Statement:** None

## Psychosocial Determinants of Female Orgasm

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The present study aimed to explore the differences between women who experience multiple orgasms and women who experience single orgasms regarding sexual satisfaction and relationship satisfaction, sexual self-esteem, and automatic thoughts during sexual activity.

A total of 91 women with multiple orgasms, and 89 women with single orgasms completed an online general introductory questionnaire, and several measures such as the Sexual Self-Esteem Subscale (SSEs), the Female Sexual Functioning Index (FSFI), the Sexual Modes Questionnaire (SMQ), the Global Measurement of Sexual Satisfaction (GMSEX), and the Global Measure of Relational Satisfaction (GMREL).

Results indicated that women who experience multiple orgasms have a higher levels of sexual satisfaction ( $p < .001$ ) and relationship satisfaction ( $p < .05$ ). Regarding automatic thoughts, women experiencing a single orgasm

reveal more failure/disengagement thoughts ( $p < .05$ ) and more lack of erotic thoughts ( $p < .05$ ) compared to women who experience multiple orgasms. No differences were found regarding sexual self-esteem ( $p > .05$ ). Data from the introductory general questionnaire also revealed that the frequency of involvement in manual stimulation by the partner (focus on the vagina;  $\beta = -.33$ ,  $p < .05$ ) and penetration (with focus on the clitoris;  $\beta = .32$ ,  $p < .01$ ) were significant predictors of the frequency of orgasm.

These findings reinforce that psychosocial variables are related with orgasm experience, and that their role may contribute for a better comprehension of the differences between multiple and single orgasms.

**Keywords:** Female orgasm, Sexual esteem, Female multiple orgasms

**Conflict of Interest and Disclosure Statement:** None

SY-33

## The Multinational Comparative Analysis in the Sexuality of Young Adults – Including Japan, Poland, USA and German Speaking Countries (WAS Scientific Committee Symposium)

Tomoko Saotome

Louis Pasteur Center for Medical Research, Japan

In the age of liquid modernity and virtual reality when globalization and IT are progressing in all the societies of the world, sexuality is also changing drastically. On the other hand, these changes are largely different among societies. There are studies on the sexuality of young adults in different societies, there is a paucity of multinational and cross-cultural comparative research on multifactorial analysis aiming at the sexual lifestyles, sexual norms, behaviors, values, knowledge, body functions and gender roles included in one project. Our team decided to investigate the multidimensional sexuality of young adults of any gender (age 18–30) in several countries, including Japan, Austria, Germany, Poland and the USA. The online questionnaire (142 questions) focused on quantitative data has been

administered. The data was collected from March 2019. The expected number of participants will reach 900–1000 in total.

In this symposium, we will show comparative analysis on basic results first, then focus on several specified topics.

This project offers unique insights into complex current 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 modern sexual environment, which forms the foundation of satisfactory sexual well-being.

## A Comparative Analysis in the Sexuality of Young Adults with the Focus on Sexual Norms

Dariusz P. Skowronski

Temple University Japan Campus, Japan

Considering sexual norms, the preliminary results suggest significant differences in many aspects of sexual attitudes towards lifestyles and behaviors in young adults, for example among Japanese vs. American participants. American participants perceive as more acceptable some forms of sexual expression, like sex with extramarital partners, sex with friends with benefits, one-night stands, paying and receiving money for sex, open relationships, etc. Japanese participants, on

the other hand, present much more conventional attitudes of potentially acceptable sexual behaviors. The final results will include a comprehensive analysis of a large number of sexual phenomena from several countries.

**Keywords:** comparative analysis, young adults, sexual norms

**Conflict of Interest and Disclosure Statement:** None



## Sexual Behavior of Japanese Young Adults Seen from Viewpoint of a Comparative Analysis

Alice Pacher

Meiji University, Japan

Delayed sexual experiences, a lack of sexual interest and not having sexual intercourse in couple relationships are the defining characteristics of Japanese men and women in contemporary society. Academic research about sexuality which would focus on the root causes of this passivity with regards to intimate sexual relationships is still lacking. After an overview of the general outcomes of the survey, this presentation delves deeper into the aspects of sexual behavior, with a particular interest in Japanese university students.

The results indicate that Japanese female students often have their first sexual intercourse not for pleasure but rather out of curiosity, compared to American students who have their first sex to be intimate with their partner and because their partner also wants it.

Even though Japanese students have a high rate of masturbation, we also investigate men and women who feel negative about self-pleasure (due to health reasons

related to frequency, social acceptance, and dangers). One can also observe Japanese female students who have never experienced masturbation because they do not feel any sexual desire, do not have privacy, or do not have enough time. On the other hand, students who exhibit a high frequency of masturbation relate it to the value of pornography and to the frequency of watching it.

An aim of this cross-cultural survey would therefore be helpful not only to analyze Japanese sexual issues, but also to attempt at solving the puzzle of how Japanese men and women can maintain a joint satisfying sex life that would raise their well-being.

**Keywords:** comparative analysis, young adults, sexual behavior

**Conflict of Interest and Disclosure Statement:** None

## A Comparative Analysis in the Sexuality of Young Adults with the Focus on Sexual Function

Maki Hirayama

Meiji University, Japan

This survey includes FSFI and MSFI questions. Considering sexual function, preliminary results suggest Japanese women ( $n = 23$ ) have lower FSFI scores than USA women ( $n = 15$ ), comparing averages, in all the domains including desire, arousal, lubrication, orgasm, satisfaction and pain. In the domain of lubrication the gap between the two groups is the biggest. On the other hand, Japanese men ( $n = 16$ ) have higher MSFI scores than USA men ( $n = 10$ ) in most of the domains. Which factors impact these gender differentiated 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.

This project offers unique insights into very complex reality of sexuality in several countries. The analysis will clarify how modern changes as to gender equality, fluidization of sexual relations, and virtual sexuality are advanced among youth in each country, and how they relate to their sexual function. This study provides an important empirical basis to consider contemporary sexual well-being.

**Keywords:** comparative analysis, young adults, sexual function

**Conflict of Interest and Disclosure Statement:** None

SY-34

## Determinantes Sociales de la Salud: Impacto en la Salud Sexual de Mujeres Lesbianas, Trans y Sus Parejas (CENESEX–Cuba Symposium)

**Introducción:** el Análisis de la Situación de Salud (ASIS) es una de las funciones esenciales de la Salud Pública. En el contexto de los Determinantes Sociales de la Salud se convierte en herramienta imprescindible para el diagnóstico y análisis de los factores que limitan el derecho a la salud de las poblaciones no hegemónicas en las políticas de salud sexual. Investigaciones realizadas en el 2019, evidencian límites en el acceso a los servicios de salud a pesar de la cobertura universal de salud existente en el país; el estigma y discriminación instalado en algunos prestadores de

salud se convierte en una barrera para el acceso por las mujeres lesbianas y trans; baja sensibilidad en utilizar la identidad social de las mujeres trans en las dinámicas de atención en salud que alcanza a sus parejas; legitimidad de la prostitución como vía para la consolidación de una identidad trans colectiva y la aceptación com proyecto de vida en el imaginario social de las mujeres trans.

**Palabras clave:** determinantes sociales, salud sexual, mujeres lesbianas y trans

## Determinantes Sociales: Impacto en la Salud Sexual de las Mujeres Lesbianas, Trans y Sus Parejas

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**Introducción:** entre los Determinantes Sociales de la Salud que influyen de manera negativa en el acceso a la salud sexual y en la garantía de este derecho, se encuentran las concepciones sociales alrededor del género. El estigma asociado a mujeres lesbianas, trans y sus parejas es un factor que afecta su salud sexual.

**Objetivo:** caracterizar la situación de salud sexual de un grupo de mujeres lesbianas, trans y sus parejas.

**Métodos:** tres cuestionarios autoadministrados y dos entrevistas grupales.

**Muestra:** 10 mujeres lesbianas, 15 trans y 6 parejas activistas de Transcuba. Red de Personas Trans, Parejas y Familias.

**Hallazgos y discusión:** insuficiente información científica sobre la salud sexual de estas poblaciones.

**Integración social favorable:** culminación de la enseñanza preuniversitaria, integración laboral o tenencia de ingresos propios y relaciones satisfactorias con los convivientes. Elevada prevalencia de VIH en mujeres trans y sus parejas. Persistencia de malestares sexuales en las mujeres lesbianas y trans. Los procesos de feminización de estas últimas repercuten en la salud sexual de sus parejas, no obstante sus prácticas sexuales

generan bienestar. Experiencias de situaciones violentas y de discriminación en los servicios de salud, rechazo por parte de la familia por ser pareja de una persona trans y malos tratos en el ejercicio de la prostitución. Insuficiente disponibilidad de servicios para abordar problemáticas específicas de salud, valoración negativa de algunos servicios especializados y centralización de aquellos dirigidos a la atención integral a personas trans. Limitan el acceso de estas personas a los servicios de salud sexual, el predominio de una cultura lesbofóbica y transfóbica, producción científica patologizadora y estigmatizante, existencia de mitos, prejuicios y estereotipos en torno a sus orientaciones e identidades.

**Recomendaciones:** brindar insumos a los decisores para la puesta en marcha de políticas públicas que tributen a la reducción de brechas en el acceso a la salud.

**Palabras clave:** determinantes sociales, salud sexual, sexualidades no heteronormativas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Análisis de la Situación de Salud Sexual de Mujeres Trans

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**Introducción:** entre los Determinantes Sociales de la Salud que influyen de manera negativa en el acceso a la salud sexual y en la garantía de este derecho, se encuentran las concepciones sociales alrededor del género. El estigma asociado a las identidades de las mujeres trans es un factor que afecta a su salud sexual por lo que es necesario identificar las necesidades específicas en salud que tienen, así como las brechas en el acceso. Ante esta problemática, resulta oportuno llevar a cabo un análisis de la situación de salud de este grupo.

**Objetivo:** caracterizar la salud sexual de un grupo de mujeres trans activistas.

**Método:** enfoque metodológico mixto, estudio exploratorio y descriptivo. Utilización de cuestionario autoadministrado y entrevista grupal. Muestra: 15 mujeres trans seleccionadas mediante muestreo no probabilístico, en la tipología de muestra por oportunidad.

**Resultados y discusión:** insuficiente información científica sobre el grupo estudiado y de manera específica sobre su salud sexual. Integración social favorable, pudiéndose resaltar la culminación de la

enseñanza preuniversitaria, la integración laboral o tenencia de ingresos propios y las relaciones satisfactorias con los convivientes. Elevada prevalencia de VIH en las mujeres trans y persistencia de malestares sexuales asociados a prácticas sexuales violentas o a los procesos de feminización. Frecuentes experiencias de situaciones violentas que limitan el acceso a la salud sexual y existencia de situaciones de discriminación en los servicios de salud. Insuficiente disponibilidad de servicios de salud para abordar problemáticas específicas de salud, valoración negativa de algunos servicios especializados y centralización de aquellos dirigidos a la atención integral a personas trans.

**Recomendaciones:** Profundizar en la generación de evidencias científicas en torno a la salud sexual de las mujeres trans. Apoyar con la evidencia recabada la implementación de la Estrategia para la Integración Social de las personas Trans.

**Palabras clave:** determinantes sociales, análisis de la situación de salud, mujeres trans

**Conflicto de interés y declaración de divulgación:** Ninguno

## Salud Sexual de las Parejas de las Mujeres Trans

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**Introducción:** el estudio de la salud sexual de las personas con sexualidades no heteronormativas ha sido postergado y, en muchas ocasiones, el análisis se ha reducido a encaminar acciones de prevención en materia de ITS y VIH. El acercamiento a las realidades que afectan la salud sexual de las parejas de las mujeres trans es escaso, lo que dificulta la puesta en marcha de acciones que tributen a su mejoramiento.

**Objetivo:** caracterizar la salud sexual de un grupo de parejas de mujeres trans.

**Método:** estudio exploratorio y descriptivo basado en una metodología mixta. Para la recogida de la

información se aplicó un cuestionario autoadministrado y una entrevista grupal. Muestra: 6 parejas de mujeres trans que fueron seleccionadas por muestreo no probabilístico.

**Resultados y discusión:** escasos estudios sobre la salud sexual de las parejas de las mujeres trans. Adscripción a modelos hegemónicos de masculinidad, lo que conlleva a dificultades en la identificación de situaciones violentas experimentadas en su vida cotidiana y a una baja percepción de riesgo en lo relativo a la infección por VIH. Prevalencia de mitos, prejuicios y estereotipos que limitan el establecimiento de vínculos

de pareja y el reconocimiento de las relaciones eróticas que se establecen con las mujeres trans. Limitada asistencia a servicios de salud por malos tratos del personal y por situaciones de discriminación.

**Recomendaciones:** Proponer la implementación de acciones de capacitación a las parejas activistas de Transcuba. Red de Personas Trans, Parejas y Familias.

Profundizar en los resultados obtenidos por medio de la ampliación de la muestra.

**Palabras clave:** determinantes sociales de la salud, análisis de la situación de salud, parejas de las mujeres trans

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Prostitución en Personas Trans, una Manifestación de Violencia

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**Introducción:** A lo largo de la historia las clases dominantes han creado mecanismos para el control social de la sexualidad. En un particular estado de desventaja se encuentran las personas trans. La población trans se encuentra en una evidente situación de vulnerabilidad, sometida a condiciones discriminatorias, que conduce a que un gran número de ellas se encuentren practicando la prostitución para satisfacer sus necesidades. El presente trabajo forma parte de un estudio descriptivo de corte transversal y prospectivo en el que se utilizan como métodos de investigación la formación de grupos focales, análisis de documentos, entrevistas y la observación participante con una muestra de 15 mujeres trans.

**Objetivo:** Caracterizar la salud sexual de un grupo de personas trans que practican la prostitución. Dentro de los principales resultados se encuentran la identificación de las contradicciones expresadas y existentes en la relación prostitución desde el imaginario

social y la forma en la que constituye una manifestación de violencia anclada en la propia construcción de género que afecta la salud sexual.

**Conclusión:** Es una consecuencia directa de relaciones asimétricas de poder. Es una manifestación de violencia agravada por el estigma y la discriminación que parte de su experiencia de vida trans. La naturalización de su práctica afecta el desarrollo integral de las personas trans.

**Recomendación:** Desarrollar políticas públicas articuladas desde las necesidades propias de las trans y priorizándolas es una variante de desarrollo integral y reinserción social.

**Palabras clave:** determinantes sociales de la salud, prostitución, mujeres trans

**Conflicto de interés y declaración de divulgación:** Ninguno

## Necesidades de Salud Sexual de un Grupo de Mujeres Lesbianas

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Especialista del Departamento de Investigaciones y Docencia. Grupo de Formación Académica. Centro Nacional de Educación Sexual, Cuba

**Introducción:** en las últimas décadas, los movimientos feministas, lésbicos y de la diversidad sexual han hecho énfasis en la importancia de considerar las necesidades específicas de las mujeres lesbianas. Se visibilizan los temas de discriminación, violencia basada en género, derechos sexuales y la necesidad de institucionalizar

prácticas sanitarias seguras y efectivas en un marco de derechos humanos.

**Objetivo:** caracterizar las necesidades de salud sexual de un grupo de mujeres lesbianas.

**Método:** concepción dialéctico-materialista de la investigación, orientada a integrar elementos

cuantitativos y cualitativos. Estudio de tipo exploratorio que utilizó el cuestionario autoadministrado como instrumento para la recogida de la información. Muestra: 10 mujeres lesbianas que asisten a la Iglesia de la Comunidad Metropolitana y que fueron seleccionadas de manera aleatoria.

**Resultados y discusión:** insuficientes garantías para poder hacer un ejercicio efectivo de los derechos reproductivos, sobre todo en lo relativo a la maternidad por la imposibilidad para acceder a los servicios de reproducción asistida. Escasa utilización de métodos barrera en las relaciones sexuales, enlazado con una baja percepción de riesgo ante la infección por VIH o alguna ITS. Vínculos afectivos con otras mujeres basados en la fidelidad y el establecimiento de un proyecto de vida en común. Presencia de malestares sexuales y baja asistencia a los servicios de salud por considerar

los métodos como invasivos, poca sensibilidad y preparación por parte del personal de la salud. Postergación en la atención a los malestares sexuales, lo que deriva en un agravamiento de los mismos con el paso del tiempo. Presunción de heterosexualidad como una de las barreras más frecuentes para acceder a los servicios de salud.

**Recomendaciones:** potenciar los procesos de sensibilización y formación en los profesionales de la salud, sobre todo en las especialidades que se ocupan de la salud femenina. Promover la conformación de servicios de salud amigables.

**Palabras clave:** determinantes sociales, análisis de la situación de salud, mujeres lesbianas

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-35

## Implementing Human Rights in Sexual Health Training and Practice (Symposium of the Unesco Chaire Sexual Health & Human Rights, SFSC, and ASCLIF)

This symposium introduces three examples of human rights' implementation in sexual health training and clinical case studies.

Human Rights and their relevance to Sustainable Development Goals were introduced an introduction and frame to the Massive Online Open Course on "Sexual Health for all" (1). There was no requirement to enrol for the course, hence, it targeted both the general public and professionals; over 23,000 participants completed the course. In the same university, a certificate was created for peer expert living with a chronic condition and/or a disability (n = 12), with a specific module on sexual health and human rights. The evaluation of the MOOC and the data retrieved from online participants highlighted the overall satisfaction and

dissemination of Human Rights principles. Learners' satisfaction and commitment to advocating and becoming activist are presented as case studies of training leading to empowerment. Finally, the use of human rights in practice are presented as brief case studies.

1. Sofia De Vasconcelos, Igor Toskin, Bergen Cooper, Marie Chollier, Rob Stephenson, Karel Blondeel, Thierry Troussier, James Kiarie; Behaviour change techniques in brief interventions to prevent HIV, STI and unintended pregnancies: A systematic review, PLOS ONE September 27, 2018. <https://doi.org/10.1371/journal.pone.0204088>

**Keywords:** sexual health training, professional practice, sexual communication

## Modules Human Rights and Gender Identity in Link with Sexual Health

Marie Chollier<sup>a</sup> and Ingrid Geray<sup>a,b</sup>

<sup>a</sup>Executive Committee UNESCO Chaire, France; <sup>b</sup>Sexual Rights committee WAS

**Background:** Based on lifelong learning experiences, the UNESCO Chair participate at the sustainable strategy to build and transmit knowledge in human rights and sexual health management to professionals and any stakeholder in the field of sexuality.

2011-2018: For this endeavour, the UNESCO Chair is in partnership with other universities to create a Massive Open Online Courses (MOOCs) on the topics of sexual health and human rights to strengthen training for health professionals to end the epidemics of HIV and STIs.

**Objectives of the training module:** To improve their ability to address the diversity of sexual orientations and gender approaches in contexts where beliefs, customs, religions do not respect international ethical standards of health and Human Rights (HR).

To describe the fundamental standards of HR

To promote sexual reproductive health through Human Rights and reciprocally.

At the end of this training sequence participants will be able to understand standards of HR, their application and the link between SRH and HR. to identify binding treaties, regional conventions and local laws, applied to SRH, to integrate the importance of HR as a tool to promote SH.

**Conclusion and discussion:** Thinking about innovative interventions to change stereotypes and vis-à-vis values of the violence and vulnerabilities in sexual health, sexual rights and human rights

How to assess the individual, social, and structural that influence individual behavior and vis-à-vis collective sexual health?

**Keywords:** discrimination, Human Rights training, professional practice

**Conflict of Interest and Disclosure Statement:** None

## University Degree, 2018-2019 for Peer Expert Person Living with a Chronic Condition and/or a Disability

Ingrid Geray<sup>a,b</sup> and Marie Chollier<sup>a</sup>

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**Background:** This diploma which is developed and instructed with user associations aims to improve the social and professional background of people with disabilities and to train them to take up teacher of university diploma, health mediator, health educator, accompanying third person or else any mission related to disability, in order to allow participants to increase their autonomy and those of the people they will accompany in their future missions.

**Objectives:**

- To gain knowledge about the health care system and the user: the health, social and medico-social system in France, medical ethics

- To acquire knowledge about disability: the needs, the rights of the person in situation disability and life course support
- Acquire the ability to intervene in therapeutic education
- Acquire the ability to intervene as a health mediator and peer-support
- Improve the social and professional career & Increase “Capability” by completing an internship and writing a brief and portfolio

**Program:**

- Public health and health democracy
- The rights of people with disabilities
- The health needs of people with disabilities
- Life course accompaniment



- Therapeutic education
- Health mediation and peer-help

**Result:** The teaching takes place over 1 year, in 130 hours, 8 modules of course in E-learning (corresponding to 56 hours of teaching), 6 days in class (42 hours), 22 hours of internship, 10 hours accompanying to the internship and the drafting of the portfolio.

The face-to-face days are focused on round tables, scenarios, analysis of practice and sessions devoted to portfolios.

Validation of courses in E-Learning, attendance at teaching in the classroom, writing an internship report and a portfolio

First opening of the 2018-2019 diploma, 10 students with disabilities are enrolled and more than half of the teachers are disabled

**Keywords:** peer mediator training, people with disabilities, peer expert in disabilities

**Conflict of Interest and Disclosure Statement:** None

## «Sexual Health for All» Success of the First e-learning Training: Impact and Result

Thierry Troussier<sup>a,b,c</sup> and Ingrid Geray<sup>a,b,d</sup>

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**Background:** Since the beginning of the 21st century, “sexual health” is a new field based on an interdisciplinary understanding of Human Sexuality. Individual and social determinants are important factors to achieve positive results on sexual health.

**Method:** 2017–2018: The UNESCO Chair and Paris Diderot university created a Massive Open Online Courses (MOOCs) “Sexual Health for All”.

At the end of each season: Training Quizzes similar to the Preliminary Quiz are made to evaluate progress.

The MOOC 1: “the basics” is composed of 6 modules:

- Concepts of health, sexual health, reproductive health and the role of individual, societal and environmental determinants
- Human rights related to sexual and reproductive health
- Gender, generality and gender identity, psychological approach
- Identity of gender and sexuality, sociological approach
- New prevention, screening and care strategies to end the HIV epidemic and reduce STI transmission
- The contributions of sexual health to reproductive health: unplanned pregnancies, the diversification of contraceptives, infertility

The MOOC 2: “the communication” is composed of 6 modules

- New issues in sexual health communication and role plays
- Construction of sexuality from birth to adolescence
- Psychosexual development of the adolescent
- Sexuality education and youth relationship
- Patient-Centered Sexual Health Journey
- Challenges and opportunities for sexual health to achieve the 2030 SDGs

**Results:** The evaluation results of the MOOC are excellent: in 12 months we have almost 28,000 registrations covering 89 countries, 63% of which are in France. Among our reached public, health professionals are composed of 35% doctors, 11% pharmacists and 17% are non-physicians and non-pharmacists. 63% of learners are involved in the field of sexual health. Our online awareness course is considered relevant and useful for 93% of learners, and 98% say it met their expectations.

**Keywords:** MOOC sexual health for all, basic sexual health training, communication training

**Conflict of Interest and Disclosure Statement:** None

## The Legal Limits Framing the Consultation of Sexual Health Providers

Joëlle Mignot<sup>a,b,c</sup>, Marie Chollier<sup>a,d</sup> and Ingrid Geray<sup>a,e</sup>

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**Mains topics:** How the sexual health of the patient's fear to articulate with the limits of the law?

what are the human rights values related to sexual health?

**Background:** Being sexologist means to take charge of patients, to listen to their sufferings, their questionings, to support and guide them, to help them find their own ways.

It requires standing aloof from our own emotions, our own history, culture, beliefs or representations.

To be vigilant is to be careful not to expose them to dangerous situations, also to help them respect themselves and their partners and stay within the limits of the law and human rights.

Our practice often brings us to question ourselves about:

- With sexuality, the limit between legality and illegality is often very thin.
- The new technologies, the liberalization of the sexual practices, the evolution of the societies

and the family are used by patients to widen their field of possibility and sometimes exceed the laws

**Methods:** We are going to use real clinical cases illustrating the difficulties, which can be met.

Every situation is going to be discussed with the participants and an expert on the laws and values concerning the sexuality and the human rights.

**Discussion and conclusion:** From the clinical cases we will be able to discuss the rules of law which are necessary to the interviews of the professionals and how revelations, the advice and the secrecy are articulated.

**Keywords:** sexual health laws, clinical cases, sexual health values

**Conflict of Interest and Disclosure Statement:** None

SY-36

## Capacidades Mexicanas Para Cumplir Compromisos Internacionales de Educación Integral de la Sexualidad (Femess & UNFPA-México Symposium)

Este simposio presentará las capacidades que el país México tiene para cumplir con la Educación Integral de la Sexualidad (EIS) a la que se ha comprometido internacionalmente como el Consenso de Montevideo.

Las capacidades que se analizarán corresponden a un mapeo nacional de: 1) La existencia y características de un buen número de personas, que se han preparado a nivel de posgrado, en las distintas áreas de la EIS. 2) La diversidad de organizaciones e instituciones que ofrecen EIS, sus características y sus perfiles institucionales. Estos análisis incluyen la distribución geográfica de personas y organizaciones en todo el país.

Así como 3) la presentación de una Guía metodológica para fortalecer las acciones de EIS a nivel Estatal y Municipal.

El simposio pretende favorecer la vinculación entre personas y países para cumplir de la mejor manera los Objetivos para el Desarrollo Sostenible de la Agenda 2030 de las Naciones Unidas y los acuerdos del Consenso de Montevideo.

**Palabras clave:** Educación Integral de la Sexualidad, Capacidades, México

## Mapeo de Personas Expertas en Educación Integral Para la Sexualidad en México

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**Introducción & objetivos:** Ante las políticas nacionales y compromisos internacionales sobre la importancia de la Educación Integral de la Sexualidad (EIS) como el Consenso de Montevideo sobre Población y Desarrollo (CMPD) y los Objetivos de Desarrollo Sostenible (ODS). El Fondo de Población de las Naciones Unidas (UNFPA) en México solicitó el apoyo de la Federación Mexicana de Educación Sexual y Sexología (FEMESS) para la realización de un mapeo de personas expertas independientes que ofrecen y/o trabajan en EIS en nuestro país.

**Objetivo:** Identificar a personas y sus áreas de experiencia que brindan EIS en México.

**Método(s) & muestra:** Se realizó un análisis cuantitativo y cualitativo de un cuestionario electrónico enviado a personas que ofrecen EIS y fueron, a través de la técnica de muestreo bola de nieve, mediante correo electrónico y Facebook; referidas por personas y organizaciones con trabajo en la salud sexual en México.

El cuestionario incluyó los temas de mayor experiencia en EIS; formación profesional y específica en sexología; tipos, enfoques, bases pedagógicas y poblaciones a quienes dirige sus actividades en EIS, opinión

para el fortalecimiento de la EIS a nivel estatal y nacional.

**Hallazgos & discusión:** Se presentan los resultados de 336 personas de 27 estados que contestaron el cuestionario con edad promedio de 44 años de edad; se identificaron 71% mujeres, 26% hombres y 3% transgénero. Las principales profesiones fueron psicología, medicina y educación; 67% cuentan con nivel de maestría y el 20% con estudios de doctorado.

Aunque estas personas pueden manejar diferentes temas de EIS, en los que refirieron tener mayor experiencia son: Educación, Diversidad sexual, Reproducción, Género, Erotismo, Violencia, ITS, Derechos sexuales, entre otros.

**Recomendaciones:** Que autoridades educativas y de salud a nivel federal y en los estados, aprovechen a las y los profesionales ya capacitados y con experiencia en EIS para sus actividades.

**Palabras clave:** Educación Integral de la Sexualidad, Profesionales, México

**Fuente de financiamiento:** UNFPA-México

**Conflicto de interés y declaración de divulgación:** Ninguno

## Mapeo de Organizaciones e Instituciones que Ofrecen Educación Integral para la Sexualidad en México

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**Introducción & objetivos:** El presente informe financiado por el Fondo de Población de las Naciones Unidas (UNFPA) fue realizado por la Federación Mexicana de Educación Sexual y Sexología (FEMESS) entre octubre y diciembre de 2018 en seguimiento a la recomendación de elaboración de un mapeo de organizaciones e instituciones que ofrecen Educación Integral para la Sexualidad (EIS) en México por parte una Mesa

de expertos (agosto 2018), para avanzar en el cumplimiento a la Medida Prioritaria 11 de Consenso de Montevideo sobre Población y Desarrollo (CMPD) y los Objetivos de Desarrollo Sostenible (ODS)

**Objetivo:** Elaborar un mapeo de las organizaciones e instituciones que ofrecen educación integral para la sexualidad en México que refleje sus acciones, iniciativas, programas y la contribución, así como una

perspectiva analítica del valor agregado que cada una ofrece para fortalecer la EIS en el marco del CMPD y los ODS.

**Método(s) & muestra:** Se realizó un análisis cuantitativo y cualitativo de un cuestionario enviado a organizaciones de Redes Nacionales por el sistema electrónico de recolección de datos Research.net. A través de la técnica de muestreo de bola de nieve mediante el correo electrónico y el facebook, se amplió la cobertura alcanzando a 119 instancias validadas radicadas en 24 estados y que operan en todo el País.

**Hallazgos & discusión:** Perfil institucional como organización que brinda EIS en México

Programas y modalidades de EIS ofrecidos en México

Contribuciones e iniciativas para comprender y trascender los obstáculos de la aplicación de la EIS

Coordinación interinstitucional para el fortalecimiento de la EIS en lo local y en el país

**Recomendaciones:** Se propone que sea difundido en México y América Latina para abonar a la Medida Prioritaria 11 del CMPD porque facilita la identificación y coordinación de organizaciones de profesionales, académicas y de sociedad civil que brindan EIS en México.

**Palabras clave:** Educación integral de la Sexualidad, Mapeo, Perfil Institucional

**Fuente de financiamiento:** UNFPA

**Conflicto de interés y declaración de divulgación:** Ninguno

## Guía Metodológica para Fortalecer la Gestión de Acciones de Educación Integral en Sexualidad en Los Niveles Estatales y Municipales

Gabriela Rivera and María Clara Arango Restrepo

UNFPA-México

Presentar una guía elaborada por el Fondo de Población de las Naciones Unidas que tiene la intención de presentar una orientación clara, relevante y objetiva de algunos procesos relacionados con el fortalecimiento de las capacidades de gestión de las autoridades educativas –estatales, municipales y escolares–, para asumir su compromiso de brindar Educación Integral de la Sexualidad (EIS) de alta calidad.

### Objetivos generales:

1. Fortalecer la capacidad de gestión de funcionarios y funcionarias del sector educativo formal para atender las necesidades de la Educación Integral de la Sexualidad en su ámbito de influencia, bien sea estatal, municipal o local.
2. Reforzar los esfuerzos de prevención a través de la educación y de estrategias multisectoriales integrales de educación de la sexualidad como vía a los servicios de salud sexual y reproductiva (SSyR), en colaboración con la sociedad civil.

La guía, a manera de una hoja de ruta, busca ayudar a una sensibilización acerca de la EIS y a un esclarecimiento conceptual de la misma. Permite, además, reconocer algunos de los procesos que deben desarrollarse, desde cada ámbito de influencia, para un abordaje coherente de las necesidades de EIS de la comunidad escolar y su entorno. De esta manera, se busca impulsar las acciones que permitan ir cumpliendo con los compromisos adquiridos por el país en esta materia –como es el caso de la Declaración Ministerial *Prevenir con*

*Educación* y el Consenso de Montevideo sobre la Población y el Desarrollo– y que quienes son garantes del derecho a la EIS, ratifiquen su compromiso y realicen la gestión de programas, proyectos y acciones en un marco de derechos humanos, de equidad de género y de respeto a la diversidad.

**Palabras clave:** Educación, Integral, Sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-37

## Sexual Dysfunction in Specialised Situation in Clinical Practice (Symposium of the Indian Association for Sexology)

Female sexual dysfunction occurs secondary to psychological or medical causes, especially hormonal problems. Female sexual dysfunction (FSD) is a prevalent problem, afflicting approximately 40% of women and there are few treatment options. FSD is more typical as women age and is a progressive and widespread condition. Common symptoms associated with FSD include diminished vaginal lubrication, pain and discomfort upon intercourse, decreased sense of arousal and difficulty in achieving orgasm. Only a small percentage of women seek medical attention. In comparison to the overwhelming research and treatment for erectile dysfunction in males, significantly less has been explored regarding FSD and treatment is primarily limited to medical therapy.

Peyronie's disease is the development of fibrous plaques inside the penis. This condition often causes curved, painful erections. Some men with Peyronie's disease also develop erectile dysfunction (ED). Optimum medical therapy for Peyronie's disease has not yet been identified. New therapeutic option, along with selected portions of the guidelines, are explored. Erectile dysfunction following fractures of the pelvis is more common than has been previously supposed. It is important to explore these problems specifically with all patients at follow-up.

**Keywords:** Female Sexual Dysfunction, Peyronie's disease, erectile dysfunction

## New Treatment Modality for Peyronie's Disease – New Study

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**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 encompass 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 ( $\leq 0.3$ CM) is 96 (45%), Grade II ( $>0.3$  to  $\leq 1.5$  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.

**Keywords:** Peyronie's disease, curved, painful erections, New Treatment

**Conflict of Interest and Disclosure Statement:** None

## Role of Serum Prolactin Level in Causing Female Sexual Dysfunction

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**Introduction:** Female sexual dysfunction occurs secondary to psychological or medical causes, especially hormonal problems. Hyperprolactinemia (HP) is the most common endocrine disorder affecting the hypothalamic-pituitary axis, occurring more commonly in women. Women with hyperprolactinemia mainly present with galactorrhea and menstrual irregularities. Although loss of libido is reported to be 1 of the cardinal symptoms in males and females with hyperprolactinemia, the effect of hyperprolactinemia on the phases of female sexual function is not well defined. Sexual dysfunction in women with hyperprolactinemia is generally under diagnosed. On the other hand, the neurophysiology of the female sexual response and the importance of hormones in the modulation of female sexual function are not well understood, which limits the methods used for clinical research and basic science. We investigated sexual function in women with a clinical diagnosis of hyperprolactinemia.

**Objective:** To find the association between serum prolactin level and Female sexual dysfunction

**Material and Methods:** A total of 20 women with primary hyperprolactinemia and 18 age matched

healthy women who served as the as control group were evaluated with a detailed medical and sexual history, including a female sexual function index (FSFI) questionnaire. Serum prolactin was measured. This was compared statistically between the 2 groups.

**Results:** Except for prolactin serum hormone levels in women with hyperprolactinemia were not different from those in the control group. The median total FSFI score was 21.40 in the hyperprolactinemic group, whereas healthy women had a median total FSFI score of 32.5. FSD was diagnosed in 17 of 20 patients (85%), while 4 of 18 healthy women (22%) had FSD. Desire, arousal, lubrication, orgasm, satisfaction and pain domain scores were also significantly lower in women with hyperprolactinemia.

**Conclusions:** A significant percent of women with hyperprolactinemia whom we evaluated had sexual dysfunction.

**Keywords:** Female sexual dysfunction, hyperprolactinemia, FSD Study

**Conflict of Interest and Disclosure Statement:** None

## Pelvic Ring Injury is Associated with Sexual Dysfunction

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

**Patients/Participants:** 36 with mean age of 40.5 years and mean Injury Severity Score of 22.6 were included. The Orthopaedic Trauma Association classification included 15 B-type and 21 C-type fractures. seven were open fractures and two had bladder ruptures.

**Intervention:** 23 patients were treated operatively and 13 nonoperatively.

**Main outcome measurements:** FSFI questionnaires were completed for 36 patients with minimum 1 year of follow-up.

**Results:** The mean FSFI score was 24.2. In 15 women had a mean FSFI scores of 19.4, and 21 men had a mean FSFI Score of 27.6. Out of 15 women, eleven reported FSD. Out of 21 men fifteen reported FSD.

**Conclusions:** In Men Erectile dysfunction following fractures of the pelvis is more common than has been previously supposed. It is important to explore these problems specifically with all patients at follow-up.



In women after pelvic ring fracture Dyspareunia is common. Women with pelvic ring injury are more likely to report dyspareunia than other female patients with musculoskeletal trauma. Dyspareunia was related to anteroposterior compression and B-type injuries. Symphyseal plate fixation is also associated with dyspareunia. Pain with intercourse was also noted in all patients with a history of bladder rupture. Poor

functional outcomes as measured by Musculoskeletal Function Assessment scores were reported in women with dyspareunia.

**Keywords:** Erectile dysfunction, Dyspareunia, Pelvic ring fracture

**Conflict of Interest and Disclosure Statement:** None

## FSD – Exploring Therapeutic Options Using CO2 Laser and its Challenges

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**Introduction:** Female sexual dysfunction (FSD) is a prevalent problem, afflicting approximately 40% of women and there are few treatment options. FSD is more typical as women age and is a progressive and widespread condition. Common symptoms associated with FSD include diminished vaginal lubrication, pain and discomfort upon intercourse, decreased sense of arousal and difficulty in achieving orgasm. Only a small percentage of women seek medical attention. In comparison to the overwhelming research and treatment for erectile dysfunction in males, significantly less has been explored regarding FSD and treatment is primarily limited to medical therapy. Several diseases have been linked with FSD including vaginismus, vaginal atrophy, Stress Urinary Incontinence (SUI) and Recurrent Urinary Tract Infections.

**Project:** The aim of this study is to provide the most current knowledge on FSD, advances in basic science addressing this dysfunction, and explore developing therapeutic options using CO2 Laser.

**Population and settings:** The study involved 140 normal controls and 55 subjects with FSD diagnosed

based on FSFI questionnaire. Out of 55, vaginismus 26, vaginal atrophy 6, SUI 10, Recurrent UTI 6 and others 7 (these 7 subjects were excluded from study)

**Outcome:** In the study 81% of women who were previously not sexually active due to FSD regained a normal sexual life at 3 months following CO2 laser therapy. Success rate in vaginismus 91%, vaginal atrophy 84%, SUI 73% and Recurrent UTI 77%.

**Discussion:** The positive effect in the treatment of women with FSD can be achieved by combining hormonal and CO2 Laser Therapeutic methods of treatment.

**Recommendations:** Timely active detection of this pathological condition and providing adequately selected therapy can prevent the progress of the disease and significantly improve the quality of life and sexuality of women.

**Keywords:** Female sexual dysfunction, vaginismus, vaginal atrophy

**Conflict of Interest and Disclosure Statement:** None

SY-38

## EL Impacto de las Campañas ANTI-Género en las Políticas de Educación para la Sexualidad en América Latina

Los movimientos anti-género se entienden ahora como una nueva estrategia de la derecha que trasciende muchas divisiones y contribuye al surgimiento del populismo antiliberal. En el corazón del movimiento anti-

género se encuentra la adhesión a los puntos de vista tradicionales y estereotipados sobre la familia. Como resultado, vemos que las iniciativas contra el género surgen no sólo en ataques contra los derechos LGBTI y

los derechos reproductivos como el aborto, sino también contra las iniciativas de violencia contra las mujeres y **la educación integral en sexualidad.**

Este panel quiere explorar, a partir de las experiencias comparadas en Brasil, Perú, Argentina y Colombia, las amenazas y lecciones aprendidas razones por las que la educación integral para la sexualidad parece ser uno de los objetivos favoritos para muchos de estos grupos y las formas en las que podemos

**reivindicar su potencial transformador** para asegurar el bienestar de niños, niñas, adolescentes y las familias mismas. Adicionalmente, discutiremos las **lecciones aprendidas** y las **estrategias de resistencia que han sido más exitosas.**

**Palabras clave:** anti-género, educación sexual, derechos sexuales y reproductivos

## La Situación en Argentina

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La revolución de una marea verde liderada por adolescentes renovó la lucha en Argentina por la despenalización legal y social del aborto en 2018. Sin embargo, la ley del aborto no contó con los votos suficientes para ser aprobada y el país vive un escenario de reactivación de grupos ultra conservadores que con un discurso anti-género además ponen en riesgo a la Política Nacional de Educación Sexual Integral. ¿Qué

está en juego? ¿Cuáles son las ventanas de oportunidad?

**Palabras clave:** Argentina, Educación Sexual Integral, Marea Verde

**Fuente de financiamiento:** OSF cubrirá los costos de registro, viaje y alojamiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Situación en Brasil

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El presidente Bolsonaro llega al poder con el apoyo política de la comunidad evangélica, un discurso abiertamente anti-género y una plataforma electoral que promete una profunda reforma del sistema educativo para eliminar supuestos contenidos ideológicos (Escuela sin partido). Mientras tanto, hay acercamientos con miradas militaristas que anulan la posibilidad de formar pensamiento crítico. ¿Cómo se ha manifestado esta realidad en el sector de la educación sexual? ¿Cómo han enfrentado esta amenaza los maestros

encargados de estas áreas en las escuelas? ¿Qué consecuencias puede tener esto para la educación y la salud de los niños, niñas y adolescentes en el país?

**Palabras clave:** Brasil, Escuela sin partido, Bolsonaro

**Fuente de financiamiento:** OSF cubrirá los costos de registro, viaje y alojamiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Situación en Perú

Marilú Martens

Ex Ministra de Educación de Perú

La puesta en vigencia del Currículo Nacional Escolar de 2017 desató la ahora famosa campaña “Con mis hijos no te metas” y la Ministra Martens tuvo que enfrentar este agresivo movimiento que logró imponer en la agenda una sospecha por la perspectiva de género que incluía el currículo. Las consecuencias, además de instaurar una narrativa anti-género en el imaginario social, también implicaron la renuncia de la Ministra y la ralentización de la implementación de la política.

¿Cómo vivió esa experiencia? ¿Qué lecciones aprendidas hay de todo este proceso?

**Palabras clave:** Con mis hijos no te metas, Currículo Nacional Escolar, Perspectiva de género

**Fuente de financiamiento:** OSF cubrirá los costos de registro, viaje y alojamiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## Las Estrategias

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En un contexto regional preocupante donde la narrativa anti-género se instala con fuerza en un país detrás de otro, las organizaciones que trabajan en derechos sexuales y reproductivos no se han quedado de brazos cruzados. Litigio estratégico, periodismo investigativo, un nuevo acercamiento a las comunicaciones y esfuerzos por fortalecer la coordinación cross-movimientos y cross-nacional. ¿Qué ha funcionado? ¿Cuáles siguen siendo nuestros principales retos?

**Palabras clave:** Periodismo investigativo, litigio estratégico, coordinación transnacional

**Fuente de financiamiento:** OSF cubrirá los costos de registro, viaje y alojamiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Situación en México

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Desde 2016, las organizaciones neoconservadoras lograron detener la iniciativa presidencial que llevaría a rango constitucional el derecho al matrimonio igualitario y al de identidad de género, además se posicionaron contra los contenidos en educación sexual. Se aliaron con grupos católicos y evangélicos y lograron movilizar mucha gente mediante intervenciones en medios de comunicación y marchas. Actualmente

fomentan el rechazo al feminismo, el activismo en diversidad sexual y la educación sexual.

**Palabras clave:** repertorios discursivos, neoconservadurismo, laicidad, derechos sexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-39

## Working with LGBTIQ+ Clients: Research and Theoretical Updates from Italy (FISS Symposium)

Stereotypes against LGBTIQ+ people in the world are still strong, for sure in the general population but also among health professionals that should be prepared and formed to work with these clients with a cultural competence. Some socio-demographic characteristics, like being religious or politically right-wing oriented, were previously associated with the possibility of being more homo- and transphobic. Italy is one of the European Union countries where LGBTIQ+ people are more discriminated, based on the most recent ILGA Europe Rainbow map, which reflects the national legal and policy human rights of LGBTIQ+ European people. This socio-cultural context could, of course, have a negative impact on health and wellbeing of LGBTIQ+

people. The aim of this Symposium, proposed by Italian Federation of Scientific Sexology, is to present current researches and theories in the sexual health field that are recently object of study. In particular, the following topics will be addressed in the Symposium: the health of non-binary and gender queer youths, the attitudes of Italian general population towards transgender people sexual rights, the homo- and trans-negative attitudes in clinical psychologists and psychotherapists and an analysis of sex in the contemporary world from the sexoanalytic point of view.

**Keywords:** LGBTIQ+, sexual rights, stereotypes

## The Health of Non-Binary and Genderqueer Youth: A Systematic Review

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**Introduction & objectives:** Non-binary and genderqueer (NBGQ) youth are those who do not identify within the gender binary system. On the contrary, they identify with a neither exclusively masculine nor feminine gender, and their self-perceived gender is composed of both masculine and feminine parts, is situated beyond the gender binary, or fluctuates between genders. This population is marginalized and, as such, is at risk of stigmatization and developing negative health outcomes. As literature on the health of NBGQ youth is sparse, this study aims at systematically review the limited studies on this field.

**Methods:** The research questions which guided the systematic review were: (1) How is the health of the NBGQ youth? (2) Are there any differences in health levels between NBGQ and binary transgender and cisgender youth? (3) Which psychological interventions are most suitable for NBGQ youth? According to PRISMA guidelines, a systematic search was conducted in the following databases: PubMed, PsycInfo, and Web of Science.

**Results:** 206 records were identified through database searching and only 2 were added from other sources. Among them, 54 duplicates were removed. Thus, 44 records were screened and, among them, 26 were removed as inadequate. Among 18 full-text articles assessed for eligibility, 8 were evaluated as suitable for the current study. The first analyses revealed that NBGQ youth represent a population at risk of developing negative health outcomes due to the invisibility and stigmatization processes towards gender non-binary system. Furthermore, results suggested that NBGQ youth have a worse mental health than both binary transgender and cisgender youth. Only one article assessed the efficacy of a specific psychological intervention addressed to NBGQ youth.

**Conclusions & recommendations:** Although scholars are starting to pay attention to the NBGQ youth, it needs a greater care in health research protocols. Research gaps in this field are reported.

**Keywords:** Non-binary, Genderqueer, Systematic review

**Conflict of Interest and Disclosure Statement:** None

## Attitudes of Italian General Population Towards Transgender People Sexual Rights

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**Introduction & objectives:** Transgender's Sexual Rights (SR) appear to be behind those of other minorities, probably because of the lack of knowledge among people, which often causes unfounded prejudices. Aim of this study was to analyze the level of agreement of Italian people with the SR of transgender people and to verify if some characteristics of the population were associated with a lower SR recognition.

**Method(s)/Sample:** An online anonymous questionnaire was realized to collect demographic data and information about the level of agreement/disagreement, with statements regarding the right for transgender people, to show in public their own sexual identity, to practice a satisfying sexuality, to marry, to adopt a child. Nonparametric statistics were used for data analysis. 979 People (703 women and 276 men, mean age  $35,44 \pm 11,69$ ) fulfilled the questionnaire.

**Results:** Twelve percent of the sample declared to be against the marriage for both MtoF and FtoM transgender people and against the adoption by couples where one of the partner is a MtoF transgender and in

case of FtoM transgender the percentage rises to 28%. Being female, graduated, younger than 30, non-believer or not church-going and non-eterosexual, with respect to males, heterosexuals, under-graduated, believer church-going, was correlated to a major recognition of the right to satisfying sexuality ( $p < .05$ ) to marry ( $p < .05$ ) and to adopt for both MtoF and FtoM ( $p < .05$ ). Finally, people from northern Italy declared higher accordance with the sexual right to freely show their own sexual identity in public by MtoF and FtoM ( $p < .05$ ).

**Conclusion & recommendations:** SR recognition seems affected by some socio-demographic characteristics among which instruction, age and religiosity degree, gender and sexual orientation. This could drive the next diffusion of SR policies in addressing specific educational interventions to those categories of people at greater risk of intolerance toward SR.

**Keywords:** Sexual rights, Stereotypes

**Conflict of Interest and Disclosure Statement:** None

## Homo- and Trans-Negative Attitudes in Clinical Psychologists and Psychotherapists

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Previous studies have shown that mental health professionals are not immune from negative attitudes toward sexual minorities but, on the contrary, they clearly show a positive bias for heterosexuals.

The aim of this study is to assess whether mental health professionals are affected by a bias that distorts and impacts the psychological assessment process of transgender individuals.

A case description of a fictitious transgender (vs. cisgender) patient was used, together with measures of right-wing authoritarianism (RWA). The effects of the experimental manipulation on the therapists' clinical evaluations were then investigated. A female sample of licensed psychotherapists ( $N = 218$ ) were presented with clinical vignettes that described a transgender (vs. cisgender) man (vs. woman) reporting depressive

(vs. anger outbursts) symptoms and then asked to evaluate the case answering questionnaires concerning diagnosis and prognosis.

In order to ascertain whether individual variables (such as authoritarianism) influence the severity ratings of transgender and cisgender clients, a series of moderation models was carried out. The interaction between gender identity and expressed gender on severity was significant only when therapists showed high levels of authoritarianism.

The impact and consequences of prejudice against transgender persons in mental health professionals are still largely understudied and unknown. Our data revealed an unexpected result: the moderation model

showed that, for high levels of RWA, cisgender women were considered the most severe psychopathological group. These findings indicate the occurrence of a gender bias rather than a transphobic bias in the patients' clinical evaluation: despite the contents of the clinical vignettes being equal, cisgender women were judged more severely than transgender clients and cisgender men. Results will be compared with those of previous studies focussing on homosexual clients.

**Keywords:** attitudes, clinical psychologists, psychotherapists

**Conflict of Interest and Disclosure Statement:** None

## Sex in Contemporary World: From Originary Sexuality to the Triumph of Eroticism

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The LGBT (for Lesbian, Gay, Bisexual, and Transgender) and LGBTQ acronyms (Q for Queer, Intersex and Asexual as well as a myriad of other communities) are umbrella terms used to refer to a variety of people who do not recognize themselves in the majority of cisgender straight sexual persons. As such they "resist" the hegemony of normative sexuality and live an alternative eroticism with people who are same gender attracted and gender diverse or where there are intersections of people and identities and so forth. Contemporary men face issues that are difficult to manage and that pose many questions. Sexual minorities fight for the affirmation of their rights to be recognized as a person, to be sexed and to have a sex life. Sexual majorities are disoriented and worried about the epochal changes in a traditional way of considering

and living sexuality. The relationships between sex and gender, masculinity and femininity, body and mind, nature and culture are discussed and object of opposing positions. Human sexuality shows its difference and distance from the animal one. In animals, sexuality, regulated by a genetic program, obeys an instinct, equal for all and oriented only to reproduction. On the contrary, human sexuality is under the control of the mind, of desire and eroticism, of fantasies and symbolism. And therefore a plasticity and a diversity of which the LGBTQ world represents the most advanced phenomenon. With the fascination of what is different and the fear of the absence of any limit.

**Keywords:** LGBTQ

**Conflict of Interest and Disclosure Statement:** None

SY-40

## La Contribución de IPPF/WHR para Garantizar los Derechos Sexuales y Reproductivos de las Niñas, Mujeres Y Jóvenes (IPPF/WHR Symposium)

La Federación Internacional para la Planificación Familiar/Región del Hemisferio Occidental cuenta con una extensa trayectoria garantizando el acceso de todas

las personas a sus derechos de salud sexual y reproductiva. A través de diferentes líneas de acción, IPPF/RHO apoya a niñas, niños, mujeres y personas jóvenes con



miras a lograr una vida saludable, libre de violencia y plena en el ejercicio de sus derechos.

La prioridad de IPPF/RHO es poder ofrecer servicios de salud sexual y reproductiva de muy buena calidad, amigables y con base en un enfoque de derechos e igualdad de género, buscando así garantizar la provisión de servicios justos y amigables. Además, ofrece educación integral en sexualidad en espacios educativos formales y no formales con miras a lograr una transformación en el conocimiento y actitudes de las personas jóvenes y trabaja a favor de cambios

políticos para la creación de leyes y espacios que garanticen DSyR de todas las personas.

Finalmente, hemos consolidado nuestro trabajo para dar respuesta a niñas, niños y mujeres en crisis humanitarias. A través del paquete de servicios mínimos, velamos por la seguridad y salud de las personas más vulnerables afín de prevenir o protegerlas de riesgos.

**Palabras clave:** IPPF/WHR, Salud Sexual y Reproductiva, Derechos Humanos

## Derechos Sexuales: La Declaración de IPPF, 10 Años y Seguimos Adelante

Alejandra Meglioli

International Planned Parenthood Federation/Western Hemisphere Region, USA

En 2008, IPPF presentó la Declaración en Derechos Sexuales. Este documento fue la culminación de más de dos años de trabajo alrededor del mundo. Con base en instrumentos de Derechos Humanos fundamentales, tratados, investigaciones y recomendaciones de distintos organismos de las Naciones Unidas, el desarrollo de este importante documento estuvo guiado por un grupo diverso de personas, expertos reconocidos a nivel internacional en salud sexual y reproductiva, derechos humanos, salud pública, así como voluntarios de la IPPF, quienes trajeron perspectivas regionales a la mesa de discusión.

A lo largo de estos 10 años, la Declaración ha ofrecido un marco muy sólido para la planeación de programas e incidencia de IPPF, entendiendo que el acceso a la salud sexual y reproductiva es un derecho humano fundamental y garantizando que los más altos estándares de calidad en servicios de salud se vean reflejados en el respeto, la protección, y la consecución de los derechos de todas las personas.

Esta Declaración ha transformado y reconfigurado nuestros valores sociales, así como la manera en que

proveemos servicio, y la forma de alcanzar en y a través de las comunidades un compromiso con la provisión de servicios de salud sexual y reproductiva que sean sensibles al género, amigables, basados en derechos, y libres de estigma, y que puedan guiar el logro de objetivos a nivel individual, comunitarios y de toda la ciudadanía.

Para nuestro trabajo global de incidencia, hemos brindado apoyo a las organizaciones nacionales en la presentación sus propuestas al Examen Periódico Universal, así como también hemos respaldado aparatos de monitoreo, incluidos temas clave como el aborto seguro para todas las mujeres, incluidas las adolescentes, y la prevención de la violencia basada en género, los matrimonios forzados, la trata de personas y la mutilación genital.

**Palabras clave:** Derechos Sexuales, Derechos Reproductivos, IPPF/WHR

**Fuente de financiamiento:** IPPF/WHR

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Salud Sexual y Reproductiva Más Allá de las Clínicas

Daniel Tobón García

International Planned Parenthood Federation/Western Hemisphere Region, USA

Las necesidades en salud y derechos sexuales y reproductivos de adolescentes y jóvenes no siempre se deben atender en el contexto de una clínica. De hecho, recientes tendencias manifiestan que este grupo poblacional haría lo necesario para no tener que ir a un centro de salud. Esto puede deberse a dificultades de acceso (geográficas, de tiempo y de recursos), a problemas con la confidencialidad y anonimato de estos formatos, y a que no siempre los servicios clínicos son la respuesta.

La IPPF/WHR ha trabajado con sus Asociaciones Miembro para probar modelos de prestación de servicios de salud sexual y reproductiva ajustados a las necesidades de las jóvenes. Entre estas: consejería y distribución comunitaria de anticonceptivos; información y consejería por medios virtuales; unidades móviles de salud en instituciones educativas.

Se espera hacer una reflexión sobre las necesidades y realidades de adolescentes y jóvenes con relación a su salud sexual y reproductiva, en donde se analice la cuestión del alcance de los servicios de salud basados

en las clínicas y se consideren estrategias comunitarias (incluyendo las virtuales) que, manteniendo los principios de servicios amigables, aumenten su disponibilidad, cobertura y oportunidad, ajustándose mejor a las necesidades de las jóvenes.

La discusión sobre la prestación de servicios de salud, especialmente para jóvenes, tiene implícito un debate sobre los modelos teóricos de la atención. En esta presentación, se plantea una tensión entre los enfoques biomédico y biopsicosocial, y se propone adoptar el segundo debido a que implica una comprensión de las personas beneficiarias desde su diversidad y su contexto. Estas alternativas requieren de una participación significativa de beneficiarios y de poner el propósito antes que los procesos.

**Palabras clave:** Jóvenes, Salud sexual y reproductiva, Servicios amigables

**Fuente de financiamiento:** IPPF/WHR

**Conflicto de interés y declaración de divulgación:** Ninguno

## Educación Integral en Sexualidad: Transformando Conocimientos y Actitudes a Favor de la Salud Sexual y Reproductiva

Mariana Cruz Murueta

International Planned Parenthood Federation/Western Hemisphere Region, USA

La educación integral en sexualidad es un derecho humano fundamental, y es un tema prioritario que se viene gestando, transformando y consolidando desde hace ya varias décadas. En 2010, el Relator Especial sobre el Derecho a la Educación de Naciones Unidas evidenció en su informe que: *“el derecho a la educación incluye el derecho a la educación sexual, el cual es un derecho humano en sí mismo, que a su vez resulta condición indispensable para asegurar que las personas disfrutemos de otros derechos humanos, como el derecho a la salud, el derecho a la información y los derechos sexuales y reproductivos. Así, el derecho a la educación sexual integral es parte del derecho de las personas a ser educadas en derechos humanos”*.

Adolescentes y jóvenes que se ven privados de su derecho a la educación y al acceso a servicios amigables de salud debido a diversos factores, entre los que destacan la falta de información sobre la manera más efectiva de transmitir estos conocimientos y también, la fuerza de los movimientos de oposición.

La evidencia sobre la efectividad de la educación integral en sexualidad en adolescentes y jóvenes repercute directamente en su toma de decisiones con respecto al ejercicio de su sexualidad y su salud. Además de un aumento en conocimientos, les ayuda a prevenir prácticas de riesgo que pueden resultar en una infección de transmisión sexual (ITS), VIH o un embarazo no planeado, entre muchas otras cosas.

Diseñar e implementar programas en educación integral en sexualidad para los ámbitos de la educación formal y no formal, con base en un enfoque de derechos e igualdad de género, garantizará resultados eficaces en el cambio de actitudes y comportamiento de adolescentes y jóvenes para la consecución de una vida sexual más saludable.

**Palabras clave:** Educación Integral en Sexualidad, Derechos, Jóvenes

**Fuente de financiamiento:** IPPF/WHR

**Conflicto de interés y declaración de divulgación:** Ninguno

## Asegurando Compromisos Políticos a Favor de los Derechos Sexuales y Reproductivos

Ricardo Baruch and Laura Malajovich

International Planned Parenthood Federation/Western Hemisphere Region, USA

Durante décadas, IPPF-WHR ha estado en la vanguardia de la incidencia política a favor de los derechos sexuales y reproductivos en América Latina y el Caribe.

Nuestro involucramiento en procesos clave ha contribuido a compromisos progresistas de nuestra región como aquellos contenidos en el Consenso de Montevideo de Población y Desarrollo, así como los de muchas resoluciones de espacios de Naciones Unidas. Nuestra incansable labor en espacios de toma de decisiones nos ha llevado a la Asamblea General de la OEA, la CEPAL, el Consejo de Derechos Humanos de la ONU, así como su Asamblea General. A través de nuestra colaboración con nuestras asociaciones miembro y con redes y organizaciones de la sociedad civil, hemos fortalecido la implementación del Programa de Acción de la CIPD, la Plataforma de Acción de Beijing y la Agenda 2030, entre otras agendas relevantes para la salud y los derechos humanos.

Nuestras estrategias de advocacy incluyen el trabajo directo con los gobiernos y las instituciones multilaterales, las alianzas con otros movimientos, la movilización social y la neutralización de la oposición. Estamos convencidos de que la participación directa de jóvenes y otras poblaciones clave en la incidencia política, resulta fundamental para el reconocimiento y protección de sus derechos. Durante la sesión, compartiremos información sobre cuáles son las plataformas más relevantes en materia de DSR en América Latina y el Caribe y mostraremos algunas experiencias exitosas que permitan a la audiencia reconocer la importancia del advocacy en el contexto actual.

**Palabras clave:** Advocacy, Derechos sexuales y reproductivos, Mujeres y jóvenes

**Fuente de financiamiento:** IPPF/WHR

**Conflicto de interés y declaración de divulgación:** Ninguno

## IPPF y Su Estrategia de Atención Humanitaria

Lindsey McCormack

International Planned Parenthood Federation/Western Hemisphere Region, USA

En el marco de conflictos o desastre naturales, las estructuras sociales y familiares se ven severamente afectadas. Además, no hay servicios de protección disponibles, y la educación y los servicios médicos suelen ser interrumpidos.

Las niñas son vulnerables a la violencia sexual, a los matrimonios a temprana edad y a la explotación. Estas

situaciones aumentan su riesgos de contraer alguna infección de transmisión sexual (ITS), incluido el VIH, embarazos no planeados y abortos inseguros. Al mismo tiempo, las personas de todos los géneros y jóvenes en espacios de crisis tendrán necesidades y demandas similares respecto a la necesidad de información sobre salud y derechos sexuales y reproductivos, tal y como

sus pares en situaciones de vida regulares, es decir, que no se encuentran en ningún tipo de crisis.

El Paquete Mínimo de Servicios (PMS) para la Salud Reproductiva en tiempos de crisis guía los servicios de salud que pueden salvar la vida de las comunidades afectadas en situaciones de conflicto. Se trata de estándares internacionales refrendados en la sección de Salud Sexual y Reproductiva del “Sphere Charter for Disaster Relief”. Los objetivos son:

1. Coordinación
2. Prevención y respuesta a la salud sexual
3. Reducción de la transmisión de VIH y otras ITS
4. Previene el exceso de mortalidad materna y del infante.

5. Previene embarazos no planeados
6. Plan de acción para servicios de SSyR cuando la situación se está estabilizando.

IPPF implementa el PMS en emergencias cuando así se requiere. En algunos contextos de crisis o refugios se hacen adaptaciones locales que aseguran la provisión de servicios en SSyR que se necesiten.

**Palabras clave:** Crisis Humanitaria, Servicios salud sexual y reproductiva, Mujeres

**Fuente de financiamiento:** IPPF/WHO

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-41

## New Innovations in Sexuality Education (WAS Sexuality Education Committee Symposium)

This symposium includes new innovations and models in sexuality education. It includes information and tools both from the United States and from the developing world. Applications treat kindergartens, SAR training, capsules for conservative societies, wheel of context for sexuality education, and global sexuality

education curricula. These presentations provide international context how to implement and improve effective sexuality education around the world.

**Keywords:** Sexuality Education, New innovations, Global perspective

## Comprehensive Sexuality Education in Preschool in China

Wenli Liu<sup>a</sup> and Sanderijn Van Der Doef<sup>b</sup>

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Early childhood is one of the key periods of comprehensive sexuality education. Children's sexual development begins at birth. When children begin to be curious about “sexual” questions and children have the right to receive comprehensive sexuality education. Comprehensive sexuality education can help children develop the concept of gender equality as well as prevent sexual abuse. Therefore, the earlier the comprehensive sexuality education starts, the better to their overall well-beings. However, the implementation of comprehensive sexuality education in faces many challenges in what and how to teach.

Based on the characteristics of child development and the existing empirical research in comprehensive sexuality education, as well as the *Standards for sexuality education in Europe* (2010), we designed the *Preschool Comprehensive Sexuality Education Curriculum (PCSEC)*, which includes complete teaching objectives, teaching activities, picture books and nursery rhymes. It is the first comprehensive sexuality education program in China and has huge influence on Chinese young children, parents and preschool programs. A pilot study of *PCSEC* has been conducted

three years in two preschools in Beijing. From what we observed, *PCSEC* is feasible in practice; teachers are capable of implementing *PCSEC* with fidelity after training; and there is a corollary increase in children's knowledge, attitudes, and skills in comprehensive sexuality.

We have designed nine modules of comprehensive sexuality education curriculum, which are: (1) our body; (2) family and friends; (3) rainbow mood; (4) marvelous feeling; (5) new birth; (6) my health and my happiness; (7) our rights; (8) good secret and bad secret; (9) colorful happiness. Through teachers and

parents' interviews, children assessments, we find that the comprehensive sexuality education curriculum in preschool is practicable; teachers can be competent for comprehensive sexuality education curriculum after training; and children's sexual knowledge, attitudes and skills have been promoted after comprehensive sexuality education.

**Keywords:** Comprehensive sexuality education, Preschool, China

**Source of Funding:** Beijing Normal University.

**Conflict of Interest and Disclosure Statement:** None

## Challenges and Successes of Introducing, Implementing and Evaluating Comprehensive Sexuality Education in Kindergarten Schools in Different Cultures

Sanderijn Van Der Doef<sup>a</sup> and Wenli Liu<sup>b</sup>

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The experiences with the introduction of sexuality education in kindergarten schools in the Netherlands, Indonesia and China will be shared in this presentation. The cultures and educational contexts of these countries vary widely. Still, similar kindergarten programs are successfully introduced and implemented in these three different environments. Several challenges will be presented, and ideas will be formulated for a framework of key factors for successfully introducing and implementing sexuality education in any context or culture.

One of the key factors of successful implementation is the involvement of a supportive environment. Stakeholders in a supportive environment are head-teachers, teachers, parents and (if applicable) religious leaders. Another key factor in successfully introducing and implementing sexuality education at such a young age, is the training of the teachers who will give the sexuality education lessons and messages. Attitude

development is a core aspect of the training process which cannot be underestimated. Different results will be shown when different trainings are given.

Major challenges are the resistance against (parts of) the content of sexuality education for young children and difficulties with 'translating' official guidelines into understandable language for children. Successful ways to deal with these challenges will be elaborated.

Evaluating the progress and effects of sexuality education in kindergarten is very important to show opposing parties the importance of starting sexuality education at a young age. However, doing an evaluation in that age group is a huge challenge to overcome. Experiences with evaluating sexuality education programs in kindergarten schools in Indonesia and China will be shared.

**Keywords:** Kinderkarden, Sexuality education, Challenges

**Conflict of Interest and Disclosure Statement:** None

## The 21 Elements for Designing and Leading a Successful SAR

Patti Britton

Co-Founder of Sex Coach University (SexCoachU.com), USA & Clinical Sexologist; Former Academic Dean, IASHS

Based on a 2016 international survey of SAR providers—and derived from 11 years of experience in leading 55+ SARs in 6 countries—this presentation shows the 21 elements that comprise a successful SAR. Elements include event planning and preparation, considerations for space and time required, purposeful design of the SAR, staffing needs, budgeting and income projections, developing the agenda, media selection, inviting speakers from the Lived Experience, Small Group Process, training of leadership during SAR, evaluation criteria, potential outcomes from specific learning objectives, handling problematic participants, and specialty populations to be served. Sexual Attitudes Reassessment (and Restructuring) or SAR has been required of sexuality professionals as a critical component of their training since the 1970s. SAR fulfills the need for

sexuality professionals to confront their Values, Attitudes, and Beliefs about sexuality, through exposure to explicit media, the Lived Experiences of a diverse range of speakers, and intimate group process among peers. This presentation reveals how to maximize the potential impact of SAR, including behind-the-scenes insights. It suggests recommendations for SAR to thrive as an ongoing contribution to the future of sexology.

**Keywords:** Sexuality education, Professional training, Values clarification

**Conflict of Interest and Disclosure Statement:** None; however, please note that I lead SAR programs as an AAASECT CE Provider and for Sex Coach U students.

## Sexuality Education in Capsules

Mamdouh Wahba

President, Egyptian Society for Adolescent Medicine, Egypt & Vice President, IAAH

Young people in all cultural settings need and require getting correct and complete information related to their bodies, health, relations and sexuality. This will help protecting them from disease and dangers and will make them able to make responsible choices and decisions.

Schools are the most suitable and cost-effective platform for providing sexuality education. Through schools we can reach large numbers of young people, provide them with age-specific information in a trusted and safe environment.

On the other hand, the 1.3 billion adolescents living in the world today are not the same. Like other age groups, they live within a large spectrum of environments, traditions, attitudes and norms. They could be similar in some ways but different in many other ways. It is therefore important to consider cultural and traditional norms when designing the contents and format of sexuality education programs for young people.

There are many conservative societies around the World and I am coming from one of them. In these societies sex is a taboo issue and is not usually discussed openly. Premarital sex is a shameful act and not tolerated specially in relation to females. Virginity of girls must be kept till marriage.

The term “sexuality education” is literally translated to Arabic into what sounds like “teaching sex”. This fact along with cultural taboos makes negotiating the introduction of “sexuality education” in schools with policy makers is an impossible task.

But, there are always ways to bend the rules and provide sexuality education in a “capsule”.

**Keywords:** Sexuality education, Conservative communities, Adolescents’ health

**Conflict of Interest and Disclosure statement:** None



## Wheel of Context for Sexuality Education

Sara Nasserzadeh

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I believe that we can have all the knowledge in the world but without considering the context, we are all forced to operate from our place of ignorance as prisoners of our individual silos. The Wheel of Context for Sexuality Education was created as a practical framework to ensure that educators, advocates, and researchers in the field of sexuality education maintain a holistic perspective on a selected number of key contextual factors that may influence, hinder or catalyze our work. The Wheel of Context may also help provide a greater appreciation for the communities we serve and ultimately lead to more desirable outcomes for our

programs or projects. It is not only a tool to build consensus and alignments at the onset of a project, but also a medium to facilitate dialogue among stakeholders, create solutions out of conflicting ideas and a measure to deepen our understanding about the root causes of unforeseen barriers and resistance that we may face. Get your free template here: <https://www.wheelofcontext.com>

**Keywords:** Sexuality Education, Context, Culture

**Conflict of Interest and Disclosure Statement:** None

## Global Sex Ed Curricula: Writing, Translating, and Creating Cultural Ties to Content

Karen Rayne

Executive Director, UN|HUSHED, USA

There is no “one size fits all” global comprehensive sexuality education (CSE) curriculum. Because sex and sexuality are deeply tied to microcultural contexts, one curriculum just won’t work for every person everywhere. Instead, most curriculum is written for one cultural context and then modified over and over again to meet the needs of everyone else. This approach is a better use of resources than starting from scratch, because high quality, medically accurate CSE is expensive and time consuming to create. This presentation discusses best practices for writing CSE curricula that

is ready to be modified and describes what a cultural translation means, whether it is between languages and cultures or within one language but between cultures. Then we will take the next step and discuss how to build new connections to existing curricular that are contextual, meaningful, and build participant attachment to comprehensive, medically accurate, purposeful content.

**Keywords:** Sexuality education, Translation, Culture

**Conflict of Interest and Disclosure Statement:** None

SY-42

## Paradigms and Paradigm Shifts in Sexology (IASR Symposium)

In this invited symposium, members of the International Academy of Sex Research will discuss observations that challenge the existing paradigm in their specific branch of sexology. They will discuss the

potential for a paradigm shift, and what the new paradigm might look like.

**Keywords:** paradigm shift, sexology, research

## Sex Research as an Epistemic Community? Emergence of a Model of Multi-Disциплиnarity and International Perspectives

Alain Giami<sup>a</sup> and Brice Gouvernet<sup>b</sup>

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Sex research can refer to both the body of scientific research on sexuality that developed during the 20th century and a community that used this definition in the United States in particular. At the end of the 1950s, specialized journals were created (*Journal of Sex Research*, *Advances in Sex research*, *Archives of Sexual Behavior*) and gradually became the support of epistemic communities from different disciplines working on sexuality issues: creation of associations, journals and setting of national and international conferences. This paradigm is marked from the onset by the principle of multidisciplinary and by its international dimension (especially within the IASR). These communities are marked by the presence of figures who will occupy a central place such as Richard Green, John Gagnon, John Bancroft, Hugo Beigel, Hans Lehfeld. However, despite its international vocation, this phenomenon remained mainly anchored in the United States of America even if researchers from different European countries actively participate in the

project. From the end of the 1980, *sex research* lost its hegemony and its integrating character in the context of creation of journals and scientific societies specialized in one of the themes or anchored in one of the disciplines present in the multidisciplinary field of sex research (Zucker, 2002).

The presentation proposes a chronology and a periodization of the development of sex research as a multidisciplinary ensemble until its explosion and diversification into multiple journals and scientific societies specialized in the development of one of the themes or one of the disciplines, which composed it and its dissemination across the Western world. It is based on an analysis of the editorial from the main publications, observations from conferences, interviews with some of the main actors in *sex research* and my own experience.

**Keywords:** History, Sexology, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## The Shifting Sands of Time: What the Study of Animal Sexual Behavior WAS and HAS Become

Jim Pfaus

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The study of animal sexual behavior has a very long history that spans a variety of disciplines, including biology, zoology, comparative psychology, endocrinology, pharmacology, and more recently, neuroscience and sexual medicine. Paradigm shifts have formed around many important findings, such as: the delineation of sexual behaviors into appetitive and consummatory phases; the discovery of steroid hormones and their physiological and molecular actions in the brain, body, and on behavior; comparative analyses of behavioral endpoints across species and sexual orientations; and the precise characterization of the neuroanatomical

and neuropharmacological systems that underlie both unconditioned and conditioned phases of sexual behavior (e.g., sexual arousal, appetitive sexual desire, sexual reward, and sexual inhibition). The most recent shift has occurred around the translation of neuropharmacological and genetic/epigenetic analyses into predictive animal “models” of human sexual, endocrine, and reproductive disorders. Within this most recent shift also comes the realization that the sexual behavior of animals is, like humans, dependent on experience with, and the expectation of, pleasure. Because the neurochemical and neuroanatomical systems for sexual

excitation and inhibition are phylogenetically old and have been conserved across most, if not all, species, the study of sexual behavior in animals remains an important means to gain data and insights about human sexuality that cannot be gleaned from humans themselves.

**Keywords:** zoology, sexology, pleasure

**Source of Funding:** CIHR

**Conflict of Interest and Disclosure Statement:** None

## Gender Identity Formation: The Need for New Theorizing

Kenneth J. Zucker

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Classical gender identity theory suggests that a “core gender identity” emerges very early in development—in some children as early as 2–4 years of age. For most children, core gender identity remains a stable trait throughout life. It is likely that this is a function of internalized gender-related structures (“schemas”) but also due to continual feedback from the social environment. In recent years, it has become apparent that non-binary gender identities have become more common, particularly during adolescence or even later in development. Childhood precursors of such alternative

gender identities are relatively unclear. It has also become apparent that there are now some adolescents who adopt a transgender identity in the absence of any gender developmental history that would hint at the presence of gender dysphoria during childhood. These developments require new theorizing about the developmental processes with regard to gender identity formation.

**Keywords:** gender, identity, adolescent

**Conflict of Interest and Disclosure Statement:** None

## Paradigm Shifts in the Treatment of Paraphilic Disorders

J. Paul Fedoroff

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The concept of lovemaps was created in the 1970 by John Money. It included the idea that paraphilias resulted from “vandalism” of the “normal” lovemap which once the damage occurred was irreversible. Since then the scientific premises on which the concept of lovemaps is based, “imprinting” and “irreversible critical periods in the formation of neural pathways”

have been replaced. An increasing body of evidence suggests that the concept of permanent vandalized lovemap is no longer a viable paradigm. A new paradigm and reasons for its support will be presented.

**Keywords:** Paraphilia, Paradigm, Lovemaps

**Conflict of Interest and Disclosure Statement:** None

## From Individuals to Dyads and Beyond: Paradigm Shifts in the Study of Desire, Arousal, and Satisfaction

Erick Janssen

Institute for Family and Sexuality Studies, Department of Neurosciences, University of Leuven, Leuven, Belgium

Traditionally, sex research tends to focus on the individual. We may be interested in relationships, in frequencies of sex, numbers of partners, condom use, sexual problems, or other variables that include or imply a role for others, but in most cases, we ask the individual. That is, in the majority of studies, the individual is the focus of measurement. This applies to both qualitative and quantitative research traditions, and includes focus group, interview, survey, experimental, and psychophysiological methodologies. Over

the course of the past decade or so, partly facilitated by new methodological and statistical (e.g., APIM) developments, researchers increasingly are exploring dyadic processes and including partners and others in their studies. This exciting and promising trend will be discussed, with examples from questionnaire, daily diary, psychophysiological, and brain imaging studies.

**Conflict of Interest and Disclosure Statement:** None

SY-43

### Reflections from the Rainbow (Pink Therapy Symposium)

This symposium will explore contemporary issues in working with Gender, Sexual, Erotic and Relationship Diverse clients (GSERD), a term we use to go beyond LGBTQ+. It is recognised training in clinical sexology tends to be both cisnormative and heteronormative, and few clinicians undergo much training in working with these populations.

This symposium will showcase some Pink Therapy faculty and clinicians who are all pioneers in their fields. We will be exploring:

\*how to assess the knowledge of clinicians in training and their supervisors around intersectional knowledge of GSERD populations,

\*the value in sexologists becoming involved in training addiction clinic staff in being able to talk about sexuality,

\*the ethical issues in managing dual relationships of living and working within our communities as GSERD identified clinicians,

\*exploring the experiences of lesbian couples accessing therapy and essential knowledge for clinicians.

\*the value of sex counselling for trans clients and,

\*a new tool to analyse sexual and gender identity development.

**Keywords:** LGBTQ+, Training, Clinical Practice

### The Gender, Sexual, Erotic and Relational Diversity Matrix: Assessing Intersectional Queerness

Markie L. C. Twist

Department of Human Development and Family Studies, University of Wisconsin-Stout, Wisconsin, USA

**Introduction & Rationale:** Gender, sexual, erotic, and relational diversity (GSERD) is an umbrella term and related conceptualization aimed at comprehensively

recognizing the diversity within people than the more historical and popularized conceptualizations of most Westernized societies (like lesbian, gay, bisexual, and

transgender +; LGBT+) (Davies & Barker, 2015). This theoretical conceptualization includes the diversity within and between humans around gender (e. g., cisgender, transgender, agender), sexuality (e. g., heterosexual, gay, lesbian, asexual, bisexual, pansexual), eroticism (e.g., kinky, fetishists, non-kinky), and relationality (e.g., monogamous, monogamish, polyamorous).

**Project/Population and Settings:** To illustrate and assess GSERD theory and conceptualization, the GSERD Matrix, can be used to assist clients, therapists, and supervisors alike. As the GSERD Matrix tool is introduced it is essential to assess one's respective degrees of "-isms" related GSERD including cisgenderism, heterosexism, erotocentrism, and monogamism so that they can be managed. A few tools for so doing this include the cisgenderism measure (Ansara et al., 2018) and the monogamism measure (Twist et al., 2018).

**Outcome:** The outcome of using the GSERD Matrix and related assessments are increasing culturally-

affirming practices of providers in the mental and relational health therapy fields.

**Discussion & Recommendations:** Discussion around attention to GSERD in clinical and supervisory practice will be of focus.

#### Citations:

Ansara, Y. G., Twist, M. L. C., Vandenbosch, M. L., & Miller-Carlin, J. A. (2018). Cisgenderism measure. *Sexual and Relationship Therapy, 33*(4), 370–376.

Davies, D., & Barker, M. K. (2015). Gender and sexuality diversity (GSD): Respecting difference. *The Psychotherapist, 60*, 16–17.

Twist, M. L. C., Prouty, A. M., Haym, C., & Vandenbosch, M. L. (2018). Monogamism measure. *Sexual and Relationship Therapy, 33*(4), 376–381.

**Keywords:** Intersectionality, Diversity, Training

**Conflict of Interest and Disclosure Statement:** None

## Sexual Health in Recovery: A New Ally for Improving Drug and Alcohol Treatment Outcomes

Douglas Braun-Harvey

The Harvey Institute, San Diego, CA, USA

**Introduction & Rationale:** While great strides have been made in improving drug and alcohol treatment, in particular, client sexual activity that is linked with their substance use—is marginalized and even made invisible. This omission of identifying and addressing sex/drug-linked patterns in addiction contributes to treatment failure, relapse, and untold costs associated with ongoing substance abuse. A sexual health-based addiction treatment sex/drug-linked relapse prevention curriculum will increase the ability to sustain sexual activity and relations without jeopardizing recovery.

**Project/Population and settings:** Three-year grant to study the efficacy of sexual health in recovery curriculum to increase client retention and decrease relapse associated with sex/drug-linked behavior. 250 cis and transgender clients of all sexual orientation identities (75% non-heterosexual identified, 50% male identified HIV positive) in a 28-bed residential drug and alcohol treatment program.

**Outcome:** Client retention improved by over 50% over three years compared to 3 years prior to

implementation. Assessment measure identified sex/drug-linked shame as the most salient risk factor. High sex/drug-linked clients had double the levels of shame of low sex/drug-linked at the time of entering treatment. Three months after completing the sexual health in recovery curriculum, the assessment found high sex/drug linked clients reduced levels of their shame to the same as low sex/drug-linked clients.

**Discussion & recommendations:** Sexual health in recovery treatment methods reduce sex/drug-linked shame and improves client retention through sexual health-based relapse prevention tools. Recovery is a process of increasing physical, mental, spiritual and sexual health. Sexual health in recovery programming is essential to well being for every client in drug and alcohol treatment.

**Conflict of Interest and Disclosure Statement:** None

## Citations

- Braun-Harvey, D. (2009). *Sexual Health in Drug and Alcohol Treatment: Group Facilitator's Manual*. Springer Publishing Company.
- Pappas, T. W. (2014). *Drug and alcohol professional education: Building consensus for adding human sexuality*

*education*. Widener University, Center for Human Sexuality Studies.

**Keywords:** Sexual Health, Addiction Recovery, Treatment

## Dilemmas in Living and Working Within the Sexual and Gender Diverse Communities

Dominic Davies

Founder, Pink Therapy, London, UK

**Introduction and Rationale:** Clinicians who come from minority communities working with gender and sexually diverse populations are often confronted with the challenges of meeting their patients/clients in informal contexts, such as community events, and sometimes more sexually charged places e.g. bars/clubs/saunas, BDSM dungeons and more recently, online dating environments. It is expected that therapists attend to their own emotional, relational, sexual and spiritual needs to avoid exploiting patients to meet these ends. However, there is very little guidance from the professional bodies on how to manage ourselves in such environments beyond the obvious and indisputable rule that 'therapists do not have sexual relationships with their patients.'

This has been discussed since at least 2003 (Bettinger 2003, Shernoff 2003). However, as much of our socialising and meeting potential partners is now done online, few therapists have addressed how we negotiate dating and cruising online, Davies (2015,2017) being one exception in researching these issues.

**Outcome:** This presentation will discuss some of the more complex and nuanced ethical dilemmas faced by GSERD therapists and offer guidance as to how we

might develop our ethical guidelines and practices to ensure the therapeutic work remains protected and that therapists are also able to fulfil their personal needs.

### Citations:

- Bettinger, M. (2003). Sexuality, Boundaries, Professional Ethics, and Clinical Practice. *Journal of Gay & Lesbian Social Services*, 14(4), 93–104.
- Davies, D. (2015) Living and Working in the Kink Communities. Conference presentation located online at <https://youtu.be/vItgWqzozZU>
- Davies, D. (2017) The Lust that Dare Not Speak its Name. Conference presentation located at: <https://youtu.be/eg8CLTZSjHhU>
- Gabriel, L., & Davies, D. (2000). The management of ethical dilemmas associated with dual relationships. *Issues in Therapy with Lesbian, Gay, Bisexual and Transgender Clients.*, 35–54.
- Shernoff, M. (2003). Sexuality, Boundaries, Professional Ethics, and Clinical Practice. *Journal of Gay & Lesbian Social Services*, 13(3), 85–91.

**Keywords:** Dual Relationships, Ethics, Boundaries

**Conflict of Interest and Disclosure Statement:** None

## The Cinderella of Queer Sexuality? Lesbian Issues in Psychotherapy

Agata Loewe

Sex Positive Institute Poland, Faculty member & Clinical Associate Pink Therapy, Psychologist, Clinical Sexologist, Systemic Family Therapist Warsaw, Poland

**Introduction & Rationale:** What are the specific issues that face lesbians seeking psychotherapy or couples therapy? This presentation will cover many of the key

issues brought to psychotherapy by lesbians such as relationship issues, minority stress, sexuality, parenting and intersecting identities. We will discuss lesbians



experiences of psychotherapy and relationship counselling and their reflections on the issues presented, supported by psychological research.

**Population group:** Polish lesbians with experience of both individual and couples therapy share their experiences, reflections and what they wish sexologists and psychologists were aware of when meeting lesbians in therapy.

**Discussion and recommendations:** How can we create a better knowledge and understanding for lesbian issues and be more sensitive to our lesbian client's needs, both in individual and couples therapy?

**Citations of Supporting Literature:**

Lesbian Couples D. Merilee Clunis  
 Lesbian, Gay, Bisexual, Trans and Queer Psychology  
 Victoria Clarke  
 Handbook of Psychology and Sexual Orientation  
 Patterson D'Aguelli  
 Handbook of Affirmative Psychotherapy with  
 Lesbians and Gay Men Kathleen Y. Ritter  
 Lesbian Therapists and their Therapy Davis, Cole,  
 Rothblum

**Keywords:** Lesbians, Relationship Therapy, Heteronormativity

**Conflict of Interest and Disclosure Statement:** None

## Sex Counselling for Gender-Variant Individuals

Antonio Prunas

Department of Psychology, University of Milano-Bicocca, Milan, Italy

**Introduction and rationale:** Since medical interventions for transgender individuals were made available, guidelines were proposed to identify candidates who could benefit the most from such interventions. These guidelines set the stage for a "pathologization" of the sexual life of transgender people in the eyes of mental health professionals. The fear of being excluded from medical treatments may still play a role for trans clients, and they might show a guarded attitude whenever questions around their sexual life are raised in consultation.

**Population and settings:** Trans people of all sexualities can benefit from sex counselling at any stage of their transition or beyond any need for it.

**Outcome:** For gender-variant individuals, receiving validation of their own gender identity from a partner who accepts and shows interest in them is an experience of paramount importance, which may act as a protective factor for their psychological as well as sexual well-being. The aim of the consultation with the trans and gender-variant client should, therefore, be enhancing such experiences, helping the client feel comfortable with and enjoy their sexual bodies and

removing the hurdles that hinder sexual satisfaction and well-being.

**Discussion and recommendations:** Sex counselling should help the client challenging trans-normative assumptions, find personal ways to cope with body dysphoria (if present) while sharing intimacy (i.e., setting restrictions to intimacy with a partner, re-gendering genitals), dealing with the effects of hormonal therapy on the client, explore sexuality after surgery, and addressing other mental health issues that hinder sexual well-being

### Supporting literature:

Cerwenka S, Nieder T, Cohen-Kettenis P, De Cuypere G, Haraldsen IRH, Kreukels B, Richter-Appelt H. Sexual behavior of gender-dysphoric individuals before gender-confirming interventions: a European multicenter study. *J Sex Marital Ther* 2014; 40(5): 457–471.

Prunas, A., *in press*. The pathologization of trans-sexuality: Historical roots and implications for sex counselling with trans clients. *Sexologies*.

**Keywords:** Sexuality, Transgender, Counselling

**Conflict of Interest and Disclosure Statement:** None

## Sexual Orientation and Gender Identity Development: A Trajectories Analysis Protocol

Miguel Rueda-Saenz

Founder, Pink Consultores, Bogotá, Colombia

**Introduction and Objectives:** This doctoral research completed in 2016, proposed a new way to understand sexual orientation and gender identity development. It was used to find the meaning of sexual prejudice (homophobia) in lesbian, gay, and bisexual lives. We made a comparison between sexual orientation development under the Stages perspective, which defined well-being as distinct from the way my sample of lesbians, gay and bisexuals themselves defined it.

**Method and Sample:** The process of research was an in-depth interview, with a sample of 18 Colombian and American Lesbian, Gay and Bisexual people. It was historical and transcultural research.

**Findings and discussion:** The main conclusion in this research was that prejudice has its meaning in each life. In other words, prejudice behaves differently depending on the country, city and age that those respondents found a way to reveal his or her sexual orientation. The model results in a chart that proposes a set of individual milestones, which gives personal

sense to one sexual orientation or gender identity development.

**Recommendations:** This protocol can be used to find any clinical condition associated with the development of gay, lesbian, bisexual and trans people. When found, the therapist can work with and analyse under any epistemological or clinical/psychotherapeutic frame. It is essential for the therapist to have developed a comfortable way of understanding and valuing his/her position of sexual diversity (GSERD). His/her clinical attitude needs to be open, understanding and affirmative towards the lives of their LGBT+ clients. The final outcome is a graph to observe the trajectory, its milestones and the factors that influence the appearance of these clinical conditions, and how sexual prejudice (homophobia) affects LGBT+ lives.

**Keywords:** Identity Development, Stage Theory, Psychological Health

**Conflict of Interest and Disclosure Statement:** None

SY-44

## Innovaciones en Materiales Didácticos para la Educación Sexual Integral- Brasil, Colombia, México. Celebrando 20 Años de El Armario Abierto (El Armario Abierto Symposium)

El Armario Abierto celebra en el congreso #24WAS12FEMESS 20 + 1 años de compromiso de trabajar para la Salud sexual, la educación sexual integral, los derechos sexuales compartiendo su historia en 20 hitos e invitando a los principales aliados que han tenido historias destacadas en sus países respecto a la producción de materiales didácticos para que también compartan su trayectoria, retos y logros. El Armario Abierto ha apoyado todos congresos FEMESS desde

1998 que se fundó una semana antes del Congreso Latinoamericano y Tercer FEMESS en CDMX.

El Armario Abierto recibió la Mención Honorífica al Premio Mundial de Educación Sexual de WAS en 2003 en La Habana.

Le acompañan MAVEX, de Colombia, SEMINA de Brasil, y Betsi-Tede (México)

**Palabras clave:** material didactico, educacion sexual, El Armario Abierto

## 20 + 1 Años de el Armario Abierto: Haciendo Historia, Dejando Huella

Rinna Riesenfeld and Luis Perelman-Javnozón

El Armario Abierto, Ciudad de México, México

El Armario Abierto, fundado en 1998 por Rinna Riesenfeld y Luis Perelman es el primer concepto de librería especializado en ser un centro de acopio y distribución de los libros y materiales que apoyen en la Educación Sexual integral con los principios que promueve la Asociación Mundial para la Salud Sexual y la FEMESS. Las actividades en que se ha involucrado lo ampliaron en un proyecto que abrió camino en varios temas y que contribuye en los muchos de los eventos e iniciativas alrededor de la los derechos sexuales, o sea en la incidencia política, organizativa y social. El compromiso con la salud sexual y los derechos sexuales sigue con el apoyo total al 24 Congreso WAS y XII Congreso FEMESS.

Principales grandes logros:

- Los primeros en crear un concepto y un ambiente de librería centrado en los diversos temas alrededor de la sexología.
- Los primeros ofrecer desde la entrada una sección dedicada a la educación sexual infantil, y tener títulos para todas las edades
- La primera gran sección dedicada a la diversidad sexual en México
- Libros publicados por Rinna Riesenfeld: Papá Mamá soy Gay (2000), Bisexualidades (2006)

- Acercamiento al gran público con especialistas en sexualidad medios Telehit (5 años), Sexo Diario (2 años), SHE
- Alianza con Family Acceptance Project presentación en AIDS 2008 y zona de apoyo familiar en la Aldea Global.
- Impulso, creación y crecimiento de la red de madres y padres de hijxs LGBT Asociación Internacional de Familias por la Diversidad Sexual 7 convenciones ahora en 23 países de habla hispana y portuguesa
- Proyectos de capacitación intensa en promoción de salud sexual con IMSS Oportunidades, Secretarías de Salud
- Distribución de los mejores materiales especializados en América Latina MAVEX, SEMINA; BETSI-TEDE,
- Incidencia Política en movimiento por la igualdad por orientación sexual y identidad de género.

**Palabras clave:** Material didactico, Educación Sexual, Advocacy

**Conflicto de interés y declaración de divulgación:** Ninguno

## Semina Educativa Voltada para à Saáse Sexual e Reprodutiva da Mulher

Maria Luisa Kayat Eluf

Semina Produtos Educativos e Serviços LTDA – EPP Sao Paolo, Brasil

Falar da Semina Educativa é discorrer da história de um trabalho que se iniciou numa ONG, cujo o objetivo era a implantação de um projeto voltado à Saúde Sexual e Reprodutiva num Programa de Planejamento Familiar junto a mulheres de baixa renda. Recebíamos insumos, porém, tínhamos dificuldades em repor os métodos contraceptivos. O diafragma era um deles. Resolvi deixar minhas atividades universitárias e fabricar o diafragma no Brasil. Com pesquisa e conhecimento técnico, conseguimos fabricá-lo. Assim nasceu a

Semina em 1986. Daí para o desenvolvimento de materiais educativos foi um passo. Detectamos a dificuldade das mulheres nos workshops, aprendemos a necessidade da construção de materiais educativos concretos, para atingir de forma positiva a compreensão do seu corpo, aparelho reprodutor e suas funções. Para isto fizemos um planejamento e elegemos quais materiais deveríamos iniciar, como desenvolver, sondagens, testes de impacto, metodologia e aprendizagem e satisfação no uso destes materiais. Iniciamos com modelos

tridimensionais, para noção real dos órgãos e do sistema reprodutivo. Nosso objetivo foi atingir o maior número de mulheres na prática educativa de forma natural, facilitando a aprendizagem. Estes materiais seriam para serem utilizados na Rede Nacional de Saúde, ONGs, em Programas da Saúde da Mulher, Planejamento Familiar, Saúde da Família, Saúde Indígena, Saúde do Homem, e outros. Assim foi feito. Alcançamos quase todo território nacional, como também, países como Uruguai, México, Venezuela, França, Portugal, Suíça, Moçambique e Angola. O objetivo da Semina Educativa foi e sempre será, acompanhar os diversos programas do Ministério da Saúde e

Educação, criando ferramentas para oferecer aos educadores destas áreas, produtos facilitadores no processo educativo. Assim a cada ano, produzimos 2 ou 3 novos materiais, cujo compromisso é seguir as metas e diretrizes do Ministério da Saúde. Para grupos, escolas, ONGs ou Congressos voltados à Saúde Sexual e Reprodutiva, oferecemos workshops e treinamentos para multiplicadores

**Palabras clave:** Semina Educativa, material didactico, salud reproductiva

**Conflicto de interés y declaración de divulgación:** Ninguno

## Materiales para la Educación Sexual – MAVEX

Martha Lucía Trujillo

Materiales para la Educación Sexual – MAVEX, Cali, Colombia

**Introducción:** MAVEX entidad privada constituida hace 21 años en Cali – Colombia, por un grupo de profesionales de la salud y las ciencias sociales; se especializa en el diseño, elaboración y distribución de innovadores Materiales Didácticos para la Educación Sexual, la Salud y los Derechos Sexuales y Reproductivos; todos con el SELLO EDUCANDO PARA LA EQUIDAD.

Los materiales contienen estrategias pedagógicas y referentes teóricos derivados de la sexología moderna, con enfoque de derechos teniendo en cuenta legislaciones, reglamentaciones, políticas y acuerdos nacionales e internacionales.

**Objetivo:** Presentar la experiencia de 2 décadas de trabajo; logros, aprendizajes y desafíos como aporte a procesos de educación sexual.

La metodología MAVEX se inscribe en el EDU-ENTRETENIMIENTO dado que los materiales trascienden o complementan los tradicionales textos, folletos, videos, etc., pues si bien son herramientas importantes como sustento teórico, al momento de abordar las temáticas con grupos especialmente de niños/as y adolescentes se requieren de estrategias más lúdicas, experienciales y amenas que permitan ¡APRENDER JUGANDO!

**Resultados:** La estrategia pedagógica consta de 20 materiales, con Registro Nacional de Derechos de Autor lo que garantiza su exclusividad, han sido ampliamente validados a nivel nacional y en países latinoamericanos.

Por su versatilidad, el material se ha empleado con éxito, con grupos poblacionales diversos: personas con capacidades diferenciales, desmovilizados del conflicto armado, víctimas del desplazamiento forzado, sobrevivientes de violencias sexuales...

Cada material pasa un proceso amplio y continuado de evaluación y validación realizado por profesionales que trabaja en atención clínica y procesos educativos, intervención social, además la entrega de estos se acompaña de manera complementaria con talleres, cuales se evalúan de manera verbal y escrita, tanto la experiencia formativa, como los materiales, lo que ha permitido constatar que los consideran una herramienta didáctica, útil que facilita promover una educación sexual integral, con carácter científico y equidad de género.

**Palabras clave:** Material educativo, Educación Sexual, Experiencia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Betsi-Tede Material Didáctico Mr

Claudia Martin

BETSI-TEDE MATERIAL DIDÁCTICO MR, Ciudad de México, México

El diseño y la fabricación de la Familia Sexuada nace hace 15 años con la intención de brindar herramientas a los profesionales para la detección del abuso sexual infantil. La familia de muñecos sexuados tiene diversos usos o aplicaciones, entre ellos: Educación sexual, prevención y detección del abuso sexual infantil.

El uso de esta herramienta requiere de un entrenamiento previo y los profesionales que utilizan esta técnica son los peritos en psicología y/o los psicólogos infantiles. El uso varía dependiendo de la técnica y lo que se quiera descubrir, pero la técnica principal utilizada es la terapia de juego. Los retos principales a los que se enfrentan los profesionales es a la aceptación de los niños a estos modelos anatómicos y a la empatía que logre generar el terapeuta en los pequeños, incluso a veces, el terapeuta aborda a los niños con otro tipo de materiales terapéuticos antes del uso de los muñecos anatómicos.

SY-45

## Red de SexólogosMx

La motivación y el origen de una red influye en las expectativas y objetivos de las personas que la integran, como también, en menor medida, de las instituciones que las financian. Al interior de estas redes se suele dialogar y debatir intensamente, en un sentido positivo.

Con base en este antecedente y debido a que en los países de habla hispana no existe una Red para el gremio que trabaja con la sexualidad humana, se tuvo la iniciativa de crear la “Red de Sexólogos Mx” con el objetivo de unir esfuerzos a nivel mundial, para visibilizar la labor de las personas que se dedican a trabajar en la educación integral en sexualidad desde cualquier ámbito. Sin embargo, dicho trabajo tiene sus retos y por ende, áreas de oportunidad.

Los muñecos sexuados son la herramienta más útil y fidedigna para detectar el abuso sexual infantil. La situación en México de casos de abuso infantil han creado la necesidad cada vez más frecuente de esta herramienta.

Al inicio de mi empresa yo creía que el nicho de mercado de los muñecos anatómicos era muy pequeño pero no es así. En un principio tuve que hacerle diversas modificaciones a mis familias de muñecos sexuados, hasta que por fin logré diseñar y fabricar los muñecos sexuados ideales y que cumplieran con las características exigidas por la Procuraduría General de Justicia de la Ciudad de México, máxima autoridad en la materia en dicho país.

**Palabras clave:** Material didáctico, Prevención Abuso Sexual Infantil, Prevención embarazo adolescente

**Conflicto de interés y declaración de divulgación:** Ninguno

Inicialmente convocamos a personas especialistas en sexualidad del país, para unirnos con las movilizaciones pertinentes así como aprovechar para actualizarnos en la materia, generar políticas que colaboren con que todas las personas ejerzan su sexualidad de manera plena, con respeto a sus derechos y cuenten con acceso a los servicios.

Estamos conscientes que aún hay mucho por hacer y también seguimos investigando si en otros países existen redes para seguir conectándonos.

**Palabras clave:** Redes sociales, integración, Fortalecimiento gremio sexoógico

## Sexgénesis de Una Red

Karimme Reyes Aguilar

Directora de la Red de Sexólogos MX, México

Una vez que egrese de la maestría en sexología, me preguntaba porque pocos y pocas son lxs sexólogos que no tenían redes sociales y porque no estábamos haciendo presencia en las mismas, además de darme cuenta lo esparcidxs que estábamos.

Crear un grupo cerrado de Facebook fue el primer paso para agrupar a lxs sexólogos que estaban en dicha red social, la idea inicial fue compartir puntos de vista, canalizar, resolver dudas, apoyarnos entre nosotrxs, etc. Al principio, como casi todo, fue un poco complicado, la mayoría no interactuaba o no sabía bien de qué iba el grupo, pero poco a poco nos dimos cuenta que no

solo se necesitaba estar en las redes sociales, teníamos que vernos y cara a cara y acordar, así poco a poco desde 2017 se ha ido consolidando la integración de lxs sexólogos y cada vez son más, ahora el trabajo que tenemos por delante es viralizarnos y visibilizarnos en todo México, y para ello 4 amigas y colegas y yo, estamos trabajando para lograrlo.

**Palabras clave:** Facebook, Integración, Sexología

**Conflicto de interés y declaración de divulgación:** Ninguno

## Redados Más no Enredados

Nancy Herrera García

Sexóloga Educadora y Docente, Preparatoria Próceres de la Educación, Ciudad de México, México

Las redes sociales, sin duda son una herramienta fundamental de comunicación, difusión, marketing, política y activismo. Para la Red de SexólogosMx el uso de las mismas ha sido fundamental para alcanzar, en un grupo cerrado de Facebook, más de 700 perfiles e instituciones diversas dedicadas a la Sexualidad humana en su más amplio sentido.

Nos concentraremos en el grupo de Facebook, por ser el medio en que estamos construyendo la red, las alianzas. Al menos, en el período del 14 de julio de 2017 al 15 de julio de 2019, contamos con 968 publicaciones, 634 miembros, de lunes a viernes son los días con más actividad. Siendo el viernes de las 18:00-24:00 horas cuándo más publican, comentan o reaccionan. El 72.9% somos mujeres, 26.8% hombres y el 0.3% personalizado.

677 son de México, 5 de España, 3 de Costa rica, 3 en EU, 2 de Canada y Colombia respectivamente, y tenemos un representante por Argentina, China, Ecuador y Nicaragua. Por ciudades, de menor a mayor número están: Oaxaca 12, Durango y León 14, Morelia, 16, Guadalajara Jalisco y Monterrey Nuevo León con

23, Querétaro y Tijuana con 25, Mérida 35 y CDMX son 267

Sin embargo, las estadísticas son frías, la realidad es que la Red también se está convirtiendo un espacio para derivar clientes, hacer trabajo colaborativo, debates, opciones para actualización académica, oportunidades para estar en medios de comunicación masivos, apoyo emocional, amigxs, aliadxs, información sobre el congreso WAS, cotilleo, risas, lágrimas, y un sentido de pertenencia que permite fortalecernos como gremio. Todo lo anterior, se ha logrado gracias a la interacción que tanto las coordinadoras impulsamos, como de nuestrxs colaboradores más activxs.

No ha sido fácil, hay obstáculos pero estamos en proceso de crecer y hacer red, ya no sólo en el país, sino del resto del mundo.

**Palabras clave:** Redes sociales, Activismo, Incidencia política

**Conflicto de interés y declaración de divulgación:** Ninguno



## Un Dos Tres por mi y por Todxs mis Sexamigxs

Fernanda Itzel Zárate Reyes

Terapeuta sexual en práctica privada, México

Las alianzas en la red, surgieron con el objetivo de cubrir todos los eventos y espacios geográficos a los que nos invitaban, además de apegarnos a ser un frente en común para educar en la sexualidad. De igual manera, con la finalidad de obtener patrocinios para activaciones, ferias, networkings, entre otros, aparte de buscar obtener mayor visibilidad de la mano de estas marcas conocidas por su colaboración con lo sexual. Hay que admitir que, estos primeros intentos fueron complejos, en el sentido de que quienes respondían al llamado eran estudiantes en formación y educadores sexuales, no tanto sexólogos educativos y clínicos. Además de que en el caso de algunas marcas, había trabas para llegar con quién nos apoyara. Situación que nos hizo confrontarnos con que, generar una alianza de manera efectiva es mucho más que una buena intención entre colegas, ya que esta

decisión puede afectar o beneficiar la imagen del gremio. Es por ello que, a partir de esa experiencia, decidimos formar alianzas considerando:

- \*Eventos en conjunto
- \*Promoción cruzada
- \*Producto y/o servicio de prueba
- \*Creación de contenido

Con estos pasos básicos, nos hemos dado cuenta que crecemos más rápido y nos volvemos más fuertes como especialistas en la sexualidad. Seguimos aprendiendo y en el camino a buscar más y mejores aliadxs.

**Palabras clave:** Networkings, Patrocinios, Alianzas

**Conflicto de interés y declaración de divulgación:** Ninguno

## De los Picapiedrasex a les SexóLogosMx

Rosa Luisa Acuña Rendón

Poza Rica De Hidalgo, México

Las y los sexólogos mexicanos comenzamos a reunirnos en diferentes momentos sin una organización clara, los fines eran fundamentalmente los Congresos Mundiales y Latinoamericanos de los que tenemos muy buenas historias. Las redes sociales en esos momentos eran el teléfono fijo de la casa o la oficina de quienes se deseaba o se requería localizar y conociendo evidentemente sus horarios de accesibilidad para poder solicitar una cita y entablar conversaciones que no podían ser demasiado largas por teléfono y se requerían las "reuniones de café" donde cada quien llegaba con su lista de pendientes y propuestas para llevar a cabo los proyectos.

La FEMESS se inicia con charlas durante la estancia en CUBA por un Congreso de sexualidad humana al que asistieron e iniciaron así un proyecto de estatutos, boletín y más (1995); propuestas que fueron creciendo mientras cada quien manifestaba su interés y aportaba sus capacidades; el envío de correos electrónicos era una difícil tarea, no era fácil como ahora adjuntar archivos ni fotografías.

Los costos económicos eran altos; se elaboraron boletines que era difícil dar a conocer en forma masiva, los manifiestos, posturas, declaratorias y demás notificaciones importantes se hacían por escrito. Poco a poco nos inundaron las redes sociales con todo su nuevo empuje, hasta dar paso a Facebook y en forma casi explosiva todas las demás redes sociales que de la mano de los smartphones nos cambiaron la forma de vida cotidiana con gran impacto.

Es aquí donde aparecen las chicas de la nueva banda de SexólogosMx, con la propuesta desde su excelente perspectiva de unir al gremio sexológico nacional. La propuesta para ellas es caminar hacia la mirada mundial, donde nuestro País sea uno de los principales pilares de unión y de referencia para entrar al ramo de la sexología en todos sus horizontes.

**Palabras clave:** FEMESS, Historia sexológica

**Conflicto de interés y declaración de divulgación:** Ninguno

## Excelente Servicio – 5 Estrellas

Livier Elizabeth Gutiérrez Vázquez

Docente en el Instituto Mexicano de Sexología, IMESEX, México

Durante tres años la red de Sexologxs ha sufrido una serie cambios en el número de personas que desde un inicio la conformaron.

Siete personas arrancamos este proyecto intentando darle una misma forma a nuestras coloridas, divertidas y locas ideas; y por una corta temporada se contó con un colega en formación, quien daba apoyo y tiempo de forma voluntaria, a quien se le identificaba como el becario.

Durante el primer año ese fue el equipo, sin embargo por causas personales y profesionales, el grupo se redujo a cinco mujeres, quienes actualmente seguimos en movimiento por hacer un trabajo fuerte, divertido y sencillo para la visibilización de nuestra labor sexológica.

Cada una de nosotras; al igual que nuestro perfil profesional, formó parte de una generación diferente en-IMESEX. Una misma formación más no una misma experiencia.

Esto no sólo ha sido una divertida y diversa fusión, si no también complicada.

Grandes personalidades nos distinguen y conforman; mujeres de carácter fuerte, mentes dispersas, controladoras, divertidas, alocadas, obsesivas, trabajadoras, sensibles, fuertes, independientes, distraídas, etc.

No siempre coincidimos pero si trabajamos por llegar a un acuerdo.

Los tiempos aquí definitivamente no han sido perfectos, altibajos emocionales, percepciones diferentes ante el compromiso, disturbios, tiempos encontrados y desfasados, entre otras cosas, han sido algunas de los obstáculos con los que nos hemos encontrado y nos han llevado a hacer este proceso tan lento o rápido dependiendo como lo estés viviendo.

Y aún así grandes noticias están por llegar.

**Palabras clave:** Personalidades

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-46

## Doctoral Programs in Sexology (WAMS Symposium)

As development occurs Sexology become a Science with a clear field of study: Sex Development Process and the Sexual Function Process. The continuous interaction between the physiology of the human been and the sociocultural environment is a key factor that must be permanent in our thinking. As a Science need the professional that make Sexology his(her) main concern devoting full time to the development of the field. The discussion about a Sexology as a career keeps his path despite the multiple pitfalls. Meantime the development of Programs at Postgraduate levels has proliferate. Most of them are Courses that do not lead to academic

degrees other have an academic level approved as a Specialization or Master. Because of that path Doctoral Programs in Sexology have been planned and approved by university structures. The experience obtains in three different Doctoral Programs ably us to analyzed and send a clear message that the University approved Program, at undergrad and postgraduate is the proper way to help Sexology to keep growing as a Science.

**Keywords:** Sexology, Doctoral Program, Postgraduate studies

## Doctoral Line in Sexology of the University of Almería

Manuel Lucas Matheu

Sexology Program, Universidad de Almeria, Spain

Sexology, in recent times has begun to climb steps, academic and research level, to become a university discipline, less and less peripheral and marginalized. Sexology is not a newborn science. He has a long history, but he needed to institutionalize academically. The level of research papers published in impact journals is very low in relation to other disciplines.

In 2003, the University of Almería launched its own Master's degree in Sexology. And in 2007, this title became official, the first Official Master in Sexology in the European Community. It is the first official postgraduate degree, both researcher and professionals, with direct access to a doctoral line in Sexology. In this doctoral line, 15 people have already successfully completed and passed their doctoral thesis, with Sexological

investigations, mostly with cross-sectional and correlational research, with different lines of research in Sexology, and some with scale validations, as necessary for Sexological research. The quotas of doctoral students are currently co-opted in that line, and we have had to go to other doctorates (Humanities, Medicine, Education, etc), to give way to high demand, and at this time there are 25 people enrolled, of which 4 have already concluded, and another 10 will do so in October.

**Keywords:** Sexology, Doctoral Program, Postgraduate Studies

**Conflict of Interest and Disclosure Statement:** non conflict of Interest

## Doctoral Program in Human Sexuality at Porto University in Portugal

Pedro Nobre

Faculdade de Psicologia e Ciências da Educação, Universidade do Porto, Porto, Portugal

The Doctoral Program in Human Sexuality (DPHS) at Porto University <https://www.fpce.up.pt/pdsh/en/about.html> aims to promote advanced knowledge and the development of excellent research in a relevant area, central to the well-being and biopsychosocial health.

The DPHS is one of the first PhD programs of this kind in the European space and one of the few internationally. Promotes high quality advanced training while establishing international strategic partnerships, with the final goal of establishing an international research centre in the area of sexuality at the University of Porto and in Portugal.

The PhD is multidisciplinary in nature and has five thematic areas: sexual education, gender, sexual medicine, sexual and reproductive health and clinical sexology.

The PhD is a 3-year program: the 1st year covers a number of thematic areas in the five main areas, the 2nd and 3rd year are devoted to the development of a doctoral dissertation (promoting the dissemination of the studies through its presentation at scientific

meetings and publication in international peer-reviewed journals).

The Doctoral Program can also count on a laboratorial resource: the SexLab (<https://www.fpce.up.pt/sexlab/eng/home.html>).

Lastly, this Doctoral Programme aims to establish institutional partnerships at the level of teaching and research (as well as mobility of faculty and students) with some of the most reputable international universities in the subject of human sexuality, benefiting from a network of existing collaborations with some of the most recognized international researchers in the domain of sexuality (this network includes universities and other scientific and professional organisations in Europe and in the American Continent, such as the World Association for Sexual Health (WAS) (<http://www.worldsexology.org/>).

**Keywords:** Doctoral Programs, Human Sexuality, Sex Research

**Conflict of Interest and Disclosure Statement:** None

## Doctoral Program In Medical Sexology

Fernando Bianco

Sexology Department, Centro de Investigaciones Psiquiatricas, Psicologicas y Sexologicas de Venezuela, University Institute, Venezuela

The Doctoral Program in Medical Sexology was approved by the Venezuelan National University Council last December 2018 and is a consequence of the experience and result achieved in the implementation of the Master Degree Program in Medical Sexology that started in 1985. The experience has been creative and nutritious. 61 physicians have finished his three years full time Resident Training Program. This has allowed to establish progressive the Research Lines essentials for the development and maintenance of a Doctoral Program.

The Program have four components: theoretical, methodological, creditable and practical. A minimum of 45 credit/unit have to be approved and a dissertation

and defense of a Doctoral Thesis is mandatory, which is the central nucleus of the Program.

The candidate credential is analyzed and an interview is preform, there after a Study Plan is presented to the candidate. The program has a multi modal characteristics meaning It is highly customized. The candidate uses his own rhythm.

The Physician with a Doctoral Degree in Medical Sexology is a researcher, a teacher and able to take care of clinical cases.

**Keywords:** Sexology, Doctoral Program, Postgraduate Studies

**Conflict of Interest and Disclosure Statement:** None

SY-47

## The Privileging of Pleasure: Closing the Gender and Age Gap (Symposium of the Society for Sex Therapy and Research)

Sexual pleasure is not a right accorded to all. The reality is that societal attitudes, cultural beliefs and misinformation have left many women and men disenfranchised from their sexual potential. Three papers describe this inequity through the lens of cultural bias. First, the cultural restrictions on women's sexual pleasure and agency worldwide will be examined. Following this, one specific problem pertaining to women's sexual pleasure in the Unites States will be discussed—specifically, the orgasm gap that exists between young adult women and men. Finally, the way that ageism restricts sexuality among the aging U.S. population will be considered. All presentations will synthesize data and clinical observations to illustrate

these societal inequities in access to sexual pleasure, with causes for such inequities reviewed and debated. Causes discussed will include; the cultural privileging of youth and male sexuality, unrealistic sexual scripts including unrealistic porn depictions of sex, virginity requirements cross culturally, and disease models of sex. Importantly, solutions for moving towards greater equality in sexual pleasure will be suggested, with a focus on how sex researchers, educators and therapists can contribute to more equal access to sexual pleasure for all.

**Keywords:** sexual pleasure, Cultural bias, sexual dysfunction

## Focusing On Female Sexual Pleasure: Improving Sexual Satisfaction Across Cultures

Kathryn S. K. Hall

HallWatter Institute, Princeton, USA

**Introduction/Rationale:** This Educational Experience will critically examine the culturally influenced pathways that lead to sexual dissatisfaction, with recommendations offered for adapting the practice of sex therapy to the culture-specific needs of the client(s). Data from three sources will be highlighted: evidence of Culture Bound Syndromes, disparities in the manifestation of sexual problems worldwide, and global variations in the presenting sexual complaints of those seeking treatment. These data will be synthesized with perspectives regarding cross cultural variations in sexual values and the status of women. It will be argued that the inhibiting effect of sexually conservative cultures limits women's opportunity for sexual experience and expression. An additional argument will be made that while sexually restrictive cultural values overwhelmingly target women's sexuality, the sexuality of men is also negatively impacted. Specifically, the cultural belief that female sexual pleasure is dangerous, or irrelevant, co-exists with cultural imperatives that men should perform sexually with naïve or passive partners when they themselves have little knowledge, skill, or experience. Sex therapy approaches that emphasize the

benefit of female sexual pleasure to the sexual satisfaction of the couple will be presented.

**Population/Settings:** The presentation will focus on the global adult heterosexual population (18–65 years old).

**Outcome/Discussion/Recommendations:** This presentation will provide knowledge that is critical to adapting sex therapy for a culturally diverse patient population.

### Citations of supporting literature:

- Atallah, S., Johnson-Agbakwu, C., Rosenbaum, T., Abdo, C., Byers, E.S., Graham, C.A., ... Brotto L. (2016). Ethical and sociocultural aspects of sexual function and dysfunction in both sexes. *Journal of Sexual Medicine*, 13(4), 591–606.
- Hall, K.S.K. (2019). Cultural differences in the treatment of sex problems. *Current Sexual Health Reports*. 10.1007/s11930-019-00189-9

**Keywords:** sexual dysfunction, culture, sex therapy

**Conflict of Interest and Disclosure Statement:** None

## The Orgasm Gap in America: Statistics, Sources, Sequela, and Solutions

Laurie Mintz

University of Florida, USA

**Introduction/Rationale:** This *Educational Experience* will examine the orgasm gap that exists between cis-gender young adult women and men in the United States. Data will be presented illustrating that when such men and women engage in sexual encounters, men are having substantially more orgasms than women are. As one of many examples that will be presented across types of sexual encounters (e.g., casual sex, relationship sex), 55% of men versus 4% of women say they always orgasm during first-time hookup sex (Mintz, 2017). After detailing such striking statistics, the cultural and personal causes of the orgasm gap will

be detailed. Societal causes to be covered include the cultural privileging of male sexuality, cultural ignorance of the clitoris, lacking sex education, unrealistic porn images of sex, current societal scripts for sex, and conflicting pressures for and against casual sex for women. Personal causes, most of which also reflect internalization of societal causes, include negative body-image, low levels of sexual agency, and inadequate skills in sexual communication. Consequences of the orgasm gap, which go beyond pleasure itself, will also be detailed—including the relationship between orgasm inequality, sexual coercion and sexual pain. Finally,

solutions for closing the orgasm gap at both the societal and personal level will be detailed, with a focus on how sex educators, sex researchers, and sex therapists can contribute to this mission.

**Population/Settings:** The presentation will focus on the young adult population (18–35 years old) in the United States.

**Outcome/Discussion/Recommendations:** This presentation will provide knowledge that is critical to empowering youth to have more sexual pleasure.

## Sexuality and the “Culture” of Aging in the United States

Daniel N. Watter

HallWatter Institute, Princeton, USA

**Introduction/Rationale:** This *Educational Experience* will examine the prevailing attitudes toward aging and sexuality in the United States. The main thesis is that older Americans comprise a distinct sub-culture of the United States population, and is subjected to many of the biases, judgments, and prejudices that are common to marginalized populations. Specifically, Western cultures, such as the United States, have not seen society’s elders as having sexual needs, wants, desires, and/or interactions. The prevailing narrative of the impact of aging on sexual functioning has been an inevitable process of decline that can only impede one’s enjoyment of sex. Presently, we understand that this is far from the reality of many aging adults. Research and clinical information will be presented allowing for a more complete understanding of the role sex plays in the lives of an aging population. The emphasis on the “sexuality of youth” will be challenged from a developmental and existential perspective.

**Population/Settings:** The presentation will focus on the aging population (50 and over) in the United States.

### Citations of supporting literature:

Mintz, L. (2017). *Becoming Cliterate: Why orgasm equality matters—and how to get it*. San Francisco: HarperOne.

Wade, L. (2017). *American Hookup: The New Culture of Sex on Campus*, New York: Norton and Company.

**Keywords:** orgasm, orgasm gap, sexual pleasure

**Conflict of Interest and Disclosure Statement:** Dr. Mintz is the author of a book, *Becoming Cliterate*, that will be discussed. However, even if book sales result from the presentation, there will be extremely limited or no financial gain, given the royalty structure for the book.

**Outcome/Discussion/Recommendations:** Sexuality remains important throughout the lifecycle. The perception that aging represents a “disease” or a “defect” that needs to be resisted must be challenged and contested. The implications for sex therapy and sexual medicine practitioners include the need to look beyond our existing sexual scripts that glorify the sexuality of youth while disparaging the sexuality of aging.

### Citations and supporting literature:

Bouman, W.P. & Kleinplatz, P.J. (2016). Introduction: moving towards understanding greater diversity and fluidity of sexual expression of older people. In W.P. Bouman & P.J. Kleinplatz (Eds.), *Sexuality and Ageing* (pp. 1–3).

Watter, D.N. (in press). Sexuality and aging: navigating the challenges of aging bodies. In Y.M. Binik & K.S.K. Hall (Eds.), *Principles and practice of sex therapy, 6<sup>th</sup> Ed.* New York: Guildford Press.

**Keywords:** aging, death, sexuality

**Conflict of Interest and Disclosure Statement:** None



SY-48

## Emerging Researchers Downunder: Showcasing Innovation (SAS Symposium)

This symposium features three presentations from emerging researchers in the field of sexology in Australia. Each project is innovative and explores a non-traditional aspect of sexological research. The aim of the symposium to explore the impact of researching non-traditional focus areas on the researcher and the research. Each team of researchers encountered unique

experiences in response to their research. Understanding the importance of non-traditional research and how to manage the impact supports the continued development of sexological research.

**Keywords:** Sexual wellbeing

## By Us or Bias? Self-Identification, Intersectionality and Resilience: A Solution-Focused Qualitative Analysis of Australian Bisexual Women's Mental Health

Hanna Saltis<sup>a</sup> and Matt Tilley<sup>a,b</sup>

<sup>a</sup>Department of Sexology, School of Public Health, Curtin University, Perth, Australia; <sup>b</sup>Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Faculty of Health Sciences, Curtin University, Perth, Australia

**Introduction:** Bisexual people experience poorer mental health when compared to monosexual people (those attracted to one gender only, e.g. gay/straight). These outcomes are often attributed to experiences of biphobia, monosexism, and minority stress. However, constantly conflating bisexuality and mental health issues has resulted in the overpathologisation of this population. Thus, a need for research utilising resilience models is evident, particularly in the Australian context where there is a dearth of bisexuality research of this kind.

**Objectives:** This study's objectives were to explore bisexual women's positive experiences and understanding of the label *bisexual*; investigate how women's other identities positively interacted with their bisexual identity; and to ascertain resilience factors for bisexual women and how these contribute to their overall mental health.

**Method:** A qualitative methodology guided by a phenomenological approach was utilised. This methodology was underpinned by positive psychology, intersectional feminist and social constructionist theoretical frameworks. Twelve self-identifying bisexual women voluntarily participated in 45-90-minute semi-structured interviews, which were transcribed verbatim. Thematic analysis was used to analyse data.

**Results:** Four main themes were identified: 1) identity formation; 2) intersectionality; 3) sense of belonging, and 4) resilience. Each theme comprised a number of subthemes, which highlighted the intricate intersectionalities contributing to the mental health of bisexual women in Australia. Despite a focus on the positive aspects of bisexuality, each participant discussed adverse aspects of their bisexual identification.

**Conclusion:** Participants' expressed heterogeneous personal definitions of bisexuality. Bisexuality intersected with other identities; mental health was impacted through these intersections and was context dependent. A sense of belonging, community, activism/advocacy and social support fostered positive identity experiences and improved mental health. Participants demonstrated resilience at intrapersonal, interpersonal and societal levels. Structural resilience, greater visibility through representation and de-homogenisation of bisexual populations will further enable positive identity development and improve mental health for bisexual people.

**Keywords:** bisexual, bipoisitivity, identity formation, mental health, biphobia, monosexism, women, intersectional feminism, positive psychology

**Conflict of Interest and Disclosure Statement:** None

## Painful Intercourse & Endometriosis: Sexual Impacts on Male Partner

Jane Keany<sup>a</sup>, Irmina Nahon<sup>b</sup> and Christopher Fox<sup>a</sup>

<sup>a</sup>Postgraduate Program in Sexual and Reproductive Health, Westmead Clinical School, Faculty of Health and Medicine, University of Sydney, Australia; <sup>b</sup>Discipline of Physiotherapy, Faculty of Health, University of Canberra, Australia

**Introduction:** Men partners to women-with-endometriosis face long-term challenges to their sex life. The man may perceive responsibility for the sexual pain and be tentative about initiating sexual contact. Relationship discord is also common. The limited studies on the male partner recommend further qualitative research to understand the impact.

**Objectives:** To explore the impact of painful intercourse due to endometriosis on male partner's sexual wellbeing.

**Method:** Qualitative exploratory approach was adopted to guide the study. Nine male partners participated in in-depth interviews which lasted approximately 90 minutes. Data were analysed using a thematic approach.

**Results:** Sexual frequency is an early casualty as men (and women) attempt to avoid the pain of intercourse.

Men reported their arousal (erection and ejaculation/orgasm) being adversely impacted due to an inability to be "present" when their partner was experiencing sexual pain. Participants indicated not wanting to initiate any form of sexual activity due to a fear it might lead to painful intercourse. Lower levels of fear were reported where the focus shifted to non-penis-in-

vagina sex. Not all men found a comfortable compromise. Overall, sexual satisfaction was achievable despite sexual limitations. All men value good communication about sexual and relationship matters.

**Conclusion and Recommendations:** Male partners grieve the loss of a pain-free sex life. Men who adopt a team approach coupled with creativity reported a satisfying sexual relationship. Men willing to embrace a non penis-in-vagina sexual approach reported a more contented relationship.

Couples are encouraged to talk about the impact of painful intercourse for each partner. Practitioners are encouraged to explore the sexual impact of endometriosis through open-ended questions and to refer couples for sex therapy. Sex therapists need better education about endometriosis and sexuality. Public education resources, aimed at both members of the couple, which address the sexual difficulties that arise from endometriosis are also required.

**Keywords:** painful intercourse, endometriosis, male partner, sexual function, sexual wellbeing

**Conflict of Interest and Disclosure Statement:** None

## Australian Women Buying Sex as Therapy Challenge Narratives About the Sex Industry and Female Sexuality

Hilary Caldwell and John De Wit

Centre for Social Research in Health, University of New South Wales, Australia

**Introduction and Objectives:** Women are often positioned as not needing/desiring commercial sex and prefer talk or day spa therapies for sexual wellbeing. This paper presents new information on women buying sex in Australia and draws on three studies: Women's accounts of buying sex; Sex worker's insights to female-clients; and a Social analysis of how Australian's discuss the possibility of women buying sex.

**Methods:** Twenty-one female-identifying participants who had bought sex in Australia, responded to social media advertisements and interviewed. Data were analysed using a phenomenological interpretative analysis. Data were triangulated through a thematic analysis of data from interviews with 17 sex workers about their female clients, and an examination of contemporary discourse about women buying sex in Australia via a textual analysis of online audience responses to media about female sex tourism.

**Results:** All 21 participants described a therapeutic benefit of buying sex, regardless of their initial motivation to buy sex. Therapy was said to be the main motivation to buy sex by ten of the women interviewed. Therapeutic goals encompassed recovery from vaginismus, intimate partner violence, and childhood sexual abuse. The major motivator for the remaining participants was to experience sexual pleasure through non-committal and non-reciprocal sex. The sex workers interviewed said there were few differences between their male and female clients, and the media study found a lack of audience sensitivity to the possibility of women buying sex.

**Conclusions:** Women buying sex are often overlooked based on passive constructions of female sexuality, and dismissed, in favour of highly gendered constructions of the sex industry. Sex workers rejected gender power theories, maintaining clients' roles shape behaviour. Mediated discussions of women buying sex prompted a divergence from previous constructions of the sex industry to a more nuanced discourse of consensual adult exchange, broadening understanding and supporting balance debate.

**Keywords:** sex work, female sexuality, gender, commercial sex, female clients

**Conflict of Interest and Disclosure Statement:** None

## Challenging Assumptions About the Sexuality and Relationships of Older People

Linda J. Kirkman<sup>a</sup>, Virginia Dickson-Swift<sup>a</sup> and Christopher Fox<sup>b</sup>

<sup>a</sup>La Trobe Rural Health School (Bendigo), La Trobe University, Australia; <sup>b</sup>Faculty of Medicine and Health, University of Sydney, Australia

**Introduction and Objectives:** This paper presents recommendations based on research into the experience of rural baby boomers in friends-with-benefits relationships (FWBR). A FWBR is defined as one where the participants have a friendship, an ongoing sexual relationship, yet do not consider themselves to be a couple. Mid-and-later-life adults are initiating new relationships; many seek intimacy yet want to maintain independence, so are not looking for marriage or cohabitation.

**Methods:** This study was qualitative and used interpretive description, influenced by social constructionism, queer theory and feminist principles. In-depth, semi-structured interviews were conducted with 22 people; 15 women and 7 men, who were invited to "Tell me about your friends-with-benefits relationship". Participants were born between 1946–1964 and had had a FWBR within the previous five years. Prompting questions asked about the effect of the relationship on their wellbeing, approach to safe sex, and use of health services for sexual health. Transcripts were analysed thematically.

**Results:** Effect on wellbeing was largely positive. People reported the 'best sex' of their lives, growing

autonomy and an interest in sexuality and relationships outside conventional structures. Approaches to safer sex varied, as did the use of health services for sexual health. Some medical practitioners were unsupportive of STI testing after new partners despite guideline recommendations.

**Conclusions:** This innovative research shows the need to include lesser-used and harder-to-source population groups in research such as rural, older, and non-heteronormative. The default assumption of heteronormativity perpetuates stereotypes while keeping relationship diversity in the deviant, 'other' category. This can lead to stigma and avoidance of health care. Our talk will focus on recommendations for practitioners to make no assumptions about the relationship status or sexuality of baby boomers; ask and be open and non-judgemental to their answers. Be supportive of educational needs such as: negotiating new relationships; consent; pleasure; and sexual health. Positive sexuality is important for healthy ageing.

**Keywords:** friends-with-benefits; ageing; non-monogamy

**Conflict of Interest and Disclosure Statement:** None

SY-49

## Breaking Myths, Breaking Silence: Genital Autonomy in Global Perspective (Sexpo Foundation Symposium)

Child's right to intact body has been a global dispute for long. Cultural traditions have always been a part of upbringing, also those which modify child's genitals. Only in recent decades the Rights of the Child and later international authorities like the Council of Europe have stated the importance of protecting all children from harmful traditions such as non-therapeutic genital cutting. Still violations occur in various societies and that have globally prompted many concerns relating to the sexual wellbeing and rights of children.

This Sexual Rights Symposium *Breaking Myths, Breaking Silence: Genital Autonomy in Global Perspective* will address a variety of relevant aspects, illustrated primarily by male body. The social, legal,

and sexological viewpoints of genital cutting explore the life span of a man from countries around the globe: from infancy to old age, which myths still influence our thinking and affect parental choices? What needs to happen in order to protect the rights? Harmful traditions damage sexual functions which compromises sexual health. Promoting sexual rights with the help of training, advocacy and peer support will help to strengthen the bodily integrity of an individual and build new traditions which protect the genital autonomy of all.

**Keywords:** Gender, Culture, Global, Male, Genital, Autonomy

## Professional's Will to Defence Sexual Rights for All

Tiina Vilponen

Sexpo Foundation, Finland

**Introduction:** The realization of sexual rights of hurt individual should always be in the focus of attention of a clinician. Genital autonomy and consent have been a growing interest in public and professional debate, and it has also awoken those who have not earlier contacted sexuality counsellors and spoken aloud.

**Setting:** In my work as a sexologist I cater for the needs of those who's rights have not been protected and who are not vocal in the public due to the minority stress and fear. In order to promote genital autonomy of clients, counsellors need to enforce the state of sexual rights. When hearing stories which cheapen the bodily integrity of an individual, how do we as a mental health workers react?

**Outcome:** In this presentation I will explore the need for professionals to promote the rights of those who are not capable enough to act. Sexuality education in all age groups is the key factor in order to achieve changes in harmful cultural traditions such as non-therapeutic male genital cutting.

**Discussion:** Especially in the case of practices which are considered as difficult or sensitive, we need return to the Declaration of Sexual Rights and protect the right to rights.

**Keywords:** Genital autonomy

**Conflict of Interest and Disclosure Statement:** None

## Our Responsibility to Educate the Public

John Geisheker

Doctors Opposing Circumcision, USA

**Introduction:** Forcible foreskin retraction, or ‘FFR,’ sometimes called premature forcible retraction, PFFR,) is an iatrogenic (medically-inflicted) injury suffered by intact (not circumcised) boys. Understanding this injury requires appreciation of a simple detail of gross anatomy: when a child is born, the penis is underdeveloped, foreskin firmly fused to internal glans by a natural and protective tissue layer, as it was in utero. It requires, on average, ten years for this layer, the balanopreputial lamina, to dissipate naturally, a few cells at a time. During this decade the boy needs no special internal hygiene. Indeed, none is possible without trauma.

**Setting:** For over 140 years, however, the Anglo-American medical community has demeaned this natural layer as a birth defect, an unnatural ‘adhesion.’ Typically clinicians forcibly destroy this tissue layer by ‘lysing’ it, whether manually or with a blunt tool. Aside from being intensely painful, the resulting raw surfaces expose the child’s organ to infection and scarring. FFR/PFFR is the commonest cause of iatrogenic phimosis –

the inability to retract a scarred, inelastic, foreskin – in later years. It is estimated that the incidence of P/FFR injuries in North America exceeds 100,000 children each year, and that number is rising as the number of intact boys increases. Most injuries – about 75% – occur, ironically, at ‘well-baby’ visits.

**Outcome:** This presentation details the 19th-century, pre-germ-theory, ‘hygiene hysteria’ that led to this deeply imbedded and common practice, eventually forbidden by most pediatric associations.

**Discussion:** Over 20 years the presenter has assisted the aggrieved families of more than 1,000 injured children. The affected boys range in age from neonates only hours old, to 12-year-olds. A new web platform educates parents hoping to protect their child, and provides information for medical practitioners willing to reform their practice.

**Keywords:** Forcible foreskin retraction

**Conflict of Interest and Disclosure Statement:** None

## The Need to Understand the Traditions We Carry

Daisuke Onuki

Tokai University, Japan

**Introduction:** Japanese tradition of “circum-retraction” is a practice of boys and young men to pull back the foreskin and keep it retracted in daily life – all without surgery. This practice is widely known in Japanese culture, and it is supposed to happen naturally as a part of one’s masturbation habits. When it doesn’t succeed, the status of the foreskin is labeled as phimosis and considered to be prone to premature ejaculation.

**Setting:** Surveys suggest, however, that there are boys and men who do not succeed in circum-retraction, and some of them start to use devices when others give up on conforming to the cultural norm. The tradition has been known and put forward for generations, often in community-based young men’s unions, and in the military. In the post-war, more

individualised life of Japan, men’s magazines and cartoons played significant role in keeping the tradition alive.

**Outcome:** In a way similar to the rite of passage, boys and young men were pressured to alter the genitalia without reasonable explanation why or how. In recent days, less and less magazines and cartoons are sold. Instead, public health professionals and midwives are taking up the role and starting to educate parents about their infants’ foreskin. Is the new practice a reasonable solution to the psychological distress of young men?

**Discussion:** In this presentation, the presenter will explore the ongoing discussion on circum-retraction tradition in Japan, and look in to the bodily and

mental effects of the practice. What is seen as child's best interest and what are the key points when promoting one's genital autonomy in Japanese culture? The aim is to bring light to the cultural relativism vs. universalism debate.

**Keywords:** circum-retraction

**Conflict of Interest and Disclosure Statement:** None

## The Importance to Offer Help for Each and Everyone

David Smith

15Square, UK

**Introduction:** This presentation charts the progress of the subject of male genital cutting in UK from the formation of Convention on the Rights of the Child to the present day. Until recently, bodily integrity was an issue that those who have been affected by it have not been encouraged to talk about.

**Setting:** Damaged men need support but have been reluctant to talk about it and its effects. The development of group meetings of older men first gave the opportunity to discuss one's problems with others in a similar situation, and also be as an example for younger men.

**Outcome:** Until this point, many had not even spoken openly to their partners, families or friends for fear

of a poor reaction. Often, when young men were brave enough to tell their stories on camera, they faced opposing views adding to their burden.

**Discussion:** In this presentation, the presenter will show that following the support group meetings, initiatives have since been developed not only to educate professionals and the public but to train parents. These developments have empowered men of all ages to talk more openly about the issues, a fact that has enabled wider publicity to sexual rights by collaborative work with the media.

**Keywords:** genital cutting

**Conflict of Interest and Disclosure Statement:** None

SY-50

## Why Sexual Pleasure Matters

Sexual health is more than the absence of disease. Sexual pleasure and satisfaction are integral components of well-being and require universal recognition and promotion. To date, much work on sexual health has continued to emphasize adverse outcomes such as STI/HIV, sexual violence, and sexual dysfunction. While these objectives are of continued importance, they reflect the tendency of sexual health promotion to focus on negative sexual and reproductive health outcomes. Far less prominent in health promotion policy and programming is a sustained recognition that sexual pleasure is an elemental aspect of human sexuality. Although often ignored or stigmatized, sexual pleasure

cannot be an afterthought in sexual health promotion. In an effort to bring renewed attention to the topic of sexual pleasure, this symposium brings together a panel of experts to discuss the importance of promoting sexual pleasure as a means of promoting sexual health. Among other things, panelists will discuss the socio-political context of sexual pleasure, factors that support and hinder pleasure, and its connection to sexuality, well-being, health and human rights.

**Keywords:** Sexual Pleasure, Sexual Health, Sexual Rights



## Pleasure and Prevention – When Good Sex is Safer Sex

Anne Philpott

The Pleasure Project, UK

Disease, death and other adverse outcomes of sexual and intimate relationships remain the main focus for medical and public health interventions, despite the lack of evidence for these policy's effectiveness. Against this largely sex negative and pessimistic backdrop there have been disappointing gains in the practice and investment in prevention and safer sex. However limited but robust evidence has shown the effectiveness of sex positive or pleasure inclusive sex education to change both intent and reported practise of safer sex. The emphasis on risk and denial of pleasure in sex education has broader impacts beyond physical sexual health, and can confirm sexual stereotypes of women as a reproductive risk and men and predators for pleasurable gain. However an emphasis on sexual rights, consent and empowered comprehensive sex education can have broader impacts such as enhanced sexual self-esteem, which in itself leads to more healthy choices.

Given that unsafe sex is the largest risk factor for the death of young women globally, and the second largest for young men, there should be all efforts and resources placed by the public health community on interventions which show promise, are evidence based and relevant to people's lives and motivations. Pleasure is arguably the principle motivator for sexual behaviour globally, can be a key driver within effective sexual health interventions and also allows for broader dialogues with a positive vision of relationships. Pleasure inclusive approaches are gaining in popularity in the public health world, with some innovative and inspiring examples globally, now is the time to measure their collective impact and ensure that pleasure, bodily integrity and well-being as seen as key elements of sex and sexuality education and programmes as a way to improve both sexual health and people's sexual experiences.

**Conflict of Interest and Disclosure Statement:** None

## Sexual Pleasure: A Gendered, Embodied Affair

Ellen T. M. Laan

Department of Sexology and Psychosomatic Gynaecology, Amsterdam University Medical Center, The Netherlands

The preferred sexual activity with which orgasm is experienced is subject to ideals that are unfavourable for women's sexual pleasure. Many heterosexual women appear to prioritize their partner's sexual pleasure over their own, based on the belief that intercourse is the most important type of sexual activity that women should be able to 'do'. Research clearly and consistently shows that vaginal intercourse without additional glans clitoris stimulation results in orgasm in only about 25 to 30% of heterosexual women. This contrasts sharply with research suggesting that over 90% of heterosexual men always or almost always orgasm during sexual intercourse. Women assigning greater value to their male partner's sexual pleasure occurs not only in cultures and communities in which sexual pleasure of women is considered religiously or societally

undesirable, but also in sex-positive countries such as Sweden and the Netherlands. In addition to sexual pleasure being gendered, the prevalence of pain or discomfort during intercourse is high, particularly among young women. Characteristically, women with dyspareunia do not cease sexual activity that is painful for them. They ignore the primary function of pain as signalling damage to the body. While intercourse frequency of women with dyspareunia is lower than that of women without sexual pain, not engaging in sexual intercourse is, by definition, not a behavioural choice that women with dyspareunia make. This talk addresses possible reasons why women make such behavioural choices and potential avenues towards greater gender equality in sexual pleasure.

**Conflict of Interest and Disclosure Statement:** None

## Rethinking 'Sexual Pleasure' for Advancing Sexual Health and Well-Being

Vithika Yadav

Love Matters India (Head); Global Advisory Board on Sexual Health and Wellbeing (Chair)

Talking about sex, sexuality, sexual desire and pleasure brings in such feeling of shame and embarrassment, even though there is nothing unnatural about it; nor are we born with this shame. But we grow up hearing, knowing and feeling that sex is something shameful. Sex and sexuality are often thrown at us as topics not to be discussed, as topics that are meant only for adults, from which adolescents and young people need to be protected. There is emerging evidence that indicates that the systems that create positive and negative attitudes (and outcomes) around sex, sexuality and desire exist at the intersection between the individual and issues that shape our social contexts. Social and cultural taboos make it even more difficult for adolescents,

young people and even adults to have meaningful conversations about sex, desire and need for information and rights-based services. In order to help adolescents and young people with access to information and services that they need, we must understand and address the barriers they face in accessing these and we must understand what works in empowering them to overcome these barriers. This requires a systematic change and it requires diverse stakeholders to come together and work towards promoting sexual pleasure as an important means of promoting sexual health and well-being.

**Conflict of Interest and Disclosure Statement:** None

## Integration of Sexual Pleasure, as a Matter of Sexual Rights as Human Rights, into Policies and Programmes

Eszter Kismödi

Chief Executive, Sexual and Reproductive Health Matters, UK/Switzerland

While global attention to sexual rights has grown, today most programmatic efforts and service delivery, as well as law and policy, are still missing the systematic integration of sexual pleasure into broader health, sexual health and rights agendas. At present, more attention is needed to document linkages between sexual health and the respect, protection, and fulfilment of human rights, as well as the importance of evidence-based research that engages with sexual pleasure. This type of work requires a clear understanding of what an interconnection of these concepts means in practice and how to address the harms inflicted on people's lives when these interactions are not fully taken into account. It shall entail the inclusion of sexual pleasure into the right to health and sexual health framework as it applies to accessibility, availability, acceptability and quality of information and services and the expanded understanding of various aspects of sexual pleasure as it applies to bodily integrity, privacy and non-

discrimination. It requires the nuanced understanding that a human rights framework to pleasure requires to ensure the right to be free from coercion and sexual violence to all, at the same time it also requires the establishment of clear linkages between sexual pleasure and sexual wellbeing, as they are applicable in the context of gender and bodily diversity, gender equality and the application of all human rights to sexual pleasure in varied social, cultural and political contexts. The systematic integration of such kind of understandings into policy and programming requires the engagement of policy and programmatic sectors and actors, including the legal, the public health and education sector, and moving forward, entry points for rights-based pleasure-inclusive work with political, programmatic, and service delivery relevance need to be further explored and utilized.

**Conflict of Interest and Disclosure Statement:** None

SY-51

## The Art of Sex Coaching: Implications for Clients' Sexual Healing Journeys (Sex Coach U Symposium)

Sex coaching is an emerging profession worldwide, with signature methodologies, and processes that illustrate its unique, holistic, clinical approach in helping clients to resolve or overcome their sexual concerns. In addition, sex coaching can be a springboard for original research, by removing pathologizing stigmas related to sexual behaviors, interests, and cultural norms. This Symposium presents findings from relevant original research and a plethora of outcomes from the use of the methodologies in sex coaching, which include the promotion of sexual health and sexual rights globally through the establishment of ethical standards and practice guidelines as defined by

Sex Coach University and the World Association of Sex Coaches. In this series of presentations speakers will describe MEBES© as a multi-dimensional model for sex coaching; feminist interventions for sex coaching; impact of sex coaching on parents as sex educators; applications of mindfulness techniques for female sexual wellbeing; Black females sexual myths and impact on swingers' culture; and clinical applications of assessing instrumental and experiential interest in sex. Case studies will be presented where appropriate.

**Keywords:** sexology, sex coaching, professional training

### MEBES© as a Multi-Dimensional Model for Sex Coaching

Patti Britton

Sex Coach University, Beverly Hills, California, USA & former Academic Dean/Professor at IASHS, San Francisco, California, USA

**Introduction and rationale:** Sex coaching is an emerging sub-field within sexology worldwide. Sex Coach U, the premier sex coach training-and-certification organization, with students from 66+ countries, has established criteria for professional competency by using the Britton MEBES© model as its core learning foundation.

**Project:** The originator of sex coaching as a unique career path presents the MEBES© clinical model, illustrating its comprehensive, systemic, holistic approach toward sexual wellness.

**Discussion:** This approach consists of specific steps for conducting one-time or ongoing client assessments, as well as developing dynamic action steps within a fluid action plan for clients to reach sexual self-realization. MEBES© encompasses the five elements of the sexual self, areas where a client may become blocked or thwarted then liberated to experience sexual wellness. Those five elements include: Mind, Emotions, Body/Body Image/Behaviors, Energy, and Spirit.

**Outcomes:** By removing blockages to internal flow or between partners, sexual wellness emerges. The

outcome is sexual satisfaction, sexual flourishing and sexual wholeness for individuals and couples from all backgrounds, orientations and sexual styles. A representative actual case study demonstrates its application for clinicians and sex educators in addressing myriad sexological challenges for all client types.

**Recommendations:** Suggestions will include how to work with the clinical model and other applications.

#### Supporting literature:

- Britton, P. (2005). *The Art of Sex Coaching: Expanding your practice*. NY:NY, W.W. Norton & Co.
- Britton, P., & Bright, S. R. (2013). "Extraordinary" sex coaching: An inside look. *Sexual and Relationship Therapy*, 29(1), 98-108.
- Ogden, G. (2017). *Extraordinary Sex Therapy*. NY:NY, Routledge.
- Ogden, G. (2018). *Expanding the Practice of Sex Therapy: The neuro update edition-an integrative approach for exploring desire and intimacy*. NY:NY, Routledge.

**Keywords:** Sex coaching, Clinical models, Professional training in sexology

**Conflict of Interest and Disclosure Statement:** I am the CEO and Co Founder of Sex Coach University. I derive no

income from this presentation. I am the creator of the MEBES(c) model.

## Feminist Interventions for Sex Coaching

Myisha Battle

The New School for Social Research New, New York, USA & Sex Coach U, Beverly Hills, California, USA

**Introduction and rationale:** As the global discussion of feminism grows, it's important to integrate feminist principles and practices into client interventions for sexual wellbeing. These interventions should be trauma-informed, sex-positive and acknowledge the ways in which gender and gender expression give each person varying degrees of access to pleasure and sexual gratification.

To incorporate feminist practices in healing interventions means identifying and addressing socio-political constraints that play out in intimate partner relationships. More than ever people are looking to professionals to help them navigate dating, "hooking up" and sexual difficulties with their partners. One of the reasons they are seeking help is because they understand that systemic gender inequality has resulted in imbalanced sexual relationships.

**Project / Population and settings:** Sex coaching clients who identify as feminists, approximately 80% of whom are partnered or dating.

**Discussion & Recommendations:** Sex coaching is a unique clinical perspective that is whole-person

centered and accountability based. Feminist sex coaching allows for exploration of the impact of macro structures on the individual while giving clients space to see sexual issues in terms of gender expectations and make practical changes in their everyday lives that will lead to more pleasure.

**Key Questions:** What are the most common sexual concerns that are a result of gender expectations?

How can we address these concerns using a feminist lens?

### Citation of supporting literature:

Worell, J. (2001). Feminist Interventions: Accountability Beyond Symptom Reduction. *Psychology of Women Quarterly*, 25(4), 335-343.

**Keywords:** Sex Coaching, Feminism, Dating

**Conflict of Interest and Disclosure Statement:** I am an independent contractor working for Sex Coach U. I derive no income from this presentation.

## Raising a Sex-Positive Generation: How Sex Coaching Helps Parents Become Better Sex Educators

Celina Criss

Sex Coach U, Beverly Hills, California, USA

**Introduction & Rationale:** The landscape of sexual culture is shifting quickly as GSRD expression is becoming more mainstream. Parents seek education and support to navigate this culture and empower their children while sharing their beliefs and values around sex. This presentation is an anecdotal report of observations made in workshop and private consultation settings in the Munich, Germany region, with clients seeking coaching around sex-positive parenting.

**Project / Population & Settings:** Clients are generally aged 30-45 years old, in committed partnerships, and parents of children aged infant to teen. Although located in Germany, coaching sessions and workshops were conducted in English. Participants are of varied nationalities (e.g. German, American, Australian, Russian, Hungarian, etc.).

**Outcome:** Sex-positive education, combined with personal examination of sexual history, values, and

parenting goals, supports resolution of personal sexual concerns as well as promotion of a positive message around sexuality in conversations at home. Parents who develop confidence in their own sexuality report increased ease engaging in ongoing, developmentally appropriate conversations about sex and sexuality with their children.

**Discussion & Recommendations:** When asked for support with sex education in the home, coaches can do more than suggest a book. Encouraging parents to identify and resolve their own sex-negative beliefs and educating them about contemporary sexual culture empowers them to generate their own sex-positive conversations in the home. This in turn promotes sex-positive culture in the greater community by contributing young people who possess accurate information and the skills to communicate clearly about sex.

### Citation of supporting literature:

- Britton, P. (2005). *The art of sex coaching: Expanding your practice*. New York: Norton.
- Orenstein, P. (2014). *Girls and sex: Navigating the complicated new landscape*. New York: HarperCollins.
- Rough, B. J. (2018). *Beyond birds & bees: Bringing home a new message to our kids about sex, love, and equality*. New York: Seal Press.
- Queen, C. (2014, March 4). What sex-positivity is—and is not [Blog post]. Retrieved from <http://goodvibesblog.com/sex-positivity/>
- Vernacchio, A. (2014). *For goodness sex: Changing the way we talk to teens about sexuality, values, and health*. New York: HarperCollins.

**Keywords:** Sex Coaching, Sex-positive culture, Parenting

**Conflict of Interest and Disclosure Statement:** I am an independent contractor working for Sex Coach U. I derive no income from this presentation.

## Practical Application of Mindfulness Techniques for Female Sexual Wellbeing

Jennifer Gunsallus

Sex Coach U, Beverly Hills, California, USA

**Introduction & Rationale:** The development of mindfulness skills has two main components: 1) noticing the present moment, including thoughts, emotions, and bodily sensations, and 2) not judging what one notices in the moment, including not judging oneself. Mindfulness is often cultivated through meditation practices, but even without that, one can apply “practical” skills in awareness to personal and sexual interactions to have a positive impact in sexual well-being

**Project:** There are three topics that I have addressed in gender-specific ways most frequently with women within my coaching and speaking practice:

1. Low desire in long-term relationships
2. Sexual shame or embarrassment when discussing sexual topics
3. Consent and women finding and using their voices in sexual situations

When I teach basic mindfulness skills to women, they are able to gain insights into their patterns and sexual sensations, increase their comfort exploring and

discussing sexual topics, and increase their confidence speaking up and voicing their boundaries.

**Outcome:** I will present three different case studies, one for each of the three main areas listed above. For each example I will describe the situation, explain the mindfulness intervention, and discuss how the new awareness skill improved the specific woman’s sexual well-being.

**Discussion & Recommendations:** Mindfulness skills dovetail nicely with the philosophy behind sex coaching, because clients are instructed to address what is experientially happening right now. Mindfulness trains them to stay present with how their struggles surface from moment to moment and learn how they can increase their personal power by moving towards that discomfort, thereby gaining emotional sexual resilience. Specifically for women, teaching mindfulness skills is a path for them to feel sexually empowered, expressed, and fulfilled.

**Citation of supporting literature:**

Gunsallus, Jennifer. *From Madness to Mindfulness: Reinventing Sex for Women*. Jersey City, NJ: Cleis Press, 2019.

**Keywords:** Sex coaching, Mindfulness, Female sexuality

**Conflict of Interest and Disclosure Statement:** I have been a faculty lecturer for Sex Coach U. I derive no income from this presentation.

## Clinical Applications of Assessing Instrumental and Experiential Interest in Sex

Sarah Martin

Graduate School for Social Research, Warsaw, Poland & Sex Coach U, Beverly Hills, California, USA

**Introduction & rationale:** A qualitative content analysis of four pickup artist handbooks explored in the context of competing sociological conceptualisations of erotic capital yielded a recommendation to consider interest in sex when designing sociosexual research. Sexual stratification works differently depending on whether the participant in sexual sociality has instrumental interest (sex as a means) or experiential interest (sex as an end). Additionally, there are clinical applications of making this distinction.

**Project / Population and settings:** Principal application has been with single heterosexual men in individual sex coaching sessions, around half of whom have not yet had partner sex when commencing sex coaching.

**Outcome:** Clients are asked “Why do you want a girlfriend / to have sex / etc.?” and “What do you hope to experience when having sex?” The answers to these questions are generally a mix of instrumental interest (i.e. “I won’t be alone,” “My friends will respect me,” “I’ll get it over with”) and experiential interest (i.e. “Pleasure,” “Curiosity,” “Connection”). By orienting the approach mindset to experiential interest, clients become more process-focused and less outcome-oriented. This may reduce stress, increase confidence, and

create a sense of relaxation in approaching dating, sex, and relationships.

**Discussion & recommendations:** Clinicians should consider their clients’ interest in sex in addition to their sexual history, behaviours, and challenges. Focusing on experiential motivations can reduce stress, particularly among heterosexual men with little or no partner sex experience.

**Citations of supporting literature:**

Green, A. I. (2008). The Social Organization of Desire: The Sexual Fields Approach. *Sociological Theory*, 26(1), 25–50.

Hakim, C. (2010). Erotic Capital. *European Sociological Review*, 26(5), 499–518.

Martin, S. (2018). *Sexual Market Value: Economic metaphor in “pickup artist” handbooks*. Warsaw, Poland: Graduate School for Social Research.

**Keywords:** Sex coaching, Economic Sociology, Masculinity

**Conflict of Interest and Disclosure Statement:** I am an independent contractor working for Sex Coach U. I derive no income from this presentation.

## Black Females Sexual Myths: Impact on Swingers Culture

Valerie Poppel

IASHS; San Francisco, California, USA & Sex Coach U, Beverly Hills, California, USA

**Introduction, Objectives & Sample:** This was a qualitative, phenomenological research dissertation with five Black Women and five Caucasian Men to explore the

theory of sexual, emotional and social participation in the Swinging Lifestyle and, the impact of the “Jezebel” sexual archetype on both perception and behavior by



Black Women with Caucasian Men who are participants of the Swinging Lifestyle.

**Methods:** The participants were interviewed, using open-ended qualitative questions regarding their attitudes and perceptions about race in the swinging sub-culture, swinging in general as well as their experiences in the Lifestyle. Findings were compared with previous studies from the 2000s, as well as, with common racial and feminist thoughts and potential misconceptions about the Lifestyle. The results showed that although demographically the black female swingers were similar to past studies, much of the previous research data was outdated and incorrect.

**Findings & discussion:** Fifteen themes emerged from the research study. These themes were a fetish, free, sexual power, reclaiming a sense of self-worth & purpose, women power, open minded, respect, societal challenge, black vs. white, the hidden connection, secret, jealousy, personal empowerment, the impact of racism, racism, and Jezebel. Critical to the themes was the emergence of an overarching understanding of the

importance of Black females' sexual freedom. Furthermore, the study provided evidence to support the idea that black women can overcome racial gender stereotypes and cultural indoctrination based on their sexual exploration and freedom. The research suggests that sexual knowledge and performance created in the lives of Swingers and provided a sense of sexual freedom for Black Females.

**Recommendations:** Recommendations will be presented for further research and socio-cultural implications for sexologists.

(Literature: This is sourced from the dissertation on this topic for PhD at IASHS)

**Keywords:** Swingers, Jezebel, Black female sexual myths

**Conflict of Interest and Disclosure Statement:** I am a graduate of Sex Coach U. I am not an independent contractor working for Sex Coach U. I derive no income from this presentation.

SY-52

## Research and Capacity Building: Collaboration Between Curtin University and Regional Providers

Education, research, and capacity building are key aspects of achieving the promotion of sexual health, which is central to the attainment of wellness and well-being for all individuals. Multidisciplinary teams and cross-cultural approaches are central to achieving these goals, as they facilitate a deeper understanding of the issues to be addressed, and the solutions which are available. Curtin University is an Australian based university with a long history of excellence in academic

tuition, research, and capacity building. This symposium will present the findings of several studies which have been undertaken by researchers at Curtin University, with the aim of enhancing our understanding of sexological education and/or building capacity within Australia and the broader region.

**Keywords:** Education, Research, Capacity building

## Development of Technical Tools to Examine Sexual Orientation, Gender Identity and Expression in the Thai Education System

Sharyn Burns<sup>a,b</sup>, Jacqueline Hendriks<sup>a,b</sup>, Matt Tilley<sup>a,b</sup> and Sam Winter<sup>a,b</sup>

<sup>a</sup>Department of Sexology, School of Public Health, Curtin University, Perth, Australia; <sup>b</sup>Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Faculty of Health Sciences, Curtin University, Perth, Australia

**Introduction & rationale:** A multidisciplinary research team from Curtin University developed two technical

instruments for use by educational organisations in the Asia-Pacific Region to examine their commitment to

sexual orientation, gender identity and expression (SOGIE): (1) a curriculum audit tool and (2) a school climate assessment tool; together with guidelines for implementation. These tools were necessarily generic due to variability within the region.

**Project / Population & settings:** UNESCO (United Nations Educational, Scientific and Cultural Organization) Asia-Pacific Branch and Raks Thai convened a consultation workshop in Bangkok, Thailand to adapt these tools to the Thai educational context. Stakeholders included Curtin University; Thailand Ministry of Education; local universities delivering teacher training programs; primary and secondary school educators; and various civil society partners. Forty delegates, including organisational staff, participated.

**Method:** Civil society partners and Curtin University staff presented an interactive, bilingual, 2-day workshop seeking to: broaden understanding of SOGIE and the impact of SOGIE-based bullying and discrimination in schools; provide background to the tools; and collect feedback on tool utility in the Thai context. Delegates provided written and verbal feedback on the workshop

process and each tool specifically. Responses were translated and integrated into subsequent versions of the tools.

**Outcome:** Evaluation of the workshop process was positive. Both technical instruments were amended for use in Thailand and there are plans to evaluate implementation of the school climate assessment tool through a multi-site case study in Northern Thailand.

**Discussion & recommendations:** This project represents an ongoing partnership between Curtin and UNESCO and highlights that universities are well-placed to provide technical assistance to community development efforts in their region. Consultation and evaluation are critical to ensuring interventions are culturally appropriate.

**Keywords:** SOGIE, Bullying and violence, Sexuality education

**Source of Funding:** This project was supported by the UNESCO Asia and Pacific Regional Bureau for Education.

**Conflict of Interest and Disclosure Statement:** None

## Understanding the Role of Beliefs, Attitudes, and Values in Sexological Education: A University Unit Evaluation

Matt Tilley

Department of Sexology, School of Public Health, Curtin University, Perth, Australia & Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Faculty of Health Sciences, Curtin University, Perth, Australia

**Background:** Sex-positivity is central to human sexuality courses, where the aim is to build sex-positive beliefs, attitudes, and values in order to provide the best client-centred care and experience. Sexual Attitudes Reassessment (SAR) is a widely accepted but sometimes controversial model to achieve this goal. It maintains that professionals need to be aware of their beliefs, attitudes, and values regarding human sexuality so they may identify and address barriers and enablers within themselves and their work. Within the Master of Sexology course at Curtin University, the unit SXLG6000 Sexology Values and Attitudes utilises a SAR approach to facilitate this reflection and education.

**Objective:** The aim of this study was to measure any changes in attitudes and values regarding sexuality and sexological topics for the participants across three cohorts of students.

**Method:** A survey comprising demographic questions, the Brief Sexual Attitudes Scale (BSAS; Hendrick, Hendrick, & Reich, 2006) and the Trueblood Sexual Attitudes Questionnaire (TSAQ; Hannon, Hall, Gonzalez & Cacciapaglia, 1999) was employed to measure changes for participants. Data was collected from self-administered paper questionnaires at three intervals, pre-training, post-training and at 3-month follow up, and analysed using SPSS.

**Sample:** Participants were students enrolled in the unit over the years 2016, 2017 and 2018 recruited via convenience sampling (n = 86).

**Findings:** Results showed that participants demonstrated increased sex-positive attitudes towards sexuality at post-training, compared to pre-training. Specifically these changes reflected an increase in liberal attitudes across the domains of permissiveness, homosexuality, variations and overall self.

**Recommendations:** The findings of the current study suggest that SAR based human sexuality courses are effective in increasing sex positive attitudes. Professionals in sexology and related fields should undergo training to review their beliefs, attitudes, and values to enhance their client-centred care. Further research is needed to increase generalisability and to investigate mediating factors.

**Keywords:** SAR, Sexuality education, University training

**Conflict of Interest and Disclosure Statement:** Matt Tilley is employed by Curtin University in the Department of Sexology.

## Western Australian Indigenous Comprehensive Sexuality Education Training Program Adapted for Hilltribe Youth of Northern Thailand: An Assessment of Delivery and Content Through a Mixed Methods Approach

Jordina Quain<sup>a</sup>, Jacqui Hendriks<sup>a,b</sup>, Lorel Mayberry<sup>a,b</sup> and Thakdanai Eua-Amnuay<sup>c</sup>

<sup>a</sup>Department of Sexology, School of Public Health, Curtin University, Perth, Australia; <sup>b</sup>Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Faculty of Health Sciences, Curtin University, Perth, Australia; <sup>c</sup>Borderless Friendship Foundation, Chiang Mai, Thailand

**Background:** Borderless Friendship Foundation (BFF), has been running a comprehensive sexuality education (CSE) program with young hilltribe people in Northern Thailand for the past seven years. The Mooditj program is based on a similar program originally developed for Indigenous Western Australian youth.

**Objective:** This study sought to formally evaluate the 2-day Mooditj CSE program; specifically content, process and potential impact. Furthermore, it aimed to identify potential areas of strength or improvement for future training programs hoping to deliver CSE to Indigenous or culturally diverse youth.

**Method:** A mixed method approach of focus group, observation and de-identified participant evaluation data were collated.

**Sample:** All three facilitators participated in the focus group discussion and were observed during program delivery in July 2018. A total of 48 young hilltribe people aged between 13 and 25 years old attended the two-day workshop in July 2018. Participant evaluation data from all workshops delivered since 2012 ( $n = 540$ ) were also analysed. Thematic analyses techniques were conducted on notes, transcripts and reports, and descriptive analyses of the Likert scale items.

**Findings:** This study supports the cultural adaption of the Western Australian Mooditj program for the use by hilltribe communities with potential adaption for

other Indigenous cultures. The importance of culturally sensitive content, community knowledge and community relationships were highlighted. Whilst content and delivery were reliant on the capacity of the facilitators, the relationship with community leaders was critical to the success of the Mooditj program.

**Recommendations:** A longitudinal mixed-methods study focusing on participant experience, opinion and behaviour change over time would more deeply evaluate the effectiveness and impact of the program. Furthermore, expanding the program to have CSE programs for younger and older participants to build on learnings and to lengthen the program time or limit content to give additional time for quality material delivery.

**Keywords:** Comprehensive sexuality education, Hilltribe health, Thailand

**Conflict of Interest and Disclosure Statement:** J. Quain and L. Mayberry are Board Members of Borderless Friendship Foundation (Western Australia Branch). L. Mayberry and T. Eua-amnuay are facilitators of the Mooditj program and J. Quain has previously volunteered at the workshops. J. Hendriks was engaged as an outsider to this evaluation to minimise bias.

## Supporting Schools to Deliver Comprehensive Relationships and Sexuality Education Through a Whole-School Approach: A Case Study in Action

Jacqueline Hendriks<sup>a,b</sup>, Sharyn Burns<sup>a,b</sup>, Lorel Mayberry<sup>a,b</sup>, Scarlett Duncan<sup>b</sup>, Roanna Lobo<sup>b</sup> and Lina Pelliccione<sup>c</sup>

<sup>a</sup>Department of Sexology, School of Public Health, Curtin University, Perth, Australia; <sup>b</sup>Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Faculty of Health Sciences, Curtin University, Perth, Australia; <sup>c</sup>Faculty of Humanities, Curtin University, Perth, Australia

**Introduction & rationale:** The Curtin RSE Project provides professional development services to schools in Western Australia to improve their capacity to deliver comprehensive relationships and sexuality education (RSE). Recent expansion of this program involves an embedded case study to examine a whole-school approach to RSE delivery across multiple sites.

**Project / Population & settings:** Four unique school sites are currently engaged in this case study: three metropolitan schools (primary years K-6, secondary years 7-12, special education years 7-12) and one remote school with a high proportion of indigenous students years K-12.

**Outcome:** Each site is currently being supported to develop comprehensive strategies unique to their school for a minimum of two years. Focus is on the provision of comprehensive RSE through a whole-school approach (curriculum learning and teaching; school organisation, ethos and environment; and partnerships and services). Various partnerships and methods of engagement are being established. Evaluation

includes surveys, focus groups, interviews, document reviews and audit tools; involving students, school staff and parents. Some preliminary results from each site will be shared.

**Discussion & recommendations:** Whilst generalisability of specific strategies is limited; this project seeks to provide 'real-world' examples of how comprehensive school-based RSE can be implemented in different school settings. Enablers and barriers to implementation will be identified. The research team hope to provide guidance for schools seeking to improve their delivery of RSE in a manner that is holistic, effective and sustainable.

**Keywords:** Relationships and sexuality education, Whole-school approach, Capacity building

**Source of Funding:** This project is supported by Communicable Disease Control Directorate, Government of Western Australia, Department of Health Grant Number DoH2017-302

**Conflict of Interest and Disclosure Statement:** None

## Harbin Medical University China: Sexual Health Professional Development Case Study

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**Introduction:** The effectiveness of sexuality educators emerges from attitudes, knowledge and skills they have acquired and hold. Research has shown that attitudes are the major indicator of sexuality educators' capacity to provide comprehensive sexual health education that is meaningful, relevant, accurate, retained and applied. Intricately connected to attitudes are beliefs and values. Sexuality educators need to be fully aware of personal beliefs, values and attitudes to comprehend how others

may perceive, understand and acquire the sexuality education that they are providing.

**Data and Method:** Two English-speaking and one Mandarin-speaking sexologist facilitated two professional development workshops at Harbin Medical University in Heilongjiang province. In 2016 the workshop was three days and the one in June 2019 was two-days, participants were mainly teachers and some school officials. Comprehensive sexuality education was

crucial for educators living in a Chinese context since there are limited or no opportunities. Thus, changing attitudes, values and beliefs is challenging.

The evaluation of the workshops utilized a mixed methods approach. Participants completed pre and post, the Brief Sexual Attitudes Scale (Hendrick, Hendrick, & Reich, 2006) and Trueblood Sexual Attitudes Questionnaire (Hannon, Hall, Gonzalez & Cacciapaglia, 1999). In addition an evaluation questionnaire was administered and responses to these three became the data for this case study.

**Findings:** There were lessons learned from these unique sexual health professional development workshops. The participants reported that new knowledge

and skills, which were relevant and evidence-based, led them to re-examine their attitudes, values and beliefs. Overall, the workshops were successful and efficient.

**Recommendations:** The lessons learned have important implications for Chinese sexual health education professional development. One important learning, contrary to existing research, was that a one-time workshop has the potential to change attitudes, values and beliefs. Additional research in the future needs to examine the sustainability of the changes over time.

**Keywords:** Sexuality education, Capacity building, China

**Conflict of Interest and Disclosure Statement:** None

SY-53

## Avances en Sexología Clínica (Symposium of the Academia Internacional de Sexología Médica)

Se mostraran investigaciones acerca del deseo y la aversión al sexo, la repercusión del envejecimiento arterial prematuro en la respuesta sexual, los últimos abordajes en el tratamiento de la vulvodinia, la

evolución de la sexualidad en el climaterio y como el amor romántico repercute en la sexualidad.

**Palabras clave:** Deseo, Amor, Climatereo

## The Erectile Dysfunction Associates Premature Arterial Aging Higher than the Already Expected Because of the Exposure to the Traditional Cardiovascular Risk Factors

Santiago Cedrés

Sociedad Uruguaya de Sexología, Uruguay

**Introduction:** The physiological aging process includes changes of arterial structure (carotid intima-media thickness, CIMT) and function (aortic stiffness). The exposure to cardiovascular risk factors (CVRF) causes detrimental changes and could accelerate age-associated changes determining “Accelerated vascular aging” (AVE). AVE, proposed as a clinical entity would have prognostic and therapeutic implications. It is unknown whether patients with organic erectile dysfunction (OED) have EVA and if so, if it is higher than expected by concomitant exposure to traditional cardiovascular risk factors.

**Aims:** To determine the presence of AVE in men with OED considering the contribution of exposure to traditional cardiovascular risk factors.

**Methods:** 22 men with DEO (Group 1,  $56 \pm 8$  years), 103 men without OED (Group 2,  $58 \pm 8$  years) with similarly weighted exposure to CVRF (atherogenic index and overall cardiovascular risk) and 36 men were included without exposure to CVRF (Group 3; age range: 18-70 years). Non-invasive blood study was performed to determine CIMT (B-Mode Ultrasound) and aortic stiffness (pulse wave velocity, PWV, applanation tonometry). Age-associated changes were analysed (linear regression). The comparison of groups 1 and 3 informed the presence of AVE in patients with OED

(compared to physiologic aging). The comparison of groups 1 and 2 let us evaluate the presence of AVE associated with OED considering the contribution of other cardiovascular risk factors.

**Results:** The CIMT and PWV correlated linear and positively with age ( $p < 0.05$ ). In men with OED, higher IMT and PWV was observed ( $p < 0.05$ ). The increase rates (average value) for age-associated for the groups 1, 2 and 3 respectively were: 1) 0.012; 0.007; 0.005 mm/year for EIM and 2) 0.126; 0.091; 0.042 m /s/year for VOP ( $P < 0.01$ ).

**Conclusion:** The OED associates AVE and it is higher than the expected by concomitant exposure to cardiovascular risk factors. The AVE would contribute to increased cardiovascular vulnerability in men with OED.

**Keywords:** erectile dysfunction, risk factors, arterial structure

**Conflict of Interest and Disclosure Statement:** None

## Avances en Vulvodinia: Abordajes y Tratamientos

Silvina Valente

Sociedad Argentina de Sexualidad Humana, Argentina

La vulvodinia constituye una forma prevalente y en crecimiento dentro de los desordenes de dolor sexual. En cuanto a su valoración y tratamiento es necesario aún varios estudios para encontrar un consenso terapéutico interdisciplinario. Este trabajo tendrá como objetivo repasar, de acuerdo a la clasificación actual aceptada por la ISSVD, la evaluación y el abordaje terapéutico de este tipo de dolor en la mujer. Varias son las disciplinas a las que consulta la mujer para solucionar su dolor; por lo cual hay varios tratamientos recomendados, como la fisioterapia, la terapia sexual, tratamientos farmacológicos locales y sistémicos, y tratamientos quirúrgicos.

Un repaso de los tratamientos en forma individual y combinados o interdisciplinarios y evaluar el grado de

evidencia de los mismos antes de proponer la eficacia terapéutica o que la paciente incurra en tratamientos que no solucionan el problema.

Se necesita una evaluación integral para comprender la experiencia del dolor de las mujeres que se presentan con vulvodinia. La experiencia de dolor crónico y sexual muchas veces se relaciona además con la historia personal y con temores. Además, el tratamiento generalmente progresa de menos invasivo a más invasivo, y vale la pena buscar varias opciones de tratamiento y abordarlas en forma interdisciplinaria.

**Palabras clave:** Vulvodinia, Dolor, Dispareunia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Avances en el Estudio de la Sexualidad y el Climaterio

Franklin José Espitia De La Hoz

Asociación Colombiana de Menopausia, Colombia

La extensión gradual de la duración de la vida en los últimos 100 años continúa, es así como las recientes estadísticas sugieren que la esperanza de vida de las mujeres actuales oscila en los 81 años; esto sugiere que las mujeres pasarían, en promedio, un tercio de su vida en la etapa postmenopáusica.

La deficiencia de estrógenos es el principal mecanismo fisiopatológico involucrado en los síntomas de la

menopausia, así como de los trastornos sexuales en la mujer adulta mayor; ya que posee multitud de efectos en varios órganos y tejidos, incluidos el cerebro y los tejidos urogenitales.

Al ser la sexualidad un aspecto central del ser humano, cuya esencia no está destinada en exclusiva a la procreación, sino que es una fuente inagotable de placer, un relajante natural, que refuerza la autoestima,



la intimidad y la relación de pareja; por lo tanto, en el climaterio, el patrón de cambios menopáusicos (síntomas e historia natural) no son razón para que las mujeres en este momento de la vida dejen de vivir o explorar su sexualidad.

Las dificultades sexuales se presentan en el 39 % de las mujeres entre los 40 y 59 años, aumentan al 56 % entre 55 y 59 años y alcanza hasta el 75 % después de los 60 años.

En el periodo de climaterio es usual una disminución en el deseo sexual, así como un incremento en las relaciones sexuales dolorosas; lo cual se asocia a muchas variables, entre ellas los cambios relacionados con la menopausia.

## Filosofía del Amor

Gladys Llanos

Academia Internacional de Sexología Médica, Ecuador

Más de cuatro décadas de ejecutar múltiples actividades en salud, educación sexual, sexología y otras disciplinas. Este ensayo se fundamenta sobre todo en dos autores: Octavio Paz Solórzano Mexicano Premio Nobel 1990 y José Antonio Marina Español.

La persona es un ente bio, psico, social, espiritual y sexual.

La OMS/OPS lo define como ente bio psico social y espiritual.

Con apego a la bioética, la moral y la espiritualidad, pedimos la palabra a la historia para compartir como producto colectivo un análisis de conceptos, contenidos, significados, reflexiones filosóficas, sugerencias y recomendaciones para conocer, aprender, entender, practicar, sentir, comunicar, testimoniar, promover, trascender y apoyar el ejercicio de los tres dominios de la persona: La Sexualidad, el Erotismo y el Amor

El caos existente en la comunicación del yo interior, del tú y yo y del nosotros, extravía el sendero de las creencias, principios, convicciones y valores como la verdad, justicia, libertad, respeto, cuidado, co

Se hace conveniente establecer discusiones abiertas, con las mujeres mayores, sobre los potenciales problemas sexuales, así como de proporcionarles una adecuada educación y orientación sexual, realizando una evaluación física precisa y completa, para un reconocimiento temprano y establecer un manejo terapéutico efectivo.

**Palabras clave:** CLIMATERIO, SEXUALIDAD, ESTROGENOS

**Conflicto de interés y declaración de divulgación:** Ninguno

-responsabilidad, compasión, reciprocidad, afectividad, apego, desprendimiento, caridad, perdón y por ello; recapitando en el alto riesgo de la degradación existente proponemos tomar impulso para fortalecernos en periodos de crisis y buscar el camino correcto.

La ciencia y la tecnología, en ocasiones nos elevan a categorías de semi-dioses, pero también nos descubre nuestras limitaciones.

Hay fenómenos de variada índole como la pornografía, prostitución, adicciones de todo tipo, acoso y abuso sexual, bulling, femicidio y otros.

Es evidente el cambio de paradigmas pero las realidades post modernistas confusas no deben engañar a la inteligencia y a la sabiduría.

“La poesía nos hace tocar lo impalpable y escuchar la marea del silencio

La poesía es testimonio de los sentidos” *Octavio Paz*

**Palabras clave:** SEXUALIDAD, EROTISMO, AMOR

**Conflicto de interés y declaración de divulgación:** Ninguno

## Deseo y Aversión Sexual

Francisco Cabello, Marina A. Cabello and Francisco Javier Del Río

Instituto Andaluz de Sexología y Psicología, España

**Introducción:** Con la aparición del último Manual Diagnóstico y Estadístico de los Trastornos Mentales, DSM-5 (APA, 2013), el deseo sexual hipoactivo de la mujer y el trastorno de excitabilidad han desaparecido para ser combinados los criterios y ha pasado a denominarse “sexual interest arousal disorder”. De la misma manera ha sido eliminado del DSM-5 el trastorno por aversión al sexo que es un trastorno totalmente distinto, fue incluido y definido en el DSM-III-R (APA, 1987) como una “persistente o recurrente extrema aversión al contacto sexual con otra persona” y en el DSM-IV-TR (APA, 2002) se amplió el concepto extendiéndolo a la presencia de miedo, ansiedad y asco ante un estímulo sexual. El tratamiento de la aversión no es diferente del que se aplica a cualquier otra fobia. Siendo el tratamiento del deseo sexual hipoactivo totalmente distinto por lo que se hace necesario elaborar una herramienta que diferencie el deseo hipoactivo de la aversión al sexo y de la falta de deseo por tener una pareja inadecuada.

**Método y muestra:** Se ha elaborado un cuestionario –DESEA– que se ha validado. La muestra se ha obtenido mediante un muestreo no probabilístico, método de muestreo casual o incidental. Las personas participantes pudieron contestar al cuestionario a través de un enlace habilitado en la página web de la Academia Internacional de Sexología Médica, la muestra total estaba formada por 18525 sujetos, con una media de edad de 34.65 años y una desviación típica de 9.51.

**Resultados:** El cuestionario permite diferenciar la falta de deseo de la aversión y los conflictos de pareja. En el deseo existe validez convergente con una correlación significativa bilateral al 0,01, entre la escala DESEO y la puntuación obtenida con los ítems de deseo del cuestionario CSFQ (0,434).

**Palabras clave:** DESEO, AVERSIÓN, DESEA

**Conflicto de interés y declaración de divulgación:** Ninguno

## Deseo y Estrés Interpersonal

Francisco Cabello, Marina A. Cabello and Francisco Javier Del Río

Instituto Andaluz de Sexología, España

**Introducción y Objetivos:** El estudio del deseo sexual es importante para entender aspectos clave de la sexualidad femenina. El objetivo del presente trabajo es analizar el deseo sexual en mujeres en una amplia muestra.

**Método y muestra:** se utilizó la escala de deseo sexual del cuestionario Deseo Sexual y Aversión (DESEA). La muestra se ha obtenido mediante un muestreo no probabilístico, método de muestreo casual o incidental. Las personas participantes pudieron contestar al cuestionario a través de un enlace habilitado en la página web de la Asociación Mundial de Sexología Médica y del Instituto Andaluz de Sexología y Psicología. La muestra total estaba formada por 18525 mujeres, con una media de edad de 34.65 años y una desviación típica de 9.51. Se

analizó el deseo en función de la edad de las mujeres, se les dividió en 6 grupos de edad (18-28, 29-38, 39-48, 49-58, 59-68, 69-78).

**Resultados:** mediante la prueba de Kruskal-Wallis, se detectó que la diferencia en puntuaciones media entre los grupos de edad es significativa, siendo las mujeres entre 18 y 28 años las que obtienen una mayor puntuación media (10.42), y las mujeres de 69-78 (8.67) las que obtienen una menor puntuación. También se comparó la puntuación media en función de si las mujeres tienen una relación en exclusiva con su pareja, obteniendo una mayor puntuación media en deseo las mujeres que sí tienen una relación en exclusiva (10.05 > 9.64), siendo dicha diferencia estadísticamente significativa.

**Conclusiones y recomendaciones:** queda patente la importancia de la edad en el deseo sexual de los hombres. Se recomienda realizar más investigación en esta línea.

**Palabras clave:** deseo, estrés, aversión

**Conflicto de interés y declaración de divulgación:** Ninguno

## SY-54

### Development of a Standard Instrument for Measuring Sexual Practices/ Sexual Health-Related Outcomes (WHO-WAS Symposium)

In this session, the World Health Organization will discuss the process by which it is seeking to develop a standard instrument for measuring sexual practices and sexual health-related outcomes. Review of existing sexual practices and sexual health-related data confirms that data heterogeneity makes cross-national or global comparisons difficult (unless costly, complex and time-consuming indicator harmonizing procedures are implemented). Even within well-resourced national surveys, survey leads approached identical sexual health/practices thematic areas with different questions, response options, or time-points measured.

As such, WHO is undertaking a globally-consultative process in which it will solicit relevant measures from researchers, programmers, clinicians, and other sexual health professionals in order to develop a streamlined, standard survey instrument which can be adopted and adapted by those involved in either routine or research-related data collection. This session will present an overview of this process and provide opportunities for Congress attendees to provide their own thoughts on measures for inclusion.

## SY-55

### Sexual Rights Activism in Tunisia: What's New Under Democracy? (Symposium of the Tunisian Society of Clinical Sexology)

Tunisia tried to establish women emancipation, gender equality and a reproductive health policy since its independence in 1956. Legislations are then the most modern in the Arab World. However, culture and religion have continued to carry several prohibitions and taboos.

After several years of social unrest, the Arab spring started in Tunisia when a young man set himself on fire after having had problems with local authorities. The revolution that occurred afterward resulted in a new and vulnerable political context plunging the country in a critical period of transition. Women rights are being strengthened and fight against gender-based violence has just benefited from a new law. After decades of denial, homosexual individuals are now

recognized. LGBT community is being more organized through many associations.

Tunisian Society of Clinical sexology, founded in 2014, took actively part in this activism. Almost all members were involved in media and social debates. Several training sessions for professionals were organized and several awareness-raising actions were led. Besides, we carried out a qualitative study in order to assess needs in terms of sexual education. Results have just been shared with all stakeholders at a national level, aiming to implement a sexual education program advocating global human rights.

**Keywords:** Tunisian revolution, Political context, sexual rights

## The Sexuality of Tunisians: What Changes from Independence to Now?

Amira Maamri

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Tunisia had always swung between aspirations to modernity and attachment to conservative heritage. A complex identity that translates into the legislation and the practices in Tunisia.

Since the independence, the country has always been regarded as a pioneer in the MENA region for its policies advancing human rights; in 1956, just few months after the independence declaration, the personal status code was adopted. This code was, and still is, regarded as the milestone for acknowledging individual rights and especially women rights by abolishing polygamy and recognizing only court divorce. Until 1964, the legal marriage age in Tunisia used to be “puberty”. Then, it was increased to be 17 for girls and 20 for boys. Nowadays, the legal marriage age is 18 for both.

In 1965, Tunisia was the first Arab country to legalize abortion. Women access abortion in public facilities without any requirement or medical conditions. In 1966, Tunisia launched its family planning program that offered universal access to Sexual and Reproductive health services. Thanks to this program,

the fertility rate in Tunisia dropped immensely from 7.5 to 2.4 in a half century.

Despite the legal reforms, the Tunisian society can be characterized back in that time as a moderate conservative society where modesty and respect for customs is crucial. At some point in Tunisian history, individual freedoms were confiscated by the state: access to social media was limited, freedom of expression was not an option, homosexual persons were arrested randomly and punished, and women were not allowed to marry non-Muslim men.

After the revolution, Tunisia has opened its borders to different trends. 2011 was a trigger year for Tunisian society as many changes occurred affecting the core identity of people. Indeed, since this date, nongovernmental organizations in the field of human and sexual rights have flourished and many civil initiatives tackling LGBTIQ issues, gender equality and sexual education raised...

**Keywords:** revolution, sexuality, Tunisia

**Conflict of Interest and Disclosure Statement:** None

## Women and Violence in Post-Revolutionary Tunisia

Meriam Mahboui

Tunisian Society of Clinical Sexology, Tunisia

Women in Tunisia have taken several steps towards real equality with men. This progress is at the legal level, but also, albeit to a lesser degree, at the level of everyday practices. Women are very involved in social and economic progress, and their role has been crucial to the success of the 2011 Revolution. Paradoxically, and as is occurring internationally, discrimination against women remains a reality and gender-based violence is still widespread in our country. The democratic transition and the liberation of speech have confronted the Tunisian population with an awareness of this daily violence suffered by women. An avant-garde legislative device was voted unanimously in 2017 to protect

women and guarantee them quite exceptional rights in the world and, in particular, in the Arab world.

The civil society has played a very important role in the evolution of the legal framework and public opinion in general. In spite of this, actually 78% of women claim to be victims of various forms of psychological violence, 41% of physical violence and more than 75% of sexual violence.

What has been the impact of this country's democratization on gender relations? What is the social sense of this violence against women? What consequences does it have in the field of intimacy?

**Keywords:** Women, Violence, Tunisia

**Conflict of Interest and Disclosure Statement:** None

## LGBT Community Rights: Focus on Tunisia after the Revolution

Ines Derbel

Tunisian Society of Clinical Sexology, Tunisia

Tunisia as a country belonging to the Arab-Muslim world, is no exception in its political positioning towards homosexuality.

Indeed, this later is punishable up to 3 years in prison under Article 230 of the Penal Code, which represents a tool of despotic terror against the LGBT community.

After the revolution, there has been considerable progress in terms of collective rights and freedoms: Freedoms of expression, assembly and association have become a given, and activism closet came to the forefront through the emergence of several associations fighting for the rights of sexual minorities.

These associations have benefitted from the general climate of freedom, the rise of media outlets and the shield lifting on the internet, as a way to ensure both national and international visibility.

In contrast, individual freedoms are declining, and sex remains a general taboo with many prohibitions in the absence of near total sex education. Ambient speech conveys particular sexual roles which results in an increase in the discrimination of sexual minorities as well as violence against them.

The LGBT community is forced into hiding, where Coming outs are scarce. A pressure which makes them experience a suffering.

Still today, the LGBT community remains unappreciated by many mental health professionals who lack knowledge and skills in LGBT health. In addition to that, unethical homophobic reactions have been reported.

In conclusion, post-revolution LGBT activism has succeeded in making this cause visible and in initiating debate. However, this remains unhelpful given the lack of education of the general population. It is therefore urgent to tackle the stigma and fight stereotypes through good sex education.

Improvement of the specificities understanding of the LGBT community's mental health is also a priority, given the importance of access to appropriate health care and services.

**Keywords:** LGBT, Rights, Tunisia

**Conflict of Interest and Disclosure Statement:** None

## Building Dreams: Towards Implementing a Sexual Education Program in Tunisia

Ahlem Mtraoui

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Sexual health requires a positive and respectful approach to sexuality, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. In the last few years, the effect of a comprehensive sexuality education for youth has been largely discussed.

In Tunisia, there is a huge gap between official speech impregnated by the reigning conservative culture and restrictions imposed by religion and practices. Indeed, recent national surveys revealed that the average age of first sexual intercourse is currently earlier

than ever before. They pointed out very high rates of gender-based violence. Meanwhile sex education is still a taboo subject almost nonexistent, mainly informal and largely focused on negative outcomes of sexual experiences. The implementation of sex education policy in Tunisia seems thereby to be an urgent need to promote sexual health and provide young people with essential skills to enable them to self-determine their sexuality at the various developmental stages.

The Tunisian Society of Clinical Sexology participated since its creation in various actions of

sensitization and raising awareness in this domain. In line with UNESCO principles of comprehensive sex education, we engaged in a national task force of experts in the field of adolescent development, health care and education to provide a framework of the key topics that sex education program would include.

Then, we carried out a qualitative research to assess stakeholders 'sex education needs and expectations, to compare them to the objectives defined by the national official programs and to the international standards.

Results of this study were communicated to the officials and are now being considered by the national task force writing the recommendations for a sex education program in Tunisia. A first writing workshop has just took place in December 2018 and many others are scheduled in 2019.

**Keywords:** Sexual health, Sex Education, Tunisia

**Conflict of Interest and Disclosure Statement:** None

SY-56

## Sexuality Education in a Complex Landscape (Symposium of the Middle East Sexual Health Committee)

Middle East region is a complex landscape of history, diversity, and evolving change and challenges. It is also a place of complex conflicts that have led to demographic, cultural, and social ramifications, besides the political and military ones. Issues of human rights, including sexual and reproductive rights are at the core of those changes and had been influenced by them in different ways. Progresses and challenges are shaping a lot of sexuality and sexual health issues from rights to policies to services, to research to education. There are a wide array of academicians, providers, researchers,

and activists who are involved in the promotion of SSHR along with support from international organizations and agencies. The proposed symposium aims to look at the aspects of sexuality education within the progresses and challenges covering research, services, rights issues, and education within a changing status of policy and environment. Specific topics to be covered: Sex/sexuality education case studies,

**Keywords:** Middle East, sex education, sexual health

## Daregoshiha – the Whispers

Sara Nasserzadeh

WAS Advisory Board, USA

This talk aims to bring transferable learnings from “Daregoshiha – The Whispers”, the first and most widespread program addressing sexual health and intimate relationships in Farsi. The name Whispers was chosen to highlight the fact that people whisper about their sexuality but not necessarily having informed conversations about it. This then leads to myths and misunderstanding of their own sexuality as well as their significant others (partner, children and so on). The Whispers is an example of how media and technology can be utilized to access seemingly hard to reach populations to disseminate sexual health

information and create a shift towards a more sex positive culture. Created by Dr. Sara Nasserzadeh for the BBC World Service, Daregooshiha was launched in 2006 as a radio and online program and moved on to become a TV series which is still ongoing in 2019. Soon after its start, The Whispers became the most popular program amongst the Farsi speaking around the world. The program reached more than 60 million people around the globe. In 2007, Daregooshiha received the BBC World Service Award for innovation of the year for putting sensitive matters delicately. The program was awarded with the runner up award in



Excellence in Sexuality Education by the World Association for Sexual Health (WAS) in Sydney, 2007.

The vision for the program was to 1) **Break the silence** around the subject. 2) **Normalize** the range of human sexual experiences. 3) offer **evidence-based responses** to people's questions and concerns. 4) Establish culturally relevant **terminology** around various sexual experiences that either didn't exist before or were burdened with taboo and shame (words such as sexual partner, consensual non-monogamy, masturbation, same sex relationships, consent, orgasms, etc.). The idea was that if people think this is something that the "Westerners" do, they don't fully own their

sexuality and various aspects of it. 5) create a **living resource** for professionals to use for psycho-education.

The talk will focus on sharing practical tips for colleagues who are interested to use public media as a mean for sexuality education and cultural shift. You don't need to move the rocks to make the changes you want to see. We can be like water to find your way through or around perceived obstacles.

**Keywords:** Farsi, Middle East, Sexual health

**Source of Funding:** BBC World Service

**Conflict of Interest and Disclosure Statement:** None

## Learning by Educating

Mamdouh Wahba

Egyptian Family Health Society, Egypt

Egyptian Family Health Society has conducted a national school-based health education project. The project was implemented during the period 2009 to 2015 and covered schools in 22 Governorates. During these years, well-trained young physicians; both males and females used to conduct a series of seminars to groups of students from preparatory and secondary schools (12–18 years old). The interactive and participatory seminars covered general and reproductive health issues and allocated enough time to respond to questions. The evaluation showed a clear initial deficiency in knowledge of SRH among the adolescents

studied and also a marked improvement after they attended the seminars. Discussion will focus on vision and agenda based on the real need for such information and in consideration of our cultural values and norms. A precise definition on what information young people need to know, and what skills they should acquire, will also be recommended.

**Keywords:** Middle East, Sexual health, education

**Source of Funding:** Ford Foundation

**Conflict of Interest and Disclosure Statement:** None

## Advocacy Sex Ed App in the Middle East Region: Outcome of Community Engagement from the Network of Arab Scholars Sexuality Sexual Health (NASSS)

Hala Alaouieh, Mayada Kanj, Lilian Ghandour and Faysal El Kak

Faculty of Health Sciences, American University of Beirut, Lebanon

**Objective:** To study facilitating and prohibiting factors influencing sexual communication between parents and children.

**Materials and Methods:** A series of focus group discussions (FGDs) were conducted among parents and middle and high school students attending public and private schools between April and June 2013.

Transcription and thematic analysis of the FDGs followed.

**Results:** 7 and 4 FDGs were conducted with mothers (n = 57) and fathers (n = 18) respectively. Similarly, 3 FDGs were held separately for each of middle and high school girls (n = 30) and boys (n = 32) and 1 FDG included both boys and girls. Emerging themes from

the FDGs held with parents were perceived lack of sexual and reproductive health (SRH) knowledge and skills on how to communicate SRH related issues with children. Parents also perceived their role as guides rather than sex educators. They believed that their children know about SRH matters and get the information from their peers and through the internet. Parents also reported feeling shameful and embarrassed to discuss SRH issues with their children and believed that only adults should have sex education. They also perceived that sexual communication with children can encourage sexual practices. On the other hand, youth reported that they want their parents to talk openly and honestly with them about SRH issues. They want them to listen, trust and respect their views without making any

prejudgment. In addition, youth mentioned that there are gender discrepancies in SRH communication and believed that SRH education should be provided equally for girls and boys.

**Conclusion:** The findings highlight the need to develop family-level interventions (e.g. self-efficacy, SRH knowledge, frequency, tone) to overcome barriers and promote positive sexual communication with both sons and daughters. Following this study, two educational manuals and a smart phone app are being developed as a national tool on sex ed.

**Keywords:** Middle East, youth, sex education

**Source of Funding:** Ford Foundation

**Conflict of Interest and Disclosure Statement:** None

## Guarding Virginity

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There are 7.6 billion persons living on Earth today. These humans share many similar physical, physiological and biological characters. Sexuality is usually of a focal interest for most of them. However, people also differ in many other aspects. The cultural and traditional context and norms in which a person is raised has a major influence on lifestyle, relationships and behaviors. They also have a major impact on beliefs, attitudes and practices related to sexuality.

Communities across the globe differ widely on the beliefs, trends and practices related to premarital sex. Although the practice is increasing worldwide, it is still being considered unacceptable and immoral in many communities. All major religions prohibit premarital sex, but apparently Muslims and Hindus stick more to this rule.

Virginity is a major issue wherever premarital sex is unacceptable or not tolerated. Young women have to keep their hymen intact until marriage. Losing virginity is a major disgrace to the girl and her family. The girl can be seriously punished and usually will not be able to find a husband who would accept this. Young men are expected to do the same, but they can't be detected.

Guarding virginity is a major concern of girls and their families in these communities and is associated with a wide range of traditional practices and rituals that are distinct to these communities.

The paper will present such practices in the conservative communities.

SY-57

## Education, Sexuality and Gender: Demands and Actions of Intervention in School, Clinic and Public Safety (SBRASH Symposium)

The sex education is one of the challenges that remain in evidence in the contemporary world, whether the education be informal and formal, it is aimed at young people and adults, in different segments of the society.

In order to carry out a work in education about sexuality and gender in school, it is essential that the initial and continuing training of educators to be effective, a project that has been developed since the 1980s, at the

Federal University of Bahia, among other institutions in the Brazil.

Regarding the clinical approach, it must be considered the development of a psychosocial and transdisciplinary view that provides to women victim of violence, sexual or gender, a more effective possibility to resignify their experience, retaking the balance and control of their lives, intra and interpsychic, releasing the physical, socioemotional and sexual consequences.

In the public security field, strategies that may decrease the violence have been sought, especially, the violence against women, considered harm to the human rights and an issue of public health. In 2017, in Brazil, a pioneering action was created and named Psychological Reception Room for Women in Situation of Domestic Violence, providing these women with clinical psychological care.

**Keywords:** Education, Intervention, Safety

## Education, Sexuality and Gender: Claims and Intervention Plans at School

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**Introduction and justification:** Informal and formal sexuality education, destined to children or young people and adults, on the various fields and sectors of society, is one of the great challenges that remains in highlight at the modern world. We must choose: either we let people find by themselves the direction to follow amongst a set of denied, twisted and incomplete information, or we develop effective and educative actions, giving support and supplementing the role of parents and family, providing a safe environment of learning and conflict resolution through strategies and effective tools in sex education as a path for gender equity.

**Project / Population and adjustments:** Report on the experience of education training, since the 1980s at the Federal University of Bahia (UFBA). Brazil.

**Results, Discussion and Recommendations:** This context leads us to understand that to performance a school work about gender and sexuality education it's elementary the accomplishment of the initial and continuing formation of educators, Trained educators are the key to successful educational experiences at school on sexuality and gender.

**Quotations from the supporting literature:** Orientações técnicas de educação em sexualidade para o cenário brasileiro: tópicos e objetivos de aprendizagem. – Brasília: UNESCO, 2014.

**Keywords:** Educación, Sexuality, Gender

**Conflict of Interest and Disclosure Statement:** None

## Education, Sexuality and Gender: Demands and Actions of Clinical Intervention

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According to the Mundial Report about the Violence Prevention (2014), developed by the World Health Organization, in 133 countries, one in every five women, less than 18 years old, has already been raped or suffered sexual harassment. In Brazil, according to the Health Information System(SINAM), between 2011 and 2017, about 184.524 cases of sexual violence (harassment, rape, child pornography and e sexual exploitation) were notified, being 58.037 (31,5%) against

children between the age of 1 to 9 years old, and 83.068 (45,0%) against adolescents, from 10 to 19 years wold. Comparing the years of 2011 and 2017, there was an overall increasement of 83,0% in the sexual violence notification and an increasement of 64,6% and 83,2% in the notifications of sexual violence against children and teenagers, respectively.

Another kind of physical violence is the one performed by the intimate partner. In 2012, The Pan American

Health Organization (PAHO), in cooperation with the US Centers for Disease Control (CDC), created a report observing that these kinds of violence are generalized all over the Latin America and in the Caribbean countries (countries where the sample was collected). The consequences of the violence suffered can result in unwanted pregnancy, sexually transmitted infections (STIs), including HIV, posttraumatic stress disorder, depression, anxiety disorders, sexual disorders, among others.

Silence perpetrates the discourse of these patients, a consequence of feelings of guilt, shame and fear, and feelings of constant threat, fragility and vulnerability.

The families revictimize through an orientation that reiterates the power relations – dominance and submission – and that reinforces gender issues, reproducing the still predominant patriarchal model. Psychosocial educational and transdisciplinary actions must be considered in clinical interventions in order to help the victim of violence to retake the balance and control of intra and interpsychic life.

**Keywords:** Violence, Fear, Silence

**Conflict of Interest and Disclosure Statement:** None

## Education, Sexuality and Gender: Claims and Intervention Plans at Public Security

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In Public Security, there's a search for mechanisms that could prohibit sexual and gender harassment, above all, the violence against women, considered an offense to the human rights and a public health problem. According to the Supreme Court of Justice, only in the State of Rio de Janeiro – Brazil, in 2018, 22,360 women exposed aggressions committed by their husbands, lovers and boyfriends. On the other hand, Brazil takes the fifth position out of 83 countries that have the highest women mortality rate (femicide). This reality has called the attention of lots of sexologists in the search for paths to face the violence. With the of the sexologist, also in the field of public security, in the year of 2017 it was created a pioneering action called “Psychological Assistance Room for Women in Domestic Violence Situations (SAP-MULHER)”, intended to increase the service network to women under situations of domestic violence

offering clinical and psychological assistance. 282 women have already been assisted in a single Technical-scientific Police Station. The creation of this place of psychological assistance justifies itself by increasing the access to a help network on the search for solutions, articulations of equipment and public and private municipal institutions that assist victimized women in situations of violence to break out from their circle of violence which they find themselves in, offering a qualified psychotherapist health service, through actions that seek: the establishment of positive bonds through therapeutic interaction; easing of mental suffering; strengthening of personality and self-esteem and the sexual health retrieval of these women.

**Keywords:** Violence, Woman, Public Security

**Conflict of Interest and Disclosure Statement:** None

SY-58

## La Autonomía de la Mujer Ante el Sistema Médico

Por años, el personal de la salud ha dado prioridad al conocimiento científico por sobre la comunicación y la empatía con los pacientes. Muchas veces, diagnósticos, exploraciones físicas y tratamientos son decididos sin tomar en cuenta la voz de la mujer. En la última

década se ha hecho evidente que la situación debe cambiar. Sensibilidad, comunicación, disposición al diálogo y a la escucha y la comunicación terapéutica con los pacientes, son conceptos que van tomando lugar en el razonamiento de la gestión sanitaria. Para que esta

tendencia siga avanzando, se necesitan acciones tanto dentro del campo profesional como el campo social. Acciones que fortalezcan y validen la voz femenina e intervenciones dentro del sistema, para que el personal de salud concientice y trabaje respetando la libertad y autonomía de las pacientes.

En este simposio se abarcará el tema de la violencia obstétrica sobre el cuerpo y los procesos reproductivos

de las mujeres, y se presentarán diferentes posibilidades de acción para frenar ese fenómeno que según la Organización Mundial de la Salud (OMS), es una forma de violencia de género.

**Palabras clave:** Autonomía femenina, Empoderamiento, Educación sexual

## Violencia Obstétrica

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**Introducción:** La violencia obstétrica es una forma de violencia de género.

**Objetivos:** 1) Definir la violencia obstétrica mediante una reconstrucción histórico-crítica del término. 2) A partir de establecer qué puede entenderse actualmente como violencia obstétrica, determinar si es posible proponer algunas pautas para al menos disminuir su frecuencia.

**Hallazgos:** El término aparece en ámbito jurídico, lo cual ha afectado negativamente su recepción desde el campo clínico. Su análisis ha llegado hasta organismos supranacionales, con algunas propuestas alternativas al propio término. La literatura disponible es muy reciente (alrededor de una década), pero crece exponencialmente. Se presentarán las visiones principales respecto del problema, y, a partir de su definición, los

intentos por cuantificarla. Se toman datos globales al tratarse de un congreso mundial, y siendo México la sede se utilizarán algunos datos como estudio de caso.

**Discusión:** A pesar de disensos, hay un consenso en disminuir lo que puede entenderse como violencia de género, objetiva y subjetivamente. Algunos países cuentan con marcos legales que intentan ayudar en ellos. Otros no, pero hay criterios éticos y clínicos que puede ayudar para que el trato a la paciente sea mejor, y se respete en todo momento su autonomía en lo general, y su autonomía reproductiva en lo particular.

**Palabras clave:** Violencia Obstétrica, Autonomía Reproductiva, Bioética

**Conflicto de interés y declaración de divulgación:** Ninguno

## Educación Sexual y Empoderamiento Femenino

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En esta presentación se planteará la educación para las sexualidades como medio de empoderamiento, habilitando y fomentando la participación activa de la mujer en procesos relacionados con decisiones acerca de su salud.

**Palabras clave:** Educación Sexual, Empoderamiento de la mujer

**Conflicto de interés y declaración de divulgación:** Ninguno

## Gineco-Obstetricia Centrada en la Mujer – Si se Puede

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La relación médico/a – paciente, se ha manejado durante décadas, como una relación no igualitaria: los primeros son los dueños del conocimiento y la paciente es el sujeto en el que el conocimiento se ejerce. El concepto que ha germinado en los últimos años acerca de la atención centrada en la paciente, más el reconocimiento del derecho a la autonomía de cada individuo, exige la formación de los/as profesionales de la salud

desde esta perspectiva. En esta presentación, expondremos prácticas para desarrollar una relación terapéutica equitativa, centrada en la paciente, construida a base de confianza mutua.

**Palabras clave:** Tratamiento equitativo, Autonomía

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-59

## Quality of Life and Wellbeing of Gay Men and Bisexual in Contemporary Latin American: An Evolving Area of Research

Scientific research on gay men in Latin America is relatively recent. Although there are anthropological and epidemiological studies carried out in the 1980s, it was the AIDS epidemic that contributed to an explosive increase in research about gay and bisexual men. These studies started by studying the vulnerability of gay men to HIV/AIDS infection. However, a new generation of studies has been focused on sexual stigma, discrimination and violence, development of gay identity, and physical and mental health. In particular, in recent years, scientific research in this area has increased explosively and, they have begun to develop models that are not only descriptive but also explain the effects of stigma on

the lives of gay and bisexual men. This symposium seeks to present the main findings of these studies in three important countries of the region: Mexico, Brazil and Chile. In these countries, psychological and social research has made to highlighting important aspects to be considered to understand the lives of gay men in the region: the persistence of prejudice, stigma, discrimination and violence; the existence of health disparities between gay men and heterosexual men, and the persistence of HIV/AIDS infection among men who have sex with other men.

**Keywords:** gay men, Latin America, quality of life

## Gay Men in Chile: Sociodemographic Characteristics and Quality of Life

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In Chile, legal and institutional changes have been made to protect the rights of the LGBT population and, however, the permanence of discrimination continues to be reported. Most of the information in Chile about health and wellbeing of sexual minorities refers to risk behaviors. We described the socio-demographic characteristics of a sample of gay men in three cities in

Chile, as well as experience with homophobia and subjective well-being. Snowball sampling was used to interview 325 gay men. 18–29-year-old sample (52.9%); educated population from middle-high and high socioeconomic levels (68.4%). Almost half of the interviewees live in Santiago and 63.9% do not identify themselves as religious. Regarding political standing,



most of them identify with the center (63.4%). The main findings included high levels of perceived discrimination and victimization (the most frequent aggression events are mockery and insults. Threats are also an aggression event reported by 26.7%. The most frequently reported aggression events are: harassment by neighbors, public officials and discrimination at work. But interviewees reported higher levels of social well-being compared to studies elsewhere in the country. Age was related to differences in levels of social well-being, but not other variables. Individuals with university education reported higher levels of victimization and greater impact of discrimination on their lives.

Gay men in Santiago reported a higher relative impact from incidents of aggression, but better levels of social well-being and happiness compared to those in other regions of Chile. The study's findings highlight the importance of considering sociocultural context in evaluating the quality of life of gay men, and the minority stress model among sexual minorities.

The information gathered in this work could help in the development of mental health policies for sexual minorities.

**Keywords:** gay men, Chile, quality of life

**Conflict of Interest and Disclosure Statement:** None

## A Review of the Challenges in Terms of HIV Prevention in Gay and Bisexual Men in Mexico

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In Mexico, the prevalence of HIV in the general population of 15-49 years is 0.3%, which represents a stable trend in the last 10 years. However, in the population of men who have sex with men a prevalence of 17.3% is reported, revealing that men with homosexual practices remain, until now, one of the populations most affected by the infection in this country. The prevention policy in Mexico has focused on the promotion of condom use. The government together with civil society have undertaken a crusade for more than 20 years in order to increase the use of this preventive tool, however, making a documentary review it is observed that the report of condom use, in its different forms of measurement, has remained stable between 60% and

70% for more than a decade. Recently, there are alternatives that can complement the use of condoms, such as the use of antiretrovirals that are universally accessible for people with HIV since 2003. Preliminary studies indicate that some gay and bisexual men would be willing to use the PrEP if available and even some already use it despite not being within the benefits of the National Health System. Given this context, it is proposed to review and discuss HIV prevention strategies in Mexico, as well as their possible biomedical, economic and / or social implications.

**Keywords:** HIV, gay men, México

**Conflict of Interest and Disclosure Statement:** None

## The Health Impacts of Adolescent Victims of Homophobic Bullying in Montevideo

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The current investigation was carried on in the past two years. The present study aims to analyze the homophobic bullying experiences of male adolescents of public and private schools in Montevideo (Uruguay) and, these connections with the phenomenon of scholar dropout.

The study consists of a qualitative, explorative-type methodology design based on Grounded Theory. The sample is composed of male adolescents aged between 12 and 19 years old, living in Montevideo, victims of homophobic bullying for motives of sexual orientation

and gender expression and presenting a temporal or definitive interruption of their educative trajectory. 20 interviews were carried out until theoretic saturation was reached. The main results showed that the experiences of the adolescents were signified as negative. Bullying occurs in all contexts but varies in its modalities. Interviewees suffered it during their first years of adolescence. The phenomenon has a direct relationship with gender, due to the fact that it is recognized as the base of gender inequalities. Moreover, non-adherence to gender norms generates greater rejection in the school environment than homosexual sexual orientation. The

aggressors used to be males with similar characteristics, attributes associated with hegemonic masculinity. In all cases, direct bullying and verbal violence predominated. Exposure to this phenomenon produced several negative bio-psycho-social effects in the interviewees. Generally, the mental and sexual health of the interviewees were very affected for a lot of displeasure experiences associated to homophobic bullying.

**Keywords:** Homophobic bullying, youth, Uruguay

**Conflict of Interest and Disclosure Statement:** None

## Gender-Affirmation Processes and Mental Health Development of Transgender Youth in Brazil

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The present study aims to evaluate the impact of each gender-affirmation process (social, medical and legal) on the mental health development of transgender and gender diverse youth. One hundred and seventy-four young transgender men and women, and gender diverse youth, from 16 to 25 years old, answered an online survey. Having accessed multiple steps of gender affirmation was associated with presenting fewer depression

symptoms [ $F(4,102) = 4.104, p = 0.004$ ] and less anxiety [ $F(4,107) = 3.259, p = 0.015$ ]. Therefore, enabling transgender youth to access gender affirmation processes is essential to reduce depression and anxiety symptoms, as well as improve gender positivity.

**Keywords:** transgender, mental health, Brazil

**Conflict of Interest and Disclosure Statement:** None

SY-60

## Questões Atuais e Novas na Clínica Sexológica (Symposium of the Instituto Paulista de Sexualidade)

As duas últimas décadas têm trazido um novo tipo de pacientes para a psicoterapia focada na sexualidade. Variações de expressões sexuais têm sido percebidas como direito de serem expressas e a necessidade de adaptações e desenvolvimento de habilidades passa a ser reconhecida pelos praticantes para poderem apresentar-se e viver estas formas diferentes. Apresentamos algumas destas discussões:

Adaptações e desenvolvimentos de habilidades sociais para vivências parafilicas e manutenção futura de preferências de comportamentos e satisfações

sexuais. manutenção futura de preferências de comportamentos e satisfações sexuais.

Relacionamentos heterossexuais consensualmente não monogâmicos e satisfação relacional e sexual é outro tema que surge com os pacientes em busca de melhoria de relacionamento de casal e social, e ainda sofre com discriminações sociais ao ser visível socialmente.

A consideração para a atuação clínica questões sobre fluidez sexual, novas identidades sociais. O fenômeno da fluidez apresenta componentes de construção socio-cultural fortes, a questão da orientação é muito mais

complexa do que os modelos binários populares, baseados em categorias sólidas, sugerem.

Desde 2012, com a Lei Maria da Penha no combate à violência contra a mulher, os relacionamentos

abusivos trazem contextos diferenciados para abordagem em psicoterapia de casal e sexual.

**Palabras clave:** paraphilia, fluid gender, violence

## Adaptações para Viver Parafilias

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Através do exemplo a seguir apresento as necessidades de adaptação e as formas de modificações e habilidades sociais necessárias para a manutenção futura de preferências de comportamentos e satisfações sexuais.

Homem, 25 anos, define-se preferindo “fetiches”, descrevendo podolatria e submissão, e descoberto há 8 anos através de redes sociais, que não está sozinho. Solicita psicoterapia para compreender os fetiches quase exclusivistas que vivencia, a dificuldade de inserir estes fetiches nos relacionamentos afetivos e a questão de emoções negativas e arrependimento da busca da situação de humilhação tão logo ejacula. Descreve um conflito de sentir prazeres mais intensos se a mulher for esteticamente negativa, e ter experiências mais frequentes com *dominatrices* profissionais e que as mais bonitas cobram caro e considerar incongruente pagar para as “feias”. Desde a adolescência foca a masturbação no mecanismo de excitação sexual associado a submissão.

O caminho de desenvolvimento de habilidades sociais, em especial comunicação assertiva e expressividade emocional foi iniciado na psicoterapia e concomitante busca de mecanismo de compreensão sobre o que produz no cotidiano que o conduz ou afasta de

seus objetivos, desenhando ao longo das semanas seguintes um plano de futuro.

Enquanto pode experimentar possibilidades de relacionamentos com emoções sexuais que lhe interessem, desenvolvimento comunicação racionalmente objetivada, compreende que pode determinar os comportamentos sexuais e de como obter prazeres mesmo que sejam opostos ao que tem vivido por dez anos.

Desenvolve planos de ação semanais de aproximações sucessivas ao que pretende e um plano geral de futuro.

Respostas corporais de ansiedade e depressivas passam a diminuir.

Estas formas de solicitação de adequação social considerando o reconhecimento de comportamentos parafilicos exige uma atenção psicoterápica e os conhecimentos gerais da psicoterapia sexual, mas saem do escopo original de tratamentos de disfunções sexuais e desconsidera enquadramentos psicopatológicos.

**Palabras clave:** podophilia, paraphilia, psychotherapy

**Conflicto de interés y declaración de divulgación:** Ninguno

## Relacionamentos Heterossexuais Consensualmente Não Monogâmicos e Satisfação Relacional e Sexual

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Apresentamos uma sistematização teórica atualizada a respeito dos *Relacionamentos Heterossexuais Consensualmente Não Monogâmicos* (RHCNM) e a satisfação relacional e sexual. São diferenciados três tipos: poliamor, *swinger*, relação aberta. Existe outro tipo, o *threesome*, atualmente em discussão sobre se deve se considerar uma quarta categoria.

A satisfação relacional dos RHCNM é positiva: comunicação, acordos, regras, compromisso, intimidade, confiança e apego, com índices baixos de ciúmes e comportamentos retentivos. Isto se mostra em contradição com visões populares que os assinalam tais relacionamentos como disfuncionais, patológicos ou carentes de amor.

Satisfação sexual é igualmente positiva e elevada, apresentando índices elevados em variáveis específicas: atitudes positivas para com o sexo, necessidades sexuais diversas, abertura a novas situações excitantes, frequência sexual e atingir orgasmo, contrariamente a visão.

Diferenças relacionadas ao gênero: apreciação da satisfação (homens e mulheres consideram de maneira diferente as satisfações relacional e sexual); pontuação sobre respeito do casal primário e comparação com o secundário (a satisfação com parceiro/a secundário/a tem significado diferente para mulheres que para homens) e na preferência de certas práticas (mais mulheres toleram interação com outras mulheres, do que homens entre homens).

Diferenças ligadas à orientação sexual: autodefinidos heterossexuais em práticas consensualmente não monogâmicas, antes associadas a LGBTI.

## Fluidez Sexual

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Devemos considerar para a atuação clínica questões a partir de uma revisão da literatura recente sobre fluidez sexual feita sob duas perspectivas, 1) estudos baseados em entrevistas e questionários online e, 2) estudos que se utilizam de hipóteses da psicologia evolutiva acerca da fluidez sexual.

Pesquisas através de entrevistas e questionários indicam que a fluidez sexual é mais comum em mulheres, resultado muito mais relacionado ao gênero do que o sexo biológico, como sugere um estudo com população trans onde homens trans apresentam mais fluidez em seus padrões de atração do que mulheres trans. Os resultados destes estudos confirmam a teoria de Kinsey, de que a orientação sexual se encaixa muito mais num modelo contínuo do que no de categorias binárias. Os estudos acendem a discussão do quão socialmente construída e o quão imutável a orientação sexual realmente é.

Os estudos de Psicologia Evolutiva não explicam de maneira completa quais as origens e o valor adaptativo da fluidez. Apostolous sugere que a fluidez tenha um valor evolutivo neutro, já que não apresenta uma

A relevância é de grande importância na clínica, servindo para posicionar estes relacionamentos como aceitos e não patológicos, considerá-los uma prática saudável, um modo a mais de relacionamento romântico. Também para a formação do psicoterapeuta de casais, com inclusão de novas teorias de relacionamento. O ensino de uma multiplicidade de maneiras de se relacionar, na consideração de atrações existentes, no respeito da diversidade, na desconstrução do único modelo de relação: Monogâmico e Heteronormativo.

A atenção ao RHCNM permite repensar os conceitos de ciúmes e traição, e estender a análise para a consideração da violência nos relacionamentos abusivos.

**Palabras clave:** non-monogamic relations, couple relation, psychotherapy

**Conflicto de interés y declaración de divulgación:** Ninguno

ameaça à evolução. Essa hipótese é questionada por Radtke que aponta o quão machista é a produção científica e que por isso ela é produzida a partir da perspectiva do macho. Citando estudos usando macacos bonobo ao invés de chimpanzés, Radtke sugere que a fluidez tem valor adaptativo porque promove laços fortes entre as fêmeas que, por alguma razão, se veem sozinhas na criação da prole e precisam protegê-la.

Embora o estudo sobre a fluidez sexual ainda são escassos. O fenômeno apresenta componentes de construção sócio-cultural fortes, a questão da orientação é muito mais complexa do que os modelos binários populares, baseados em categorias sólidas, sugerem. Mais estudos são necessários com atenção especial para o aproveitamento na clínica e aplicação de técnicas neste contexto.

**Palabras clave:** fluid sex, gender identity, sex orientation

**Conflicto de interés y declaración de divulgación:** Ninguno

## Relacionamentos Abusivos e a Realidade Brasileira

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Num contexto da psicologia clínica, temos discutido ostensivamente tais questões desde o ano de 2012, quando o Presidente Lula, sanciona a Lei Maria da Penha, sendo um instrumento legal dos mais eficazes no combate à violência contra a mulher comparando com outros países.

Relacionamentos abusivos são considerados violência contra a mulher.

Neste conceito propusemos considerar a aplicação clínica de que as relações entre mulheres e homens têm sido desiguais desde que a história passou a ser contada por homens e criadas as regras masculinas de expectativas de padrões comportamentais femininos.

Quando não cumpríamos com as regras e expectativas masculinas, éramos submetidas a todo tipo “correções” apresentadas de maneiras sutis e outras vezes claras e um tanto punitivas e vulnerabilizadoras.

Compreendemos que nas famílias latino-americanas, incluindo as brasileiras, tenhamos esse contato com um

ambiente abusivo e explorável no contexto psicoterápico.

A convivência inicial com a família abusadora é via de regra o modelo de relacionamento que buscamos.

A proposta na atuação clínica junto das questões sexuais é uma conversa inicial sobre o tema em prol da busca da autonomia e autoeficácia das mulheres em busca de relacionamentos menos tóxicos. A aplicação destes conceitos na psicoterapia focada na sexualidade se mostra importante para a modificação dos formatos de relacionamentos diádicos com a manutenção de relacionamentos sexuais que sirvam aos indivíduos e não se baseie na reprodução das relações de poder dos modelos das familiares de origem que apontam para facilitar a existência de queixas sexuais.

**Palabras clave:** couples’ therapy, sexual violence, gender violence

**Conflicto de interés y declaración de divulgación:** Ninguno

SY-61

## Estrategia Nacional para la Prevención del Embarazo en Adolescentes (ENAPEA): Una Buena Práctica para la Garantía de los Derechos Sexuales y Reproductivos de Niñas, Niños y Adolescentes (INMUJERES Symposium)

El panel será un espacio de dialogo interinstitucional para dar a conocer la Estrategia Nacional para la Prevención del Embarazo en Adolescentes (ENAPEA) como una buena práctica en materia de políticas públicas para garantizar los derechos de niñas, niños y adolescentes (NNA); asimismo, contribuirá a visibilizar los retos pendientes para la garantía de los derechos sexuales y reproductivos de NNA. Los temas que se abordarán son: el embarazo adolescente e infantil

como problemas públicos; el fortalecimiento del trabajo local-territorial para la atención de dichas problemáticas; la prevención y atención de la violencia sexual contra niñas y adolescentes, y su relación con el embarazo infantil; y, el acceso a servicios de salud amigable y de calidad.

**Palabras clave:** embarazo adolescente, embarazo infantil, problema público

## Panorama de la Fecundidad en Niñas y Adolescentes en el Marco de la ENAPEA

Eloina Meneses Mendoza

Dirección General de Estudios Sociodemográficos; Secretaría Ejecutiva del Consejo Nacional de Población; Ciudad de México, México

El embarazo en adolescentes se asocia a factores de causas multidimensionales, con efectos y repercusiones negativas para las y los adolescentes para acceder a una vida digna, a un desarrollo pleno y por ende al goce de sus derechos humanos.

Para atender esta problemática en México en 2015 se puso en marcha la Estrategia Nacional para la Prevención del Embarazo en Adolescentes (ENAPEA), la cual se diseñó con la finalidad de realizar acciones interinstitucionales coordinadas con políticas y planes nacionales, estatales y municipales, a fin de promover el ejercicio de los derechos humanos, en específico de los derechos sexuales y reproductivos, mejorando de esta forma las oportunidades futuras para las y los adolescentes.

Para comprender esta problemática, así como direccionar acciones en la ENAPEA, a cuatro años de su implementación, es necesario contar con un

diagnóstico actual de la fecundidad en niñas y adolescentes, así como de los factores que se relacionan a ésta. Por lo anterior, se propone, realizar una breve presentación en la que se muestren los resultados de los factores más próximos de la fecundidad en esta población a partir de la Encuesta Nacional de la Dinámica Demográfica (ENADID) 2014 y 2018 y otras fuentes de información complementarias, así como una revisión de los niveles y tendencias de este indicador en el tiempo, y por entidad federativa, que permita reflexionar y discutir sobre los logros y retos más próximos de la Estrategia.

**Palabras clave:** Niñas y adolescentes, Fecundidad, Acciones

**Conflicto de interés y declaración de divulgación:** Ninguno

## Erradicación del Embarazo en Niñas y Adolescentes Menores de 15 Años

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Sistema Nacional de Protección Integral de Niñas, Niños y Adolescentes (SIPINNA), México

La Ley General de los Derechos de Niñas, Niños y Adolescentes establece que la niñez y adolescencia de nuestro país tiene derecho a disfrutar del más alto nivel posible de salud y que es responsabilidad de las autoridades de los tres órdenes de gobierno impulsar medidas para prevenir el embarazo adolescente con énfasis en los derechos sexuales y reproductivos de niñas, niños y adolescentes.

Para cumplir a ese mandato, en el marco de la Estrategia Nacional para la Prevención del Embarazo Adolescente (ENAPEA), el Subgrupo para erradicar el embarazo en adolescentes y niñas menores de 15 años del Grupo Interinstitucional para la Prevención del Embarazo Adolescente (GIPEA), ha impulsado el

contar con información cualitativa y cuantitativa que permita analizar y conocer las causas del embarazo en el grupo de niñas y adolescentes de 9 a 14 años, y con ello poder definir acciones ad hoc que permitan avanzar en erradicar, al 2030, el embarazo en este grupo poblacional; así como proteger integralmente a las niñas y adolescentes menores de 15 años que ya están embarazadas o que han sido madres.

**Palabras clave:** Embarazo infantil, Causas del embarazo, Derechos de niñas y adolescentes

**Conflicto de interés y declaración de divulgación:** Ninguno



## ORAL PRESENTATIONS

### Track: 1. Sexual Rights & Ethics

#### Marriage Equality: Creating a Living Archive

Jennifer Bass<sup>a</sup>, Stephanie Sanders<sup>a,b</sup> and Liana Zhou<sup>b</sup>

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**Introduction and objectives:** The first decade since the monumental change in marriage equality laws in the US is a critical time to capture the stories and experiences of same-sex couples about the personal impact and meaning of this change in civil rights. Using video and audio recordings, we are creating an archive for future historians about couples' experiences in the Midwest and sharing produced excerpts as podcasts for the public. These stories of long-term relationships before and after marriage equality document the impact of these legal changes on the individual's sense of citizenship, belonging, their own LGBTQ+ relationships, and public and familial acceptance of such relationships.

**Approach:** Video/audio recorded interviews with same-sex married couples asking about the importance of, and circumstances surrounding, their marriage and other documentary materials are being digitally archive at The Kinsey Institute for use by researchers today and in the future. Selected interviews are edited and published in our "Just Married" podcast series, available through podcast platforms, a dedicated website and in partnership with a local radio station.

**Sources:** Ethnically and culturally diverse same-sex married couples from the US, with a focus on Indiana.

**Findings and discussion:** The interviews and podcast are moving and heartfelt in ways that transcripts alone cannot capture. Many interviewees never imagined that it would be possible to legally marry their same-sex partner in their lifetime. 50 years from now, people will no longer remember what it was like before legalized same-sex marriage. The creation of this digital archives vividly captures this transitional moment in history when sexual rights are fundamentally changing and reveals insights into the importance of sexual rights in well-being and a sense of citizenship. It is our intention to inspire others to contribute stories from their own communities for an inclusive, worldwide archive on marriage equality.

**Keywords:** same-sex marriage, LGBTQ+ rights, oral history

**Source of Funding:** Public Humanities Grant, New Frontiers Program, Office of the President, Indiana University and The Peg Zeglin Brand Chair, Department of Gender Studies, College of Arts and Sciences, Indiana University.

**Conflict of Interest and Disclosure Statement:** None

#### Zika and Reproductive Rights: Women's Perceptions at Public Health Services

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**Introduction/Objectives:** Since 2015 Brazil has been affected by Zika illness. Despite the end of the Zika epidemic, new cases of infection and Congenital Zika Syndrome are still being reported. Given the consequences of Zika infection on pregnancy and fetal development, it has been understood as an enduring public health issue. Young women living in areas that lack sexual and reproductive health (SRH) services are the

most affected. We conducted a social research study to investigate the unmet sexual and reproductive needs of women living in the most affected areas.

**Methods:** During 2017 and 2018, 42 women seeking SRH services at Brazilian public health facilities located in regions most affected by Zika were interviewed. Semi-structured interviews were conducted individually by female researchers.

**Findings/Discussion:** Women's ages ranged from 14 to 48 years old, with average age of 25. The majority of them identified themselves as Afro-Brazilian. They had little formal education, with 45% of them not reaching high school. More than half of them experienced adolescent pregnancy. Two out of three of women reported not having planned their last pregnancy. Women faced barriers to access SRH prior to starting sexual activity. Communication failure, unawareness and misinformation about SRH and Zika constitute the main access barriers to SRH care. Abortion is a common event in women's reproductive lives, despite the criminal legislation in force. Zika is no longer considered a health concern. Participants were unaware of the possibility of Zika's sexual transmission.

**Conclusion/Recommendations:** Women's perceptions and concerns imply that a comprehensive understanding is essential regarding their SRH needs. Although, abortion is a common event in women's reproductive lives, those who experience it are reportedly mistreated by health providers. Communication barriers as well as stigma around SRH must be engaged in order to improve the provision of SRH in this region.

**Keywords:** Zika, Brazil, Sexual and Reproductive Health

**Source of Funding:** UNDP/UNFPA/UNICEF/WHO/World Bank Human Reproduction Program (HRP)

**Conflict of Interest and Disclosure Statement:** None

## Imperatives of Ethical Sexual Consent: Exploring Female Perspectives in Kink

Emme Edmunds

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**Introduction & objectives:** In this qualitative sociological study, I analyze the narratives of women who are active in and activists in kinky communities and collectives in New Delhi and New York as they consider their sexual expression in terms of pleasure and consent. Women in both places position themselves as actors who celebrate their sexualities while they somewhat successfully resist and confront oppressive strictures of broadly patriarchal cultures. Their collective self-knowledge contributes to an enlarged understanding of the potential for female sexual pleasure and well-being.

**Methods & sample:** Extensive interviews of over thirty subjects and observations at twenty-two events were conducted in both locations over a period of ten years during the period of 2007-2017. Interviews and fieldnotes are analyzed using grounded theory, and subsequent theorizing is informed by the work of the Canadian-American sociologist Erving Goffman and the Indian political scientist Nivedita Menon among others.

**Findings & discussion:** Regardless of self-designated status as sexually *Dominant*, *Submissive* or *Switch*, women overwhelmingly assert the necessity of holding

open conversations of topics that are often seen as culturally taboo before they would engage in sensual exploration, sexual play or relationship building with others. In order to learn how to do this, and do it safely, women often form or join informal private communities or collectives with other women, men and non-binary people. These groups are often facilitated by online platforms as well as word-of-mouth acquaintance groups. After affiliations have been formed, people meet in neutral public places and then often progress to gatherings in private homes.

**Recommendations:** Open and ethical discussions of sexual power and preference among women and men in the kink community can provide instruction for increased clarity and accountability regarding consensual sexuality in society at large. To give consent, one must be able to break silence and speak.

**Keywords:** Sexual consent, Kink, BDSM, Sexual Pleasure

**Source of Funding:** International research was funded in part by several grants from Cornell University

**Conflict of Interest and Disclosure Statement:** None

## Entendí que Dios no Juzga. La Reflexión Ética Sobre Aborto en Jóvenes Seguidores de *Catolicadas*

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**Introducción y objetivos:** La disputa política sobre el reconocimiento del aborto como un derecho en México no ha cesado y ante la creciente intervención de la jerarquía católica y los grupos anti-derechos en la esfera política y en redes sociales, Católicas por el Derecho a Decidir se enfrentó a la necesidad de crear la serie animada *Catolicadas* para promover la reflexión y el debate social sobre los dilemas éticos que enfrentan las personas católicas en diversas decisiones de su vida. Sus 107 episodios tienen cerca de 10 millones de vistas en YouTube y su audiencia es mayoritariamente joven.

Este artículo explora los efectos de *Catolicadas* en la reflexión ética y la experiencia personal del aborto en jóvenes católicos seguidores de la serie.

**Método y muestra:** Se realizó un estudio exploratorio en el cual se procesaron datos cuantitativos y cualitativos de tres fuentes de información: capítulos sobre aborto con mayor número de visualizaciones completas en el canal de YouTube de CDD, cuatro grupos focales

y una encuesta en Facebook con seguidores jóvenes de *Catolicadas*.

**Resultados y conclusión:** En un ejercicio simbólico de resignificación, los seguidores agradecen a *Catolicadas* el ejercicio de un diálogo en el cual se reconcilian con su propia espiritualidad, al incluir en sus aspiraciones valores como justicia, igualdad, diversidad, libertad y respeto a las decisiones de las mujeres, sin que ello amenace su dimensión de creyentes. Cuatro núcleos de significación agrupan esta reflexión ética: 1. “Una idea nueva”: la maternidad como materia de decisión; 2. “Depende”: del código institucional a la ética situacional en la decisión y el derecho al aborto; 3. “Respetar y no juzgar”: una posición crítica frente a la autoridad eclesial en el campo de la autonomía reproductiva; y 4. *Catolicadas* como plataforma para construirse como agente de debate en torno al aborto.

**Palabras clave:** Aborto, Religión, Redes Sociales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Impacto del Acompañamiento en el Estigma del Aborto en México

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**Introducción & objetivos:** El aborto en México está legalmente restringido, excepto en la Ciudad de México, donde es legal hasta 12 semanas. Balance ofrece acompañamiento a través del Fondo MARIA a mujeres que necesitan abortar. Este estudio tiene como objetivo comprender si ese acompañamiento puede reducir el estigma y mejorar las percepciones del aborto.

**Método(s) & muestra:** 310 mujeres que obtuvieron un aborto completaron encuestas en tres momentos (antes del acompañamiento, después de un mes y después de seis meses). Comparamos los cambios en los niveles de estigma y las actitudes sobre el aborto entre quienes viajaron a CDMX sin acompañamiento

(n = 148), quienes viajaron con acompañamiento (n = 81) y quienes fueron acompañadas para un aborto autónomo en su estado de residencia (n = 81).

**Resultados:** Inicialmente un poco más de la mitad de las mujeres reportaron sentirse culpables (55%), y a los seis meses, los niveles de culpa disminuyeron entre las mujeres acompañadas en CDMX (56% a 26%), mientras que las que buscaron los servicios por su cuenta y aquellas que recibieron apoyo en su estado de residencia tuvieron sólo pequeñas disminuciones. Los niveles de apoyo percibido aumentaron significativamente entre las que recibieron acompañamiento. Inicialmente, quienes fueron acompañadas tenían

actitudes más positivas sobre el aborto, mientras que las opiniones de las que no fueron acompañadas generalmente se volvieron más positivas seis meses después del aborto. Las percepciones de seguridad del aborto mejoraron, especialmente entre aquellas que manejaron el aborto de forma autónoma en su estado de residencia.

**Conclusión & recomendaciones:** Las mujeres que viajaron a CDMX acompañadas por Fondo MARIA

reportaron una disminución en la culpa después del aborto y mayores niveles de apoyo. Estos resultados sugieren que el acompañamiento puede tener impacto para hacer que las mujeres se sientan apoyadas y disminuir el estigma a nivel interno.

**Palabras clave:** acompañamiento, estigma, aborto

**Conflicto de interés y declaración de divulgación:** Ninguno

## Uptake of “Dignity of Risk” in Qualitative Research Involving Intellectual Disabilities and Sexuality: A Meta-Synthesis

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**Introduction & Objectives:** Nearly five decades ago Perske (1972) advocated the “dignity of risk” in the U.S., arguing that those with intellectual disability (ID) are entitled to form, engage in, and grow from sexual and partnered relationships. However, disability service providers and agency policies have failed to fully integrate this principle in practice (Gill, 2015). Although scholars have increasingly recognized the need to address sexuality as a central component in the lives of those with ID, their recommendations frequently neglect the participants’ reports about the structural barriers and prohibitions to their experience of the dignity of risk.

**Method & Sample:** To systematically evaluate the uptake of the principle of the dignity of risk in research involving those with the ID label, I conducted a qualitative meta-synthesis of the recommendations offered by researchers based on their analyses. Included were qualitative studies published: between 1972-2018; in peer-reviewed journals; focused on sexuality of individuals labeled with ID; and with samples from the U.S., U.K., Ireland, Canada, and Australia.

**Findings & Discussion:** Results indicate that although scholars more frequently recognize the rights

of individuals with ID to sexual experiences, a disjuncture between participants’ reported concerns and the researchers’ subsequent suggested solutions remains. Recommendations primarily emphasize providers’ role in risk-reduction (e.g., abuse prevention programs) over advocacy for changes in practice and policy to address the barriers identified by participants.

**Recommendations:** Social science plays a critical role in advancing the sexual rights and well-being of those with disabilities. These findings suggest that U.S. researchers should better incorporate recommendations aligning to the concerns reported by their participants such that their exclusive focus on risk-reduction does not continue to hinder support of individuals’ rights. Discussion includes how recommendations can be modified to consider how providers can buffer individuals from negative consequences while also respecting their dignity of risk.

**Keywords:** intellectual disability, sexual rights, dignity of risk

**Conflict of Interest and Disclosure Statement:** None

## Review and Discussion of Women on Waves Abortion Ship Campaigns in Guatemala and Mexico (2017)

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Women on Waves is a non-profit organization advocating for women's human right. Its mission is to prevent unsafe abortions, by traveling with a boat providing safe and legal abortion services around the world in international waters. The boat campaigns aim is to respond to an urgent medical need, call attention to the consequences of unsafe abortions and place abortion back on the political agenda of a country.

The objective of this presentation is to review and discusses two ship campaigns that took place in Guatemala and Mexico in 2017, planned to call attention to the violation of women's human rights caused by the restrictive abortion laws on those countries.

Although Guatemalan law only permits abortion to save a woman's life, nearly 65,000 abortions are performed annually in Guatemala. Every year about 21,600 women are hospitalised and 660 women die from complications of unsafe abortion, that could be prevented by legalising abortion. On the request of the president of Guatemala himself, the military expelled

the ship for violating public order, national interest and state security without any legal procedures. This shows that access to abortion is about fundamental freedom and democracy.

Abortion is legal in Mexico City since 2007, but is still illegal in the rest of Mexico. Forcing the rest of women in the country to get an unsafe abortion and risk their health and life; with the possibility of being criminalized and/or imprisoned. Unlike what was initially predicted as the outcome of the campaign, Mexico seemed ready for a change, even though there was a strong anti-choice presence. The boat sailed with women to international waters, without strong impediments by the authorities. This year a referendum is announced to vote and change the current restrictive abortion law still implemented in the rest of the country.

**Keywords:** Unsafe abortion, Ship campaigns, Abortion law

**Conflict of Interest and Disclosure Statement:** None

## Impact of Discrimination on the Mental Health of Gays and Lesbians in Tunisia

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**Introduction:** In recent years, there has been an increasing attention drawn to the situation of gays and lesbians in Tunisia, with the ascension of an LGBTQI movement. The LGBTQI organizations in Tunisia report that society is permissive for stigma and exclusion of gays and lesbians and that the legal framework is criminalizing of non-normative identities and orientations. Thus, Gays and lesbians endure a hostile environment that endangers their lives and limits their rights.

**Objectives:** the current study aims to assess the impact of stigma on the mental health of gays and

lesbians in Tunisia and to identify their coping mechanisms.

**Methods:** the study is based on purposive sampling during the month of February 2019. The participants were asked about socio-demographic characteristics, sexual identity and sexuality acceptance (LGBIS), traditional masculinity and femininity traits (TMF), experiences of heterosexism, discrimination and rejection (HHRDS), anxiety and depression (HAD-14) and suicidality (SBQ-R). In total, 73 questionnaires were completed.

**Preliminary findings:** 52% of participants are men and 17% are women. The mean age is 24,2 years old.

50% live with their families and 60,3% are students. 68,5% were single at the time of data collection.

The preliminary data analysis showed that verbal abuse is the most frequent form of abuse reported.

Greater experiences of heterosexist harassment, rejection, and discrimination in the past year are linked to higher anxiety levels. Similarly, greater experiences of discriminations are associated with higher suicidal risks.

Participants with higher scores of internalized homophobia are associated with higher anxiety and

depression, and, identity affirmation is correlated to lower anxiety and depression symptoms.

The data showed that gays with more feminine traits reported more harassment and abuse experiences from strangers.

The primary analysis of coping mechanisms shows that the most adopted coping mechanisms are positive reframing, planning and use of emotional support.

**Keywords:** LGBTQI, discrimination, mental health

**Conflict of Interest and Disclosure Statement:** None

## Sexual Health Knowledge and Behaviors of Young Adolescent Boys in a Resource-Poor Urban Setting in Nairobi, Kenya

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**Introduction:** Issues around sexuality and sexual and reproductive health (SRH) among young male adolescents have been neglected in research and practice, especially among those living in resource-poor urban in sub-Saharan settings. In this study, we focus on adolescent boys (10-14 years) living in an informal settlement in Nairobi, Kenya to explore their SRH knowledge, access to SRH information and sexual experiences as a path to healthy sexuality development.

**Methods:** Data were collected in December 2018 from a random sample of 426 adolescent boys aged 10 – 14 years living within the Nairobi Urban Health and Demographic Surveillance System. We conducted bivariate and multivariate analyses to assess factors associated with SRH knowledge, access to information and sexual experiences.

**Results:** About 22% of the boys had had at least one sexual experience. Of these, 60% had less intimate experiences such as holding hands, kissing, spending time alone and flirting while 41% had experienced touching on private parts, had vaginal, oral or anal sex. About 39% had little or no knowledge on pregnancy/

HIV prevention, 79% had little or no knowledge of where to get SRH information and services and 31% had barely discussed about specific SRH topics with anyone.

**Conclusions:** Despite early sexual debut, majority of the very young male adolescents have little or no knowledge on where to get SRH information and services and a significant proportion have little or no knowledge on pregnancy and HIV prevention.

**Recommendations:** There is an urgent need to ensure access to SRH information and services for the young male adolescents who are engaging in sex early. Intervening in this age can be key in development of healthy sexuality early in life with benefits over the life course.

**Keywords:** very young male adolescents, Sexual behaviours, SRH information

**Source of Funding:** Consortium for Advanced Research Training in Africa (CARTA)

**Conflict of Interest and Disclosure Statement:** None



## Sexual Rights: Ten Years of the International Planned Parenthood Declaration

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**Introduction and Rationale:** In 2008 the International Planned Parenthood Federation (IPPF) released the Sexual Rights Declaration. This ground-breaking document was the culmination of more than two years of work, grounded in core international human rights instruments, treaties, findings and recommendations, has guided IPPF's programming and advocacy across the globe.

**Outcome:** The Declaration enabled us to innovate within Federation-wide services, policies and systems. Our gender equality policy and gender strategy goes beyond binary definitions of gender. Our Member Associations provide services to all people and push boundaries, particularly in restrictive contexts, where individuals are discriminated against and excluded because of their age, sexual orientation, gender identity and/or expression. The result is that we have a cadre of trained health care providers operating stigma-free services that reflect our social values.

For our global advocacy work, we have supported our national organisations in submissions to the Universal Periodic Review as well as shadow monitoring bodies, including on key issues such as access to safe abortion

for all women, including adolescent girls, sexual and gender-based violence, child early and forced marriage, trafficking, genital mutilation and honour violence.

The Declaration has also been the guiding document for our International Medical Advisory Panel (IMAP), which has approved several Statements, including sexual and reproductive rights as a prerequisite for overall health including mental health and on Transgender individuals' access to SRH services.

**Discussion and Recommendation:** This discussion will share how the Declaration has transformed and informed our institutional values; how we deliver our services, how we reach out to and across communities and the intrinsic commitment that sexual and reproductive health service delivery that is gender sensitive, youth friendly, rights based and stigma-free leads to positive outcomes for the individual, the community and to wider citizenry.

**Keywords:** sexual rights, gender equality, sexual and reproductive health

**Conflict of Interest and Disclosure Statement:** None

## Changemakers: Prevention of Sexual Harassment at Work in Bangladesh

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**Introduction and rationale:** The *Changemakers* project (2017-2018) was initiated by the Embassy of the Kingdom of the Netherlands (EKN) to strengthening the knowledge of SRHR (Sexual and Reproductive Health Rights) within 28 of its partner organizations.

**Project:** This project included training on SRHR, preparing and implementing organizational action plans to promote SRHR and to prevent sexual harassment at the workplace. The training was facilitated from a gender transformative approach (GTA) to the relevant SRHR-issues.

**Population:** All employees of 28 non-governmental organisations, partners of the gender programme of EKN in Dhaka, Bangladesh. In 2017-2018 Rutgers

provided capacity building to a group of 60 employees – the Changemakers – of 28 EKN partner organizations

**Settings:** All Changemakers attended eight days of training divided over a series of workshops facilitated by Rutgers and/or participating EKN partner organisations. The Executive Directors attended two workshops facilitated by the Changemakers and Rutgers.

**Outcomes:** The *Changemakers Programme* made several positive changes amongst the participants

- Increase in knowledge and awareness on SRHR on all organisation levels
- A positive shift among staffs and employers regarding gender attitudes

- A change in the policy level on gender-based violence and gender diversity.
- A decrease in the number of staffs who have experienced sexual harassment and gender-based violence
- The GTA has led to Internalisation of the topics causing small but important actions against sexual harassment, gender inequality in daily lives of the Changemakers at work, home and in their communities.
- Several of them gained mental strength to act and/or protest against sexual harassment at work.

**Recommendations** Expand training for all staff to support organizational culture change e.g. human resources, administration, finance and other support staffs. Include more men in the training alongside women to build a critical mass of gender-sensitive male employees. Developing a platform for exchanging experiences

**Keywords:** Sexual harassment, Workplace, Gender transformative

**Source of Funding:** The Embassy of the Kingdom of the Netherlands in Bangladesh

**Conflict of Interest and Disclosure Statement:** None

## Hello, I Am; Ending Child Marriage in Bangladesh

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**Introduction and rationale:** Child marriage continues to affect one in two girls in Bangladesh, driven by deeply rooted socio-cultural norms. Social expectations to have a child soon after marriage mean that young brides are vulnerable to early pregnancy, with life threatening consequences for their sexual and reproductive health. Early marriage and pregnancy are linked to school drop-out which compromises girls' education, resulting in low socioeconomic status and perpetuating the cycle of poverty.

**Project, population and settings:** *Hello, I Am* seeks to address socio-cultural norms underlying the continued practice of child marriage in four rural and two peri-urban areas in Bangladesh. Community-level interventions include youth and parent groups and local advocacy engaging government stakeholders and community leaders. Young people and parents have formed networks which lead community outreach and awareness raising campaigns.

**Outcomes:** Midterm evaluation findings demonstrate changing norms and attitudes amongst youth and

parent group participants. At family level, young people report better communication with parents which in turn affects family decision making regarding marriage. Communities are mobilising to take action against child marriage both 'upstream' by sharing knowledge amongst their peers and 'downstream' by directly intervening to prevent individual child marriages.

**Discussion and recommendations:** This presentation explores our experiences of addressing deeply rooted socio-cultural norms that neglect young people's sexual and reproductive rights. We aim to share our successes and challenges and hold a discussion about the conflict between "respecting traditional values" and promoting sexual and reproductive health and rights.

### Citation of supporting literature:

ResInt Bangladesh (2019) *Mid Term Review of Hello I Am*

**Keywords:** Child marriage, Parents, Young people

**Source of Funding:** Ikea Foundation

**Conflict of Interest and Disclosure Statement:** None

## Assisted Sex as a Sexual Right: Ethical and Cultural Dimensions

Tommi Paalanen

Sexpo Foundation, WAS Sexual Rights Committee, Finland

Assisted sex for disabled people is typically considered a controversial issue because of perceived ethical issues, proximity to sex work, or cultural opposition. In this presentation it will be argued from the perspectives of philosophical sexual ethics and sexual rights that the opportunity to have professional assistance in sexual life is supported by the right to highest attainable standard of sexual health. Thus any obstacles blocking access to the assisted sex services should be dissolved.

Sexpo Foundation and Threshold Association in Finland have started a training programme for assisted sex and create opportunities for stakeholders to connect with service providers. The project also involves consultation concerning ethics and supervision of the client processes. The stakeholders are disabled people, who have difficulties in sexual activities ranging from solo sex to partnered sex and specific preferences like bdsm.

The training programme has reached 40 persons, and a broker service will be piloted on 2020. The

specialist trained have been mostly health and social services personnel working with disabled people, personal assistants for disabled people, and sex workers. The initiative has sparked public discussion about the matter in Finland, and it has also highlighted the roles of sexological bodywork, surrogate work, and sex work within the field of sexology, which has traditionally deemed to be mostly therapy work based on discussion omitting hands-on approaches.

The experiences of the pilot activities and ethical considerations behind it have created a strong rationale and justification for providing services that make assisted sex more accessible. This stance is supported by sexual rights, and the argumentation and communications strategies used in the pilot can also be used in other cultural settings and in more hostile environments to help trailblazers to further the cause.

**Keywords:** assisted sex, disabilities, sexual rights

**Conflict of Interest and Disclosure Statement:** None

## Reflexiones a Partir de Estudio Nacional de Predictores de Intentos de Femicidio y Consecuencias en la Mujer y los Hijos

Maria Raguz

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**Introducción y objetivos:** Nuestro trabajo de cuatro décadas en violencia de género nos lleva a priorizar esta problemática y buscar disminuirla y prevenirla. En ese marco, se realizó un estudio con varios investigadores de tres universidades, que mereció el Premio Nacional CIES 2018, Usamos como base los hallazgos para presentar una reflexión.

**Método y muestra:** Análisis multinivel de datos de más de 250,000 mujeres de las ENDES de varios años, con 20 variables demográficas, de historia persona, y del micro, macro y exo-sistema.

**Resultados:** Resultados identifican predictores de riesgo de femicidio en el Perú y, también, los efectos

en la mujer que sobrevivió a un intento de femicidio y en sus hijos e hijas.

**Discusión y recomendaciones:** El estudio permitió elaborar un instrumento para predecir riesgo en los servicios de emergencia para mujeres y, también, se plantearon al gobierno una serie de posibles estrategias de prevención e intervención así como políticas públicas, y mereció diversas publicaciones. El presente trabajo da un paso más allá, reflexionando sobre los hallazgos con especial énfasis a los contextos en la región latinoamericana que deben estar facilitando la violencia de género contra la mujer que, en su peor expresión, termina en femicidios.

**Palabras clave:** feminicidio, predictores, violencia contra la mujer

**Fuente de financiamiento:** Pontificia Universidad Católica del Perú

**Conflicto de interés y declaración de divulgación:** Ninguno

## Access and Barriers to the Sex Industry for People with Physical Disabilities

Etsuko Sakairi

The University of Auckland, Japan

How do people with physical disabilities access the sex industry in contemporary Japan? What kind of barriers or supports do people with physical disabilities in Japan experience when accessing the sex industry?

This presentation is from part of my doctoral study; in that study, I recruited both people with physical disabilities and their carers, in order to explore how people with physical disabilities experience 'sexuality' in contemporary Japan. In order to make the research process inclusive and accessible for people who have various kinds of disabilities, this qualitative research project offered multiple research activities, such as: (1) photo-elicitation, (2) poetry, (3) semi-structured interview and (4) open-ended questionnaire; and also multiple interaction methods: (1) face-to-face, (2) via skype, and (3) via email. For carers, an open-ended on-line questionnaire and face-to-face interviews were employed. By collecting responses from 27 people with physical disabilities and 53 carers, differences and similarities in perspective between these two groups were highlighted. In this presentation, I focus on the rights

and barriers regarding the ability of people with disabilities access the sex industry. Some topics which emerged from my data are (1) control of money (2) role of the caregiver, (3) unequal policies between able-bodied people and people with disabilities, (4) sexual service disparities, and (5) the attitudes of sex workers.

My analysis addresses that the role of the caregiver influences the ability of a person with physical disabilities to access resources and sexuality-related rights. Also, the importance of acknowledging people with disabilities as male, female, or others before considering them simply people with disabilities. As for recommendations, I would suggest that carers discuss what is considered sexual harassment, and to provide help or training to allow sex workers to be able to provide services to people with disabilities.

**Keywords:** People with physical disabilities, Caregivers, Japan

**Conflict of Interest and Disclosure Statement:** None

## DV Victim's Present Situation and Their Public Shelter Use in Japan

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**Introduction & objectives:** In Japan, the number of consultations related to DV has reached 100,000 cases since 2014. However, the number of DV victims using the public shelter for leaving from the life with violence has decreased. The final objective of this research is to clarify the reason why the use of public shelter decreased. Therefore this research tried to grasp the basic situations and needs of users and to gain the suggestions of reason why the use decreased.

**Method & Sample:** In 2017, a questionnaire survey was conducted for 22 facilities providing the public shelter service for women including DV victims in Osaka. The data on 563 cases of user who used shelter service in 2016 was collected.

**Results:** About age of users, the largest group was 27% of 20s and followed by 26% of 30s and 21% of 40s. About the reason of use, 63% were DV and 12% were difficulties of housing. 54% of all case used the

shelter with child. The largest group of child's age was under 1-year-old. About the amount of money in hand at the time of entrance, 25% were under 1,000 yen (approximately US\$10) and 47% were under 10,000 yen. About the mental and physical conditions, 43.9% of all case showed some kinds of mental and physical conditions. 56.5% of the case with some kinds of mental and physical conditions had been already diagnosed psychiatric disorder or showed some symptoms of psychiatric disorder. 30% had some kind of chronic disease and received the medical treatment.

**Conclusion & recommendations:** The data showed the users of public shelter experienced multiple difficulties and needs including DV. It is needed to analyze whether the shelter's function appropriately meets their multiple difficulties and the collaboration between other fields and the field of women's support effectively works.

**Keywords:** DV, victim, public shelter

**Source of Funding:** Osaka Prefecture Government

**Conflict of Interest and Disclosure Statement:** None

## Track: 2. Social & Behavioral Sciences

### Examining the Link Between Childhood Adversity and Youth Sexual Relationships

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**Introduction & objectives:** U.S. discourse of youth sexuality remains steeped in notions of danger and threat, despite the growth-promoting and enriching aspects of youth sexuality (Tolman & McClelland, 2011). Substantive attention to youth sexual relationships is particularly scarce in studies of "at-risk" youth (i.e., those with histories of poverty and/or trauma), which tend to concentrate on negative events such as infection, unwanted pregnancy, and victimization. However, these discrete outcomes do not capture the full range or meaning of sexual relationship experiences among disadvantaged youth.

**Method & Sample:** To understand the influence of childhood adversity on youth sexual relationships, we compared the sexual/romantic relationship experiences of 55 U.S. young adults (aged 18-24): 25 who experienced childhood poverty and/or abuse; and 30 who experienced neither. Triangulating quantitative and qualitative data gathered via an online, self-administered sexual life history calendar, we conducted multiple tests of the overarching hypothesis that those with histories of childhood adversity would experience lower-quality sexual relationships. We assessed relationship quality in terms of relational harmony, emotional intimacy, and sexual pleasure.

**Results:** There were no quantitative differences between the subsamples in terms of: overall mean relationship quality ratings; amplitude or lability in ratings; or change over experience. Qualitative thematic analysis, derived from McClelland's (2014) model of sexual satisfaction, also did not indicate significant differences between the subsamples. In fact, participants with histories of adversity made marginally more references to emotional attunement and sexual pleasure in their open-ended comments.

**Conclusion & Recommendations:** Participants who had experienced poverty and/or maltreatment did not assess their past relationships' stability, intimacy, or pleasure any differently than those raised in affluence and free of abuse. These findings signify youths' capacity for positive sexual/romantic relationships in spite of preceding deprivation and/or violation and reinforce the importance of neither underestimating nor oversimplifying youths' sexual and relational lives.

**Keywords:** youth sexuality, romantic relationships, childhood adversity

**Conflict of Interest and Disclosure Statement:** None

## El Concepto de la Homofobia Internalizada: Matices Desde la Diversidad Sexual

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**Introducción & objetivos:** El fenómeno de la *homofobia internalizada* es dinámico y ha ido modificándose a lo largo del tiempo, contando con una gran cantidad de conceptualizaciones y mediciones extraídas, en su mayoría, de muestras anglosajonas que no reflejan necesariamente la realidad de contextos latinoamericanos. A su vez, algunas de estas definiciones devienen de términos psicopatológicos no vigentes, produciendo problemáticas en su investigación y acercamiento. Dadas estas condiciones, el objetivo de esta investigación fue conceptualizar la homofobia internalizada.

**Método(s) & muestra:** Se trabajó con 218 adultos voluntarios, 55 heterosexuales, 55 lesbianas, 51 gays y 57 bisexuales residentes de la Ciudad de México y área metropolitana. La edad de los participantes osciló entre los 18 y 50 años de edad ( $M= 24.9$ ;  $D.E.= 5.30$ ). Para conceptualizar el constructo se usó la técnica de Redes Semánticas Naturales Modificadas. Se convocó a los posibles participantes, distribuyendo el instrumento de forma colectiva vía redes sociales. Las aplicaciones

fueron llevadas a cabo garantizando la confidencialidad y anonimato de los datos de los participantes.

**Resultados:** Se comparó el peso semántico de las definidoras obtenidas, identificándose elementos comunes para todos los grupos como Miedo, Rechazo, Tristeza, Confusión, Negación entre otras; sin embargo, el peso semántico asociado a cada definidora difiere por grupo. No obstante, se hallaron definidoras únicas para el grupo de personas heterosexuales (Baja autoestima) y hombres gays (Odio y Culpa).

**Conclusiones & recomendaciones:** Los resultados se discuten a la luz de la Teoría del Estrés de las Minorías, la Salud Mental, el estudio de las Emociones y la Identidad Grupal. Estos resultados se usarán en la construcción de una escala de homofobia internalizada que sea culturalmente sensible para mexicanos.

**Palabras clave:** Homofobia internalizada, Significado psicológico, Redes semánticas naturales modificadas

**Conflicto de interés y declaración de divulgación:** Ninguno

## How to Measure Pleasure in Sexuality Education: Insights from SRHR Programmes in Ghana and Kenya

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**Introduction & objectives:** Despite growing evidence that inclusion of pleasure in sexuality education leads to more safer sex and empowerment among young people, a positive approach towards sexuality is often absent. To provide feasible and practical advice on how to include pleasure in sexuality education, and a comparable measure across programmes, this study assessed existing sexuality education programmes and translated findings into a path-breaking Pleasure Audit tool.

**Methods & sample:** Qualitative research is currently ongoing with the Sexual and Reproductive Health and Rights Alliances (SRHR) in Ghana and Kenya – part of the Get Up Speak Out programme. A review of curricula and IEC material on sexuality education will be conducted to analyze how they incorporate pleasure and develop ‘pleasure indicators’ against which programmes could be measured. To gain more insight on how the curricula are used, the research team will



observe sexuality education sessions and hold in-depth interviews with facilitators as well as with young people receiving sexuality education.

**Findings & discussion:** Findings will focus on the level of facilitators' comfort in talking explicitly about sex and sexuality; sex-positive information on bodies, desire and sexuality in curricula; and effect of this on young people's ability to discuss and express their desires, what they like or want with partners, including contraception and safer sex, and perceptions of agency over their own sexual health.

**Recommendations:** The Pleasure Audit tool could guide SRHR programmes on how to include pleasure, and help measure sex-positivity and pleasure

inclusiveness over a period of time, as well as in comparison to other programmes. Using pleasure and desire as motivators for safer sexual behaviour and self-efficacy requires understanding of sexual pleasure and well-being. SRHR programmes should consider ways to implement quality, pleasure-based approaches and to measure impact.

**Keywords:** Pleasure, Sexuality Education, Young People

**Source of Funding:** The research forms part of the GUSO programme that is funded by the Netherlands Ministry of Foreign Affairs

**Conflict of Interest and Disclosure Statement:** None

## Why Don't Women Talk About Painful Sex? A Mixed-Methods Study of the US General Population

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**Introduction & objectives:** While much research has examined correlates of pain during sex, far less research has examined why women have sex despite having pain and why they avoid telling their partner. The purpose of our study was to examine women's reports of painful sex including location of pain, whether they had told their partner, factors associated with not disclosing their pain, as well as their reasons for not disclosing.

**Methods & Sample:** We used data from the 2018 National Survey of Sexual Health and Behavior, a probability-based online survey of Americans aged 14 to 49. We limited our sample to adult women who reported that their most recent sexual experience was painful ( $n = 382$ , or 23.2% of the sample). The primary outcome in quantitative analyses was whether women told their partner they experienced pain during sex. Associations with social identities and sexual health were explored in logistic regression. Those who did not tell their partner about painful sex were asked why; their accounts were coded and analyzed qualitatively.

**Results:** Of those reporting pain during sex, most said it was "a little painful" (81.6%) and occurred at the vaginal entrance (31.5%), inside the vagina (34.4%), or at/around the cervix (17.4%). Overall, 51.0% told

their partner about their pain. Adjusting for age and wantedness, women who reported little to no event-level sexual pleasure had nearly 3-fold greater odds of not telling a partner about painful sex (AOR 2.57;95% CI:1.17-5.67). Normalizing painful sex, pain as inconsequential, prioritizing the partner's enjoyment, and gendered interactional pressures were the predominant themes in women's narratives.

**Conclusions & recommendations:** Many women do not discuss painful sex with their partners, and lack of pleasure is significantly more likely among this group. Gender norms and cultural scripts are critical to understanding why. Implications for education, practice, and subsequent research are discussed.

**Keywords:** sexual pain, sexual pleasure, sexual rights

**Source of Funding:** Funding for the National Survey of Sexual Health & Behavior (NSSHB) is provided by Church & Dwight, Co., Inc. (Debby Herbenick, Principal Investigator). The funders had no role in data collection and analysis, decision to publish, or preparation of the manuscript.

**Conflict of Interest and Disclosure Statement:** None

## Repertorios Discursivos de Grupos con Perspectiva Judeocristiana en Contra de la Educación Sexual Laica

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**Introducción:** En México se debatió sobre los contenidos oficiales de educación sexual de 2006 a 2008 y de 2016 a 2018. Diversas organizaciones con perspectiva judeocristiana desplegaron una estrategia discursiva para detener los avances de la laicidad educativa en sexualidad.

**Objetivos:** Analizar la manera en que los grupos con perspectiva judeo cristiana utilizaron repertorios discursivos para legitimar sus demandas e influir en los contenidos oficiales de educación sexual.

**Método/Muestra:** se realizó un seguimiento hemerográfico de declaraciones públicas de organizaciones como Red Familia, Frente Nacional por la Familia, Unión Nacional de Padres de Familia, y ENLACE; así como entrevistas a algunos de sus voceros. Se analizaron los argumentos con elementos de la sociología de la religión, teorías de la acción colectiva y teorías postestructuralistas sobre el poder y la subjetividad.

**Hallazgos/Discusión:** Las organizaciones con perspectiva judeocristiana utilizaron repertorios discursivos para dar legitimidad a sus demandas; su estrategia se basó en el uso de actos de habla que implicaron repertorios tales como a) fomentar el miedo a la pérdida del orden social, a que la sexualidad se convierta en

una especie de caos; b) traducir sus demandas religiosas en argumentos que aparentemente seculares, como el uso de datos pseudo-científicos y la cita manipulada de derechos y leyes; c) el uso de la noción “ideología de género” para acusar al gobierno de imponer una educación que tiene supuestos efectos nocivos y supuestamente falsa porque plantea la sexualidad y el género como construcciones sociales; d) utilizar nociones sacralizadas como “la vida desde la concepción” para generar oposición a ciertos anticonceptivos. Lograron algunas modificaciones en los contenidos de secundaria de 2007 y detener la iniciativa presidencial de 2016 sobre matrimonio igualitario e identidad de género.

**Recomendaciones:** Es necesario que especialistas en sexualidad se sumen a la defensa de la educación sexual laica.

**Palabras clave:** Laicidad, Ideología de género, educación sexual

**Fuente de financiamiento:** Parte de la información se obtuvo con apoyo de una Beca CONACYT.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Demographics, Risk, and Recidivism of Offenders Referred for Dangerous Offender and Long-Term Offender Assessment

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**Introduction & objectives:** Criteria for Dangerous Offender (DO) and Long-Term Offender (LTO) designations are the most extreme in Canadian law, but research on these sex offenders is limited. The objective is to investigate the characteristics of DOs and LTOs; compare them across demographic, victim, and offence characteristics; examine offenders’ paraphilic and other psychiatric diagnoses; and assess risk based on Static-2002R scores and recidivism data.

**Method & sample:** A retrospective chart review was conducted of 40 male offenders (26 DOs and 14 LTOs) referred for DO/LTO assessment at The Royal Ottawa’s Sexual Behaviours Clinic. Data collection included medical charts, forensic databases, Canadian Police Information Centre (CPIC) records (follow-up), and Static-2002R scores.

**Findings & discussion:** On the Static-2002R, DOs obtained a greater mean total score; most DOs scored

in the high-risk category; and half of all LTOs scored in the moderate-risk category. More DOs had a juvenile arrest for a sexual offence and were convicted as an adult for a separate sexual offence. DOs had more prior sentencing occasions for sexual offences, while more LTOs had post-index convictions of breach and/or charges or convictions for a sexual or violent offence. Non-significant differences were found across other variables, demonstrating that DOs and LTOs are less dissimilar than hypothesized, and instead are more alike. This study centres on a sample more focused and clinical in nature; demonstrates congruency with previous studies; more thoroughly examines unique variables; and examines paraphilic and other psychiatric

disorders, providing more psychological perspective on a mostly criminological topic.

**Recommendations:** This study may provide more comprehensive understanding for assessment and treatment of this unique population; help identify other high-risk offenders; and provide information about factors influencing judicial decisions concerning DOs and LTOs. Future studies should consider increasing sample size by broadening inclusion criteria and identifying differences between determinate and indeterminate DOs.

**Keywords:** dangerous offender, long-term offender, Static-2002R

**Conflict of Interest and Disclosure Statement:** None

## Gender Dysphoria: Lifetime Prejudice without Inflammatory Impact. A Case-Control Study

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**Introduction:** Transsexual individuals present a higher prevalence of psychiatric disorders when compared to non-transsexual populations, and it has been proposed that *Minority Stress* has a relevant impact on these outcomes. Transsexuals also have increased chances of having experienced maltreatment during childhood. IL-1 $\beta$ , IL-6, IL-10 and TNF- $\alpha$  are examples of inflammatory cytokines which act as messengers regulating our immune system. Imbalanced levels in such cytokines are associated with psychiatric disorders.

**Objectives:** To evaluate differences in IL-1 $\beta$ , IL-6, IL-10 and TNF- $\alpha$  levels and exposure to traumatic events in childhood and adulthood, we compared a group of transsexual women (DSM-5) to a group of non-transsexual men (respectively,  $n = 31$  and  $n = 34$ ).

**Methods:** Both groups underwent a structured interview protocol, where sociodemographic information, mood and anxiety symptoms (DASS-21 scale), childhood maltreatment (28-item Childhood Trauma Questionnaire), explicit discrimination (Brazilian

Explicit Discrimination Scale) and suicidal ideation (Columbia Suicide Severity Rating Scale) were evaluated. After the interview, participants were invited to have blood samples drawn for IL-1 $\beta$ , IL-6, IL-10 and TNF- $\alpha$  levels analysis.

**Results:** Transsexual women were more exposed to prejudice and discrimination (mean= 6.81 S.D.= 3.57) than were non-transsexual men (mean= 4.00 S.D.= 3.23) ( $p = .002$ ). Likewise, people diagnosed with GD (mean= 43.03, S.D.= 14.04) experienced significantly more childhood maltreatment ( $p = .046$ ) than did non-transsexual men (mean= 36.61, S.D.= 11.13), especially emotional and sexual abuse (respectively,  $p = .001$  and  $p = .040$ ). However, no differences in any cytokine levels were observed.

**Conclusion:** Gender Dysphoria alone does not seem to play a role in inflammatory markers. However, the impact of hormone therapy in inflammatory cytokines in transsexual women is not clear. Our results suggest that transsexuals are more exposed to stressful events

from childhood to adulthood than are non-transsexual men, indicating that gender-variant behavior in childhood could lead to maltreatment experiences.

**Keywords:** Gender Dysphoria, traumatic events, inflammatory cytokines

## Putting Instrumental Sex on the Couch

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**Introduction & objectives:** Presented results are the part of a broader study on the mainstream and marginalized sexological approaches in the Polish practice of diagnosing and treating sexual problems. In the presentation we will focus on the therapists' attitudes towards the instrumental use of the body.

**Method(s) & Sample:** 46 in-depth interviews with Polish sex therapists representing various therapeutic approaches were carried out to elucidate the influence of diverse concepts of healthy sexuality on the sexological practice.

**Findings & discussion:** We have observed a great variety of norms regarding sexual health. The topic of instrumental use of one's own or partner's body emerged as one of the most controversial and important for defining a sexual norm. Within this topic we identified three threads: body use for mercantile purposes (sexual surrogates and workers), for purposes resulting from internalized social expectations as to the role of the spouse, and for satisfying the needs of one partner only (e.g. instrumental use of other's body for one's own pleasure).

Limits in the acceptance of these various forms of body use were strongly conditioned by therapist's

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**Conflict of Interest and Disclosure Statement:** None

leading moral values, adopted psychological theories or medical norms, and personal attachment to cultural precepts regarding sexual activity in marriage.

**Recommendations:** The goal of sexological treatment is regarded by various therapists as unambiguous: the client's well-being. Despite this ostensible consensus, our research shows that the client's well-being may be interpreted in very different ways. The phenomena perceived by some sexologists as pathological and requiring treatments, by the others are treated as normative and even worthy of affirmation. The chosen topic of instrumental body use spotlights these essential differences and reveals that there is no common set of sexual norms on which all sex therapists would agree.

**Keywords:** sex therapy, instrumental sex, sexual norm

**Source of Funding:** The work is a part of the project "The concept of norm in sexology – analysis of origins of diagnostic criteria and their social and ethical consequences", financially supported by National Science Centre, Poland 2016/21/D/HS1/03401

**Conflict of Interest and Disclosure Statement:** None

## Violencia Sexual, Tabaco y Alcohol: Encuesta Nacional de Adicciones, México

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**Introducción & objetivos:** La violencia de pareja tiene consecuencias negativas para la salud física, sexual, reproductiva, mental y social de las personas. Existe evidencia que relaciona la violencia de pareja con algunos comportamientos de riesgo como el consumo de tabaco y alcohol. El objetivo de nuestro estudio fue

evaluar la asociación entre la violencia de pareja de tipo sexual y el consumo de tabaco y alcohol en población adulta de México.

**Método(s) & muestra:** Se realizó el análisis transversal de 2,315 hombres y mujeres mexicanos de 18 a 65 años de edad, de la *Encuesta Nacional de Adicciones*

2011. La violencia de pareja de tipo sexual experimentada en los últimos 12 meses fue la variable de exposición principal, el consumo de tabaco y alcohol fueron los eventos. La asociación entre el consumo de tabaco y alcohol en relación a la violencia de tipo sexual se estimó con razones de momios en modelos de regresión logística multinomial.

**Resultados:** El 4.3% de las mujeres y el 1.0% de los hombres experimentaron violencia de pareja de tipo sexual en los últimos 12 meses. La prevalencia de consumo de tabaco fue de 5.2% en mujeres y 9.2% en hombres. La prevalencia de consumo de alcohol fue de 18.9% en mujeres y 34.6% en hombres. En hombres y mujeres quienes experimentaron violencia de pareja de

tipo sexual el riesgo ajustado de consumo de tabaco fue 2.9 mayor (IC 95%: 1.2, 7.0), el de consumo de alcohol fue 2.2 veces mayor (IC 95%: 1.2, 3.9) y el de consumo conjunto de tabaco y alcohol fue 2.7 mayor (IC 95%: 1.2, 6.5) en comparación con personas que no reportaron violencia de pareja.

**Conclusión & recomendaciones:** En hombres y mujeres mexicanos adultos, la violencia de pareja de tipo sexual se asocia con el consumo de tabaco y alcohol.

**Palabras clave:** Violencia de pareja, Tabaquismo, Alcoholismo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Development of a Causally Valid Measure to Assess Sexual Motivation

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**Introduction & objectives:** Sexual motivation is commonly assessed with self-reports, despite well-documented shortcomings of this measurement approach in general and sex research specifically. We therefore aimed at developing a valid measure of sexual motivation that does not depend on introspection. Specifically, we used a causal validation approach, identifying mental-content attributes that differ between individuals exposed to motivational arousal and a neutral condition. In order to be interpreted as valid indicators of a motivational state, such attributes should further be associated with changes in affective states.

**Method(s) & sample:** Two experiments with heterosexual men and women were conducted ( $N=86$ ;  $N=113$ ), using a 2(Prime: sexual versus neutral; between-subjects)  $\times$  2(Time: baseline versus priming; within-subjects) design. To measure changes in sexual motivation, participants performed a picture-story-exercise (PSE; Study 1&2), writing imaginative stories to pictures of ambiguous social interactions. Two independent coders content-coded stories for sexual imagery. Affective reactivity was measured via self-report (Study 1), facial electromyography and pupillometry (Study 2).

**Results:** RM-ANOVA of Study 1 showed a significant Prime $\times$ Time effect on sexual imagery in the PSE

( $F(1,84) = 6.74, p=.01, n2=.07$ ). Prime conditions did not differ at baseline ( $p=.86$ ), however, the sexual condition showed a greater score increase than the control at priming ( $t(84) = 2.66, p=.01, d=.57$ ). Thus, exposure to erotic pictures made participants' stories about ambiguous pictures rife with sexual imagery. Results of Study 2 are currently being processed and will be presented at the conference.

**Conclusion & recommendation:** This is the first study to demonstrate that exposure to erotic pictures increases sexual story content. If this effect is associated with affective reactivity in Study 2, the PSE appears to provide a causally valid measure of sexual motivation. More research using varying experimental manipulations (movies, audio-stories) is needed to provide further evidence to validate this tool. Once established, it can be applied in various domains including fundamental research and diagnosis/assessment in clinical settings.

**Keywords:** Sexual motivation, Implicit motive measure, Causal validation approach

**Source of Funding:** Deutsche Forschungsgemeinschaft (DFG)

**Conflict of Interest and Disclosure Statement:** None



## Exploring the Background of the Refusal of Sexual Experience by Japanese Youth

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The Japanese Association for Sex Education (JASE) survey has been conducted at six-year intervals since 1974. In 2017, the 8<sup>th</sup> survey collected a total of 12,925 samples from junior high, high school, and university students. According to the survey, the rate of experiences such as kissing or intercourse had been increasing until 2005. However, the 2011 survey reported a turnaround, revealing that this rate is now decreasing. The media has referred to this as the “youth herbivore” phenomenon. This report aims to analyze two reasons for the decline in the rate of sexual experience for Japanese youth.

First is the emphasis placed by youth on their economic independence. The most common reason for lack of experience of intercourse is “the absence of a suitable partner,” whilst the second most common reason is “it is too early.” Survey participants emphasized “responsibility for my action” and “economic independence” as characteristics of adulthood. A recent study by Masayuki Yamada revealed that in Japan, people with low income are unable to get married. Thus, youth are conscious of the effect of economics on their life plans.

The second point is the accepted norm that romantic love is an essential prerequisite of sexual experience. A high proportion of reasons for why participants chose their first intercourse partner were “I liked” or “I loved”. This suggests that sexual inexperience reinforces the expectation of romantic love. Thus, Japanese youth are not showing interest in love, whilst strongly supporting expectation of romantic love, which results in moving away from sexual behavior.

Furthermore, youth who select not to engage in sexual experience place emphasis on both economic independence and the expectation of romantic love. This suggests that being caught in the modern family philosophy results in the suppression of sexual experience in Japanese youth.

**Keywords:** sexual experience, sexual norm, economic independence

**Source of Funding:** The Japanese Association for Sex Education

**Conflict of Interest and Disclosure Statement:** None

## A Framework for Measuring Healthy Sexuality Development in Adolescence

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**Introduction & Objectives:** Positive aspects of sexuality remain understudied among adolescents globally, especially in low- and middle-income countries. In particular, consensus is lacking on how to assess different aspects of sexual wellbeing among young people. This study introduces a new conceptual framework for measuring healthy sexuality development in adolescence, moving beyond sexual behaviors.

**Methods & Sample:** We reviewed internationally recognized formulations related to sexuality (e.g. WHO) as well as existing theoretical models for “healthy” or “positive” adolescent sexuality, and coded these to identify key themes and sub-themes. We synthesized these themes to create a draft framework, with

examples of quantitative outcome measures, and solicited feedback from experts in the field of adolescent sexuality and health during several working-group meetings and conferences.

**Results:** We identified five key domains of healthy adolescent sexuality development: 1) *Sexual literacy* (e.g. basic knowledge of body, pregnancy, HIV); 2) *Positive sense of self and body* (e.g., body image and comfort, self-efficacy in relationships); 3) *Gender equitable attitudes* (supporting gender equality); 4) *Respect for human rights, understanding of consent* (e.g. empathy for others, understanding of privacy and consent); and 5) *Decision-making and negotiation skills* (e.g. perceived voice and ability to assert preferences,



make decisions). Over time, adolescents may use these competencies as they interact and form romantic and sexual relationships with others, expanding healthy sexuality to include outcomes such as mutually consensual interactions, empowerment in relationships, and safe and pleasurable sexual experiences.

**Conclusions and Recommendations:** Healthy sexuality development in adolescence encompasses multiple and interconnected domains. Drawing on our proposed framework, we discuss the implications for quantitative evaluations and research on adolescent sexual and

reproductive health, and illustrate how the framework is being used to measure the results of a large-scale comprehensive sexuality education program for 12-15-year-olds in Indonesia.

**Keywords:** Sexuality development, Measurement, Adolescents

**Source of Funding:** Bill and Melinda Gates Foundation

**Conflict of Interest and Disclosure Statement:** None

## Experiencias Sexuales Desde la Convivencia con Endocrinopatías Crónicas: Reconstruyendo Identidades

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**Introducción & objetivos:** El bienestar sexual favorece los procesos de salud en personas con endocrinopatías. Son escasas las investigaciones sobre sexualidad en estas poblaciones, especialmente desde aproximaciones narrativas e interpretativas. El estudio tuvo como objetivo estructurar una propuesta teórico-metodológica para la comprensión y acompañamiento psicosocial a mujeres y varones con endocrinopatías que provocan cambios en la apariencia física, teniendo como centro la atención a sus sexualidades como parte de sus procesos de vida con la enfermedad.

**Métodos & muestra:** Se utilizó un diseño analítico-interpretativo. Participaron 68 sujetos (mujeres-varones) entre 20-45 años atendidos en el Instituto Nacional de Endocrinología, La Habana, Cuba. Los instrumentos utilizados fueron: observación participante, planilla de datos generales, entrevista en profundidad, y dos pruebas psicológicas proyectivas. El procesamiento cualitativo permitió crear e integrar categorías en esquema interpretativo, a partir de la triangulación de la información. Los aspectos éticos fueron considerados.

**Hallazgos & discusión:** Desde las narrativas de los sujetos, aparecieron 3 temas interconectados con sus experiencias sexuales: 1) impacto psicosocial y de salud de

la enfermedad, 2) ejercicio de sus sexualidades en este contexto, y 3) afrontamiento a los desafíos generados. La enfermedad provocó impactos en múltiples áreas de la salud (física, psicoafectiva, salud sexual y reproductiva) y de vida (relaciones sociales, desempeños, familia, pareja), con fundamento en la representación estigmatizante de los cambios estéticos, funcionales y sexuales experimentados. La sexualidad se construyó como marcada por representaciones normativas, lo que favoreció la vivencia de malestares sexuales. Los sujetos se auto-construyeron como devaluados sexual y socialmente. El proceso de afrontamiento se dirigió a paliar estas vivencias, favorecer la adaptación, y re-estructurar los procesos de identidad.

**Recomendaciones:** Incluir la atención sistemática a la sexualidad de estas poblaciones, en el marco de la atención integral a su salud, el enfoque multidisciplinario, y la optimización de su calidad de vida.

**Palabras clave:** sexualidades, cuerpo, identidad

**Fuente de financiamiento:** El presente estudio se realizó gracias al apoyo del Instituto Nacional de Endocrinología, La Habana, Cuba

**Conflicto de interés y declaración de divulgación:** Ninguno

## Awareness of STI Services, Lifetime STI Testing and STI Diagnosis Among Urban Refugee and Displaced Youth in Kampala, Uganda

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**Introduction and Objectives:** Sexually transmitted infections (STI) testing and prevalence is understudied among refugee youth in Uganda—a country that hosts 1.3 million refugees and displaced persons. We examined social-ecological factors associated with awareness of STI services, lifetime STI testing, and STI diagnosis among refugee and displaced youth in Kampala, Uganda.

**Methods and Sample:** Data were collected using a cross-sectional tablet-based survey with a respondent-driven sample of refugee and displaced youth aged 16–24 living in Kampala. We examined STI cascade engagement and associations with socio-demographic (age, employment, time in Uganda), interpersonal (condom self-efficacy, lifetime sex partners) and social (HIV-related stigma, adolescent sexual and reproductive health [SRH] stigma) factors. Multivariable logistic regression analyses, stratified by gender, were conducted to determine the adjusted risk ratio (ARR) for STI services awareness, lifetime STI testing, and STI diagnoses among young women and young men.

**Results:** Among participants ( $n = 445$ ; mean age = 19.59,  $SD = 2.60$ ; young women:  $n = 333$ ; 74.8%), 43.8% ( $n = 195$ ) were aware of STI services in their community. One-quarter (26.1%;  $n = 116$ ) ever received an STI test; of these, 30.2% ( $n = 35$ ) reported ever

receiving an STI diagnosis. In adjusted multivariable analyses, increased odds of STI services awareness were associated with older age, employment, and lower SRH enacted stigma among young women, and with lower perceived HIV-related stigma among young men. In adjusted multivariable analysis, lifetime STI testing odds were associated with older age, longer stay in Uganda, employment, and lower SRH enacted stigma among young women, and older age, higher condom self-efficacy, and higher SRH enacted stigma among young men. Among those who tested for STIs, an STI diagnosis was associated with unemployment, lifetime sex partners, and lower condom self-efficacy.

**Conclusions and Recommendations:** Among urban refugee and displaced youth in Uganda, STI testing is suboptimal and associated with social-ecological factors. The high STI prevalence among those tested calls for tailored interventions.

**Keywords:** sexually transmitted infections, refugee and displaced, youth

**Source of Funding:** Canadian Institutes of Health Research (CIHR)

**Conflict of Interest and Disclosure Statement:** None

## Hurricane Impact and Transactional Sex in Okay, Haiti: A Structural Equation Model Analysis

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**Introduction & objectives:** Natural disasters, such as hurricanes, often have deleterious impacts on the economic wellbeing of residents. Under such conditions, women may engage in transactional sexual behaviors to feed their families and make ends meet. In this study, we assessed whether more severe hurricane impact was

associated with transactional sex and if this relationship was mediated through economic factors.

**Methods & sample:** Between December 2017 and February 2018, we interviewed a random sample of female microfinance members ( $n = 302$ ) in Okay, Haiti. Interviews were conducted approximately a year after

the area was hit by a category 4 hurricane, Matthew. We estimated the association between hurricane impact (an injury or death in the family objectively validated with distance from the hurricane path in miles) and transactional sex using log-binomial models. We used structural equation modeling to assess the relationship between hurricane impact, transactional sex, and mediation of this relationship by economic factors such as economic stress and loss of income generating resources.

**Results:** Participants who had great hurricane impact (family death or injury) were 58% more likely to have engaged in transactional sex (prevalence ratio: 1.58, 95% confidence interval: 1.19-2.09). The final structural model (with fit:  $\chi^2 = 153.292$ , degrees of freedom = 21; CFI = .972; TLI = .961; RMSEA = .031) revealed that this association was not mediated through economic factors—such as loss of income generating resources and the latent variable, economic stress, which included food insecurity, no meat in diet, lower household assets, and larger household size. Further, the association between hurricane impact and transactional

sex remained significant while controlling for these economic factors.

**Conclusion:** Our findings indicate that transactional sex is associated with greater hurricane impact but that economic factors (as measured in this study) may not mediate this relationship. Future studies should investigate other potential pathways that could mediate this relationship, including other economic factors.

**Keywords:** sexual health, transactional sex, disasters

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**Conflict of Interest and Disclosure Statement:** None

## Gendered Beliefs and Sexual Behaviors of Young Male Adolescents in Urban Informal Settlements, Kenya

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**Introduction:** Adolescent male sexual and reproductive health (SRH) is often overlooked in research resulting to non-inclusion on health care practice, health promotion and sexual health policies and programs. However, males' sexual health cannot be explored sufficiently without looking at the concepts of maleness, attitudes and behavior that societies define as being male. While the gender socialization process is intensified in early adolescence—10 – 14 years—there is scarce literature on how gendered beliefs among very young male adolescents (VYMA) influence their sexual behaviors in this early age. The main focus of this paper is to examine the association between gender beliefs about romantic relationships and sexual behaviors among VYMA living in resource-poor urban setting in Nairobi, Kenya.

**Methods:** Data were collected in December 2018 from a random sample of 426 VYMA aged 10 – 14

years living in an urban informal settlements. We described the characteristics of the VYMA by their sexual behavior that is, ever engaged in penetrative or non-penetrative sexual activities or neither engaged in any sexual behavior. Multiple regression models were fitted to examine the association between the gender belief scale's score and sexual experiences.

**Results:** Results revealed that about 22% of VYMA had had some form of sexual experiences with 9% having engaged in either fondling, vaginal, oral or anal sex while 13% had engaged in less intimate romantic activities such as spending time alone, holding hands, hugging, kissing and cuddling. There was high endorsement traditional gendered norms in romantic relations. High endorsement of traditional gendered norms was strongly associated with sexual experiences among VYMA.

**Conclusion:** Our results suggest boys who endorse and adhere to inequitable gender norms face a greater risk of engaging in risky sexual behavior impacting on their SRH and wellbeing.

**Keywords:** very young adolescents, gendered beliefs, sexual behaviors

**Source of Funding:** Consortium for Advanced Research Training in Africa (CARTA)

**Conflict of Interest and Disclosure Statement:** None

## Una Comparación Entre las Respuestas de Participantes a Preguntas Sobre Sexualidad y Violencia Usando Métodos Cuantitativos y Cualitativos

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**Introduction & Objectives:** Evaluation methods should be matched to the particular questions being asked. Data collection addressing potentially sensitive topics such as sexuality and violence may be particularly challenging with respect to ethics, confidentiality and disclosure, especially when working with young people.

The objectives of this presentation are to:

- (1) compare responses to different data collection methods addressing sexuality and violence among adolescent study participants, and
- (2) reflect on the strengths and weaknesses of different methods for gathering information about sensitive topics with this population.

**Methods & Sample:** Three organizations collaborated to evaluate a comprehensive sexuality education intervention in Mexico City. Data collection methods included a pre-post questionnaire, in-depth interviews and focus groups with intervention participants aged 14 to 17.

For each of 30 participants who participated in written self-administered questionnaires at baseline and endline as well as at least one semi-structured interview, we created a matrix to compile responses, by theme, to questions asked through each method. The matrix was analyzed for divergence and alignment of

individual responses to questionnaire and interview items, by theme. During semi-structured interviews, we also asked about participant experiences with each data collection method.

**Findings & discussion:** Preliminary analysis suggests that many participants were willing to answer direct questions about relationships, sexuality and personal history of violence, both in the questionnaire and in-depth interviews. A minority of respondents answered ‘prefer not to say’ for questions about personal topics in the questionnaire but answered similar questions in detail during semi-structured interviews. Participants reported that some classmates took the questionnaire seriously while others filled it out randomly.

**Recommendations:** Different methods can get a different “truths” related to the same topic. A comparison of quantitative and qualitative data gathered from the same individual can assist in interpretation of responses, particularly with respect to sensitive or taboo topics.

**Keywords:** Mixed methods, Data collection, Sexual history

**Source of Funding:** Sexual Violence Research Initiative and World Bank Group.

**Conflict of Interest and Disclosure Statement:** None

## Pensar el Cuerpo ¿Una Cuestión de Género?

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La Rebelión del Cuerpo, Chile

**Introducción & objetivos:** “Mujer se hace, no se nace” Es la frase con que Simone de Beauvoir destaca el carácter de construcción sociocultural del género. Esta construcción trae consigo roles, expectativas, funciones, valores que se asignan a cada quien según el género con que se identifica y es identificado por los demás.

La identidad de género se constituye como un modelo desde el cual se da significado al mundo social y emocional propio y ajeno, lo que llevará a incluirse o excluirse de actividades, cualidades o escenarios. A su vez, determinará la forma en que nos relacionamos con nuestro cuerpo y los ideales respecto a la apariencia de éste.

Las expectativas de cómo mujeres y hombres deben verse son diferentes, por lo que las exigencias asociadas también varían. Sin embargo, ¿es posible afirmar que hay diferencias en cómo mujeres y hombres piensan en su cuerpo?

**Método(s) & muestra:** Se realizó un estudio de carácter exploratorio a través de una encuesta en línea, con uso de un cuestionario estructurado en dos momentos: primero se consultó a hombres (N: 1892,

:25,6, min:14, max:72 DE:8) y luego se consultó a mujeres (N = 1310, edad =23,7, min:14, max:56, DE:6). Se utilizó el mismo instrumento en ambas ocasiones, conformado por preguntas de cuestionarios validados a nivel internacional: *el Body Shape Questionnaire* y el *Body Image Questionnaire*.

**Resultados:** Los resultados dan cuenta que las encuestadas pasan el doble de tiempo que los encuestados pensando en su cuerpo (3,6 horas del día y 1,8 horas del día, respectivamente). 86% de las mujeres encuestadas reportaron haber dejado de hacer algo durante su vida por cómo se sentían respecto a su cuerpo, mientras que 53% de los hombres reportaron lo mismo.

**Conclusión:** Se observaron diferencias por género en todos los aspectos evaluados: el sentimiento de vergüenza/vulnerabilidad/menosvalía es mayor en las mujeres.

**Palabras clave:** Cuerpo, Imagen corporal, Género

**Conflicto de interés y declaración de divulgación:** Ninguno

## Wired Sex: Service Provider Perspectives on Hookup Apps and Chemsex Among Canadian Men who Have Sex with Men

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**Background:** The Wired Sex project was spurred by frustrations experienced by outreach workers in the field of HIV prevention trying to access and implement health promotion principles in virtual space. Community partners have indicated that the new languages emerging from the “chemicals” are changing the approach to HIV prevention, treatment, and stigma reduction.

Our research objectives are to: to investigate what service providers are hearing from their clients in relation to hookup apps and chemicals; to garner the insights of service providers in relation to implications for addiction recovery and sexual health outreach; and to build understanding of the modern gay community and effective stigma reduction messages.

**Methods:** We interviewed 12 service providers in Canada working with GBMSM in addiction recovery and HIV prevention outreach.

**Results:** The service providers provided insightful accounts of how sex in the technological age is impacting GBMSM in their communities. They acknowledge that some men integrate chemsex in ways that enhance their sexual encounters, making sex more pleasurable and less anxious. However, they note chemsex becomes problematic for other GBMSM who become dependent on substance use for sexual activity, when interpersonal relationships and connections become “inauthentic”, when STBBI risk reduction is forgotten, when consent and boundaries are obscured, and when mental health



is a driver. Informants discussed the way in which hookup apps connect GBMSM with similar chemsex preferences, and advised how service providers can provide meaningful support and information to GBMSM that intersects sexual health, mental health and addictions.

**Conclusion:** The landscape within which STBBI prevention and risk management must take place has never been so complex, and presents new challenges

for community-based HIV prevention efforts. Our study profiles how service providers are managing the interplay between chemsex and online venues for connecting GBMSM.

**Keywords:** chemsex, men who have sex with men, service providers

**Source of Funding:** CIHR

**Conflict of Interest and Disclosure Statement:** None

## Derechos Sexuales y Derechos Reproductivos: Perspectivas de Adolescentes y Jóvenes Vinculados a los Servicios de Salud Amigables

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El objetivo principal fue analizar las representaciones sociales sobre Derechos Sexuales y Derechos Reproductivos (DSDR) que poseen adolescentes y jóvenes, con experiencia en los Servicios de Salud Amigables para Adolescentes y Jóvenes (SSAAJ). Se realizó un estudio cualitativo con diseño fenomenológico utilizando entrevistas semiestructuradas, el análisis fue de tipo temático, participaron 20 adolescentes y jóvenes. Los principales resultados permiten identificar cuáles son las representaciones sociales sobre DSDR de los participantes, encontrando que los imaginarios inicialmente están influenciados por las creencias familiares, sociales y religiosas, las experiencias de los servicios de salud sexual y reproductiva (SSR), están centrados en el difícil acceso, alto costo y demoras, sin embargo, a través de los procesos de formación, el concepto de sexualidad de los participantes genera un proceso de transformación que permite mayor reconocimiento de las dimensiones reproductivas, comunicativas y del erotismo. En el marco de la atención en salud, las actividades interactivas son

consideradas de mayor efectividad, no obstante, se destaca la importancia de contar con la vinculación de la población, teniendo en cuenta que se identifican en los adolescentes y jóvenes prácticas de riesgo persistentes, alta rotación de pareja (poco uso de preservativo) y uso de sustancias psicoactivas, dichas prácticas se soportan en pensamientos asociados a la presión de grupo, no necesariamente son causa de desconocimiento. Por último, respecto a las barreras se identificaron con mayor fuerza las correspondientes al sistema de salud. Se recomienda que los servicios de salud incluyan perspectivas de acompañamiento participativas, con enfoque diferencial y abordaje de la diversidad sexual y de género.

**Palabras clave:** Derechos Sexuales, Derechos Reproductivos, Adolescencia

**Fuente de financiamiento:** Pontificia Universidad Javeriana Cali

**Conflicto de interés y declaración de divulgación:** Ninguno

## Efforts to Maintain Monogamy When Faced with an Attractive Alternative Partner

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**Introduction & objectives:** Monogamy (sexual and emotional exclusivity) is a near-universal expectation in committed romantic relationships (Treas & Giesen,

2000). Yet infidelity is common despite the relationship damage it causes. Our objective was to assess efforts to avoid infidelity and protect relationship monogamy



when faced with an attractive alternative partner using the Investment Model as a framework. We also identified demographic, individual, relationship, and attitudinal variables to predict use of monogamy strategies and assessed whether these protective strategies predicted infidelity.

**Method:** U.S. and Canadian adults ( $N = 988$ ) completed anonymous online surveys assessing monogamy expectations, well-standardized relationship quality measures, the Monogamy Maintenance Inventory (MMI) with regard to episodes of extradyadic attraction, and the Experiences with Infidelity Questionnaire (Thompson & O'Sullivan, 2017). Data from the first two studies developed and confirmed the measure of monogamy maintenance ( $M$  age = 33.0, 49.1% male, 77.6% Caucasian).

**Results:** The majority (>87%) used at least one monogamy maintenance strategy when faced with an attractive potential partner. Three distinct factors emerged: Proactive Avoidance (maintaining physical and emotional distance), Relationship Enhancement (strengthening sexual and material bonds to primary relationship), and Threat Management (cognitive strategies to minimize attention to attractive other).

Relationship commitment from the Investment Model and reciprocation of extradyadic attraction were predictive of MM use, whereas many robust predictors of infidelity were not. Participants used more Threat Management strategies when experiencing reciprocated attraction. MM use did not predict infidelity outcomes at two months; longer follow-up is underway.

**Conclusions & recommendations:** This research explores the agentic role of a 'tempted' partner in protecting their primary relationships. However, some strategies may be a "last-ditch" effort when one is attempting to avoid engaging in infidelity. The findings reinforce conceptualizing monogamy maintenance as part of a constellation of behaviours in relationship maintenance, and serve as an important step toward personal, counselling, educational, and research applications.

**Keywords:** monogamy, infidelity, attraction

**Source of Funding:** SSHRC 435-2017-1166 (O'Sullivan, PI)

**Conflict of Interest and Disclosure Statement:** None

## De la Vulnerabilidad al Empoderamiento: Las Prácticas Sexo-Afectivas en Estudiantes Universitarios de Carreras Médico Biológicas

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**Introducción:** Hoy en día son muy pocos los jóvenes que tienen acceso a una adecuada preparación para la vida sexual, a pesar de los avances científicos, tecnológicos y el acceso libre a la información a través de la internet, aún se observan en México altos índices de disfunciones en la vida adulta, una nula o vergonzosa sexualidad en la vejez y desafortunadamente una serie de infecciones de transmisión sexual, embarazos no planificados, así como VIH/SIDA en la población joven de entre 15 y 24 años (Prevenir con Educación, 2015). Este hecho coloca a esta población en condiciones de mayor vulnerabilidad, frente a la coerción, el abuso y la explotación, entre otros. Según el informe mundial sobre la epidemia del SIDA, sólo el 40% de las personas jóvenes entre las edades de 15 y 24 años reciben conocimientos actualizados sobre las distintas formas de transmisión del VIH (ONUSIDA, 2008),

números por demás preocupantes si consideramos que será la población más vulnerable de contagio.

En tal sentido, el presente proyecto surgió de la premisa de generar un diagnóstico con estudiantes universitarios de primer ingreso a las carreras médico biológicas que evaluara si se perciben vulnerables ante diversas realidades o si por el contrario se perciben en condiciones de poder hacer algo ante situaciones adversas en relación con sus prácticas sexo-afectivas. Este estudio permitió identificar áreas de mayor vulnerabilidad vs. empoderamiento en el contexto de sus prácticas sexo-afectivas. El muestreo fue aleatorio por conglomerados del cual surgieron los grupos de alumnos a evaluar.

Los instrumentos utilizados para dicho estudio se diseñaron y validaron en población mexicana. Los resultados obtenidos mostraron diferencias por sexo y

por carrera y se discuten a la luz de las teorías preexistentes. De dicho estudio se derivó una propuesta de intervención en empoderamiento sexual para su vida personal y profesional.

**Palabras clave:** Empoderamiento, Prácticas sexuales, Vulnerabilidad

**Fuente de financiamiento:** Proyecto de Investigación financiado por el Programa de Apoyo a Proyectos de Investigación e Innovación Tecnológica (PAPIIT) de la UNAM Clave IA303218

**Conflicto de interés y declaración de divulgación:** Ninguno

## Efectos de un Programa de Intervención En Empoderamiento Sexual y Emparejamiento

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**Introducción:** En nuestra sociedad ciertas actitudes y creencias obstaculizan la discusión y el trabajo en sexualidad, educación y el empoderamiento en la salud sexual. Es interesante resaltar que incluso en los planes de estudios de licenciatura orientadas

a la promoción de la salud como lo son: medicina, odontología, enfermería, psicología, etc., no se imparten materias o cursos en el currículo que sensibilice a los estudiantes sobre el tema para su vida personal y menos para la vida profesional.

**Objetivo:** Lo anterior plantea la reflexión acerca del papel que tenemos desde la academia y la investigación sobre las acciones que se deben implementar para educar a las nuevas generaciones, en un tema urgente de abordar, pero que al parecer es anulado, salvo cuando emergen los problemas en salud pública y en la demografía del país (ENAPEA, 2016).

**Método y Muestra:** Por tanto, el objetivo de la presente investigación fue diseñar, aplicar y evaluar una intervención en empoderamiento sexual para estudiantes universitarios que contempla los temas de autoconocimiento sexual, conocimientos sobre sexualidad,

salud sexual y reproductiva, prácticas sexuales protegidas, asertividad sexual, toma de decisiones, proyecto de vida y emparejamiento. La investigación se realizó mediante un diseño experimental pre-test post-test con grupo control y grupo experimental, al cual se le aplicó la intervención.

**Resultados y Recomendaciones:** Los resultados obtenidos mostraron diferencias por grupo y por sexo. Dicha intervención fortalece la necesidad de generar y evaluar espacios para la promoción de habilidades de empoderamiento sexual en los jóvenes que puedan coadyuvar en su proyecto de vida personal y profesional.

**Palabras clave:** Empoderamiento sexual, Intervención, Proyecto de vida

**Fuente de financiamiento:** Proyecto de Investigación financiado por el Programa de Apoyo a Proyectos de Investigación e Innovación Tecnológica (PAPIIT) de la UNAM Clave IA303218

**Conflicto de interés y declaración de divulgación:** Ninguno

## Youth Voices: Navigating Conflicting Norms and Expectations About Sexuality in Indonesia

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**Introduction and objectives:** Young people navigate diverse conflicting norms and expectations regarding gender and sexuality which influence their behaviour and sexual and reproductive (SRH) health needs. To design SRH

interventions that effectively support safe, healthy transitions to adulthood we need to understand the challenges young people face during sexual development and the coping mechanisms they develop in response.

**Method and sample:** Seeking an authentic emic perspective on young people's experiences, Youth Voices is a qualitative participatory research engaging young Indonesians as co-researchers to explore how messages and expectations around gender and sexuality influence the behaviour and SRH needs of their peers. Data was collected through 86 interviews and 24 focus group discussions with 18–24-year-olds across three urban sites in Indonesia: Bandar Lampung, Denpasar and Semarang.

**Findings and discussion:** Findings reveal often unconscious internalised conflicts between competing norms and expectations. Young people actively promote gender equality yet simultaneously reveal deeply rooted patriarchal gender norms for example young men expecting their girlfriends to stay at home. Sexuality is suppressed by religion and increasingly the state, for example through prohibition of premarital sex and blocking pornographic websites. Concurrently young people are bombarded with sexualised images through global media and pressured to

have a boy/girlfriend. In response, some actively seek religious arranged marriages or choose to remain single, prioritising education and parental expectations. Others find ways to 'subvert' limiting norms, finding spaces to express their sexuality through secret dating, finding clandestine locations to have sex or creating fake online profiles allowing them to flirt and freely express themselves, creating a second virtual identity.

**Recommendations:** We call for sexuality education which moves beyond current restrictive paradigms to acknowledge the complex and conflicting norms and expectations young people navigate, equipping them with critical reflection skills and awareness, and enabling safe, healthy transitions to adulthood.

**Keywords:** transition to adulthood, social norms, young people

**Source of Funding:** Bill & Melinda Gates Foundation

**Conflict of Interest and Disclosure Statement:** None

## Sexual Behaviour Among Japanese Young Adults – From a Cross-Cultural Studies

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A lack of sexual interest and not having sexual intercourse are the defining characteristics of men and women in contemporary Japan. Academic research about sexuality which would focus on the root causes of this passivity with regards to intimate sexual relationships is still lacking. This presentation shows an overview of the first finding of the cross-cultural study "The Multinational Comparative Analysis in Sexuality of Young Adults including Japan, Austria, Germany, Poland and the U.S.A." A survey was conducted from March 2019 until present among university students from several countries to investigate sexual lifestyles, including sexual norms, behaviour, values, body functions and gender role. After an overview, this presentation delves deeper into the aspects of sexual behaviour, with a particular interest in Japanese university students. The results indicate that Japanese female students often have their first sexual intercourse not for pleasure but rather out of curiosity, compared to American students who have their first sex to be intimate with their partner and because their partner also wants it. Even

though Japanese students have a high rate of masturbation, we also investigate men and women who feel negative about self-pleasure (due to health reasons related to frequency, social acceptance, and dangers). One can also observe Japanese female students who has never experienced masturbation because they do not feel any sexual desire, do not have privacy, or do not have enough time. On the other hand, students who exhibit a high frequency of masturbation relate it to the value of pornography and to the frequency of watching it. An aim of this cross-cultural survey would therefore be helpful not only to analyze Japanese sexual issues, but also to attempt at solving the puzzle of how Japanese men and women in contemporary Japan can maintain a joint satisfying sex life that would raise their well-being.

**Keywords:** sexual behaviour, cross-cultural sexuality, Japanese sexuality

**Conflict of Interest and Disclosure Statement:** None

## La Producción Latinoamericana de la Ideología de Género

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**Introducción/objetivos:** El discurso “ideología de género” viene siendo articulado globalmente como enmarque para obstruir políticas sexuales pluralistas. La academia ha destacado que la génesis de este discurso fue una producción intelectual de mediados de los 90, en una colaboración entre intelectuales laicas conservadoras de EEUU y la jerarquía católica. Sin embargo, se ha prestado poca atención al rol de activistas religiosos conservadores latinoamericanos en la construcción de este discurso. Además, en la actualidad su uso excede las fronteras del catolicismo. Este trabajo tiene un doble objetivo. Por un lado, indagar el rol clave del conservadurismo religioso argentino en los 90’ en la configuración del discurso de la ideología de género y por el otro, visibilizar los diversos usos que este discurso viene teniendo en Latinoamérica.

**Enfoque:** Este trabajo se llevará a cabo desde un enfoque diacrónico y genealógico desde donde se indagarán los orígenes y la evolución de las principales estructuras discursivas que en la actualidad se articulan entorno al discurso de la ideología de género en Latinoamérica.

**Fuentes:** Se analizan una serie de fuentes primarias como secundarias: textos producidos por el neoconservadurismo argentino en los 90, prensa escrita e informes temáticos que den cuenta en los últimos cuatro años de las principales acciones en clave de ideología de género articulada en oposición a políticas sexuales pluralistas en América Latina.

**Hallazgos/discusiones:** Se mostrará cómo se gestó en 1995 desde Argentina una producción intelectual conservadora que entró en diálogo con la producción de EEUU y el Vaticano que dio origen al concepto “ideología de género”. Desde el análisis de sus usos actuales en la región se dará cuenta cómo los pilares discursivos en los que asienta este discurso fueron consolidados en las últimas dos décadas en base a una colaboración religioso conservadora entre el norte y el sur global.

**Palabras clave:** Ideología de Género, Conservadurismo, Latinoamérica

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexual Frequency and Relationship Outcomes in Young, Heterosexual Couples: The Role of Attachment Style and Sexual Similarity

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**Introduction & objectives:** Sexuality and sexual satisfaction are well-established contributors to relationship satisfaction. In addition, a positively evaluated sex life has been associated with increased well-being and life satisfaction in both partners (Schmiedeborg et al., 2017). Sexual frequency has been shown to contribute to sexual satisfaction, with higher levels of sexual satisfaction being associated with higher frequencies of sex, however, for relationship satisfaction, a satisfying sex life appears to matter more than the frequency of sexual intercourse (Schoenfeld et al., 2017). Individuals bring different propensities and personality

characteristics into their relationship, and research has shown the impact of attachment styles on the role of sex in romantic relationships (Birnbaum & Reis, 2018). Compared to nonsexual personality variables, researchers have as yet to examine the relevance of individual differences in sexuality-related domains (e.g., desire, responsiveness) to sexual aspects in romantic relationships. This poster aims to address this gap in the literature and will include both nonsexual (attachment style) and sexual (sexual similarity) personality traits in the study of the association between sexual frequency and

relationship outcomes, in a sample of young heterosexual couples.

**Method(s) & Sample:** The sample consisted of 126 heterosexual couples (Mean age= 23.3, SD= 2.4) who recently, for at most a year and for the first time, started cohabitating. The average length of cohabitation was less than 9 months and the average length of the relationship was 1.9 years (SD=.9). Demographics and sexual frequency were assessed using questionnaires. Participants also completed the Couple Satisfaction Index (CSI-32; Funk & Rogge, 2007), the Quality of Sex Index (QSI; Shaw & Rogge, 2015), the Experiences in Close Relationships Questionnaire-Revised (ECR-R;

Fraley, Waller, & Brennan, 2000), and the Sexual Inhibition (SIS) and Sexual Excitation (SES) scales (SIS/SES scales; Janssen, Vorst, Finn, & Bancroft, 2002).

**Results:** Findings will be presented.

**Keywords:** sexual frequency, attachment style, sexual similarity

**Source of Funding:** Research Council – Flanders (FWO) & KU Leuven/University of Leuven Internal Funds (C1).

**Conflict of Interest and Disclosure Statement:** None

## Percepción de Resiliencia Sexual en Hombres Con y Sin VIH

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**Introducción & objetivos:** La resiliencia sexual se define como la capacidad de las personas para responder de manera crítica y resolutiva a situaciones diversas de riesgo sexual, favoreciendo conductas seguras. De esta forma conocer lo que las personas hacen, piensan y sienten en torno a la prevención del VIH permitiría el diseño de intervenciones para reducir el riesgo de infección, y en las personas ya infectadas, evitar nuevos contagios. El objetivo de la presente investigación fue conocer lo que hombres con y sin diagnóstico de VIH piensan sobre diferentes aspectos relacionados con la salud sexual.

**Método(s) & muestra:** 200 hombres que acudieron a una clínica de atención de personas con VIH, la mitad de ellos en tratamiento y el resto acudía a solicitar una prueba de detección de VIH. Utilizando la estrategia de redes semánticas naturales modificadas, se presentaron estímulos asociados con la resiliencia sexual: salud sexual, prevención de VIH y lo que hago para protegerme sexualmente. Para cada uno de ellos, se les pidió que mencionaran al menos cinco palabras que ellos consideraban estaban asociadas a las frases, y que después las numeraran en orden de importancia.

Se realizó un análisis de frecuencias para obtener el peso semántico y la distancia semántica cuantitativa, obteniendo las principales definidoras que las personas le atribuían a cada estímulo.

**Resultados:** Las palabras definidoras de las personas que acuden a realizarse una prueba señalan uso de condón, hacerse pruebas de detección, monogamia e informarse; aquellos que tienen el VIH mencionan aspectos relacionados con su tratamiento (alimentación, medicamento y ejercicio), usar condón y hablar del diagnóstico con la pareja.

**Conclusión & recomendaciones:** Con base en los resultados obtenidos se discute en términos de la importancia de diseñar estrategias de intervención dirigidas a promover la resiliencia sexual en personas con y sin diagnóstico de VIH.

**Palabras clave:** VIH, resiliencia, condón

**Fuente de financiamiento:** Investigación realizada gracias al Programa UNAM-PAPIIT IN309719

**Conflicto de interés y declaración de divulgación:** Ninguno



## Percepción Sobre Apoyo Percibido en Hombres Con y Sin VIH

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**Introducción & objetivos:** Diversas investigaciones han documentado el beneficio del apoyo social en personas con VIH para la mejora de la calidad de vida y adherencia al tratamiento, por lo que es necesario identificar las redes de apoyo y cómo las perciben para ampliarlas. El objetivo de la investigación fue evaluar la percepción de apoyo en hombres que acuden a realizarse una prueba de VIH y personas ya diagnosticadas

**Método(s) & muestra:** 200 hombres con y sin diagnóstico de VIH respondieron un instrumento diseñado a partir de la estrategia de redes semánticas naturales modificadas, se presentaron los estímulos: me siento apoyado cuando, cuando necesito ayuda yo, apoyo de pareja, de familia, de amigos y de sociedad, para cada uno de ellos se les solicitó que mencionaran al menos cinco palabras que ellos considerarán se asociaran con los estímulos y que los numeraran en orden de importancia. Con base en ello, se realizó un análisis para obtener el peso semántico y la distancia semántica cuantitativa, identificando las palabras que consideraron las persona como más significativas.

**Resultados:** Las personas que acuden a realizarse la prueba consideran el apoyo como algo necesario e importante, teniendo una valoración más positiva de amigos, que de la sociedad y familia; en cambio en las personas con VIH existe una valoración más positiva en el apoyo familiar. La percepción del apoyo de la pareja en ambas muestras lo describen como esencial basada en el amor, honestidad y comprensión.

**Conclusión & recomendaciones:** El apoyo percibido es diferente entre los hombres que acuden a realizarse una prueba en comparación a los que ya tienen el VIH, es necesario generar estrategias que permitan el apoyo social en términos de lo que en cada fase requieren las personas para hacer frente al virus y a la enfermedad.

**Palabras clave:** VIH, hombres, apoyo

**Fuente de financiamiento:** Investigación realizada gracias al Programa UNAM-PAPIIT IN309719

**Conflicto de interés y declaración de divulgación:** Ninguno

## How the Dual Control Model Predicts Female Sexual Response to a Bogus Negative Feedback

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**Introduction & objective.** The Dual Control Model (DCM) of sexual response –a model positing that sexual arousal stems from the balance between excitatory and inhibitory neuropsychophysiological mechanisms– has been mostly tested with men. As such, there is a lack of evidence on how such model applies to women’s experience of sexual arousal, particularly when they face a threatening situation, such as the threat of sexual performance failure. The aim of the current study was to test whether the DCM dimensions predict

women’s sexual responses to a bogus negative feedback about their sexual performance.

**Method & sample.** Twenty-two women were exposed to a sexually explicit film clip while their genital arousal was being measured. During this presentation, a bogus negative feedback, aimed at increasing women’s anxiety about their sexual performance, was provided (i.e., women were provided with the information that their genital arousal was lower than other women’s genital arousal). Vaginal photoplethysmography and self-report questions were used as means to



evaluate women's genital and subjective sexual arousal, respectively. The Sexual Excitation/Sexual Inhibition Inventory for Women was further used; this instrument stems from the DCM and was specifically designed to capture women's sexual dynamics.

**Results.** Regression analysis on the high order factors revealed that sexual excitation proneness was the only predictor of the subjective sexual responses, while none of the factors has predicted genital arousal. Also, while the "Arousability" dimension predicted subjective sexual arousal, "Concerns about sexual function" predicted increased genital arousal.

**Conclusions & recommendations.** Sexual arousability may prevent women of lowering their subjective

sexual responses in a sexually demanding situation, while "Concerns about sexual function" may have the opposite role, thus being a target of clinical interest. The DCM dimensions may help to explain women's sexual responses to sexually threatening situations. Future research is expected to bring new findings.

**Keywords:** Dual Control Model, Genital response, False feedback

**Source of Funding:** Ministerio de Educación, Cultura y Deporte. Beca de Formación de Profesorado Universitario AP2010-4843.

**Conflict of Interest and Disclosure Statement:** None

## Relación Entre Doble Estándar Sexual y Excitación Sexual Subjetiva

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**Introducción & objetivo.** El doble estándar sexual (DES) supone la aceptación de distintos criterios para evaluar la misma conducta sexual en hombres y en mujeres, asumiendo mayor libertad sexual para los primeros. La importancia de su estudio radica en su asociación con la salud sexual. Pocos estudios han relacionado el DES con el funcionamiento sexual y ninguno ha examinado su vinculación con la excitación sexual. El objetivo es analizar la relación del DES con la excitación sexual subjetiva ante estímulos sexuales visuales.

**Método & muestra.** Participaron veinticuatro hombres y cincuenta y cuatro mujeres heterosexuales, de dieciocho a veintiséis años de edad, que contestaron a la versión española de la *Sexual Double Standard Scale*, y a las escalas de Valoración de Excitación Sexual y Valoración de Sensaciones Genitales después del visionado de dos films con contenido neutro y dos con contenido sexual explícito de tipo heterosexual. Los videos sexuales, que se presentaron contrabalanceados, mostraban a una pareja manteniendo relaciones heterosexuales, con la mujer asumiendo un papel activo y un papel pasivo, respectivamente.

**Resultados.** En los hombres se obtuvo una correlación significativa de sentido negativo entre el índice de doble estándar en el ámbito de la libertad sexual y la valoración de la excitación sexual subjetiva ante el visionado del film en el que la mujer asumía un papel activo durante las relaciones sexuales. En las mujeres no se encontró ninguna correlación entre el doble estándar sexual y la excitación sexual subjetiva.

**Conclusiones & recomendaciones.** Los hombres que están de acuerdo con mayor libertad sexual para los hombres que para las mujeres experimentan menor excitación sexual ante estímulos sexuales visuales en los que una mujer adopta un papel activo. Se recomienda para futuras investigaciones incluir la excitación sexual objetiva junto con la subjetiva para estudiar en profundidad el papel del DES.

**Palabras clave:** Doble estándar sexual, Excitación sexual subjetiva, Saludo sexual

**Fuente de financiamiento:** Ministerio de Economía y Competitividad de España. Proyecto de investigación referencia PSI2014-58035-R.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Understanding What Young Male Couples Need for HIV Prevention

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**Introduction:** Although a substantial number of new HIV infections occur in the context of romantic partnerships, there have been limited biomedical and behavioral intervention efforts designed to address the relational context of HIV prevention with and for young gay and bisexual men in romantic relationships.

**Methods:** We conducted qualitative interviews with 30 young men who reported they were in a relationship with another man. Interviews were conducted online via video-chat with participants from 17 states in the U.S. Interviews focused on communication, relationship strengths and challenges, as well as potential ideas for intervention content that could support the HIV prevention needs of YGBMSM in romantic relationships. Audio data were recorded, transcribed and de-identified. Thematic analyses were used to understand the ways in which relationships influenced decisions to use HIV prevention strategies, as well as to identify input on HIV prevention interventions.

**Results:** Five themes emerged regarding HIV prevention intervention needs: (1) negotiating sexual consent and boundaries; (2) stigma surrounding sexuality and relationships; (3) communication skills around

their relationship and HIV prevention strategies; (4) educational resources that were designed for young male couples; and (5) managing their own individual and relationship goal. Participants identified several barriers to existing HIV prevention programs, such as transportation, insurance, and disclosure concerns to families. Mobile health (mHealth) interventions were the preferred modality compared to in-person interventions for young partnered men in surmounting the barriers of existing in-person services.

**Conclusions:** Our findings underscore the value of mHealth interventions that address both HIV risk and prevention situated within a relationship context. These data are being used to inform the development and evaluation of a relationship-focused HIV prevention intervention for young male couples using telehealth to reach partnered YGBMSM across the US.

**Keywords:** couples, LGBT, mHealth

**Source of Funding:** Work was supported under the Adolescent Trials Network, National Institutes of Health

**Conflict of Interest and Disclosure Statement:** None

## Narratives of Sexless Heterosexual Youth in Japan

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**Introduction & Objectives:** Since around 2011, increasing number of virgins in Japan has gathered attentions from both domestic and foreign media. While there are many articles and documentary shows, as well as quantitative research that have attempted to disclose the social mechanisms behind this sexless phenomenon, academic articles that have worked on topic rarely exists. My objective is to add qualitative data to existing quantitative data about sexless phenomenon among Japanese youth in Japan in order to disclose the cause of this phenomenon, and to represent how sex and sexuality is seen in contemporary Japanese society.

**Methods& Sample:** qualitative research (interview). theoretical approach (sexual script). Samples – heterosexual virgins among 19–34 years old

**Findings & Discussions:**

- sex is still seen as dirty, negative, romantic and “joke”
- sexual script of “*Tsukiau dating culture*” (J. Farrer. H. Tsuchiya & B. Bagrowicz, 2008): that is a couple started engaging in sexual conduct only after they conform that they *Tsukiau* (being in a relationship) after making *Kokuhaku* (confessing love). there is a strong

possibility that they are not engaged in sexual intercourse yet because they have never been in a dating relationship

- as previous quantitative research done by JASE has revealed, my respondents have also revealed that they get most of information related to sexual behavior on the internet (including watching porn)

**Conclusions & Recommendations:** Japanese youth are struggling to engage in the relationship which leads

them to have sexual intercourse. Revising how sex and losing virginity, and how virginity is seen should be addressed; since if one masturbates, should this person be considered as “sexless”? redefining some concepts may help to challenge the existing perception of sex and sexuality.

**Keywords:** sexless, sexual script, Japan

**Source of Funding:** Sophia University

**Conflict of Interest and Disclosure Statement:** None

## Las Prácticas Sexuales Abusivas de Adolescentes Hacia Niñas y Niños y Sus Significados

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**Introducción/Objetivos:** Los adolescentes principalmente varones pueden ser posibles agresores sexuales, cometiendo abuso sexual a otras/os menores; reporta López Sánchez y cols., (2011) que más de la mitad de agresores sexuales perpetra su primer abuso sexual antes de la mayoría de edad. Echeburúa, (2000), afirma que son responsables de hasta una quinta parte del total de las agresiones sexuales.

### Objetivos:

1. Analizar y describir las prácticas sexuales adolescentes abusivas y significados.
2. Proponer abordaje terapéutico para los adolescentes agresores sexuales.

**Método:** Investigación cualitativa interpretativa, metodología orientada al análisis profundo de la realidad social.

**Muestra:** Diez adolescentes entre 12 a 16 años de edad atendidos psicológicamente por haber abusado sexualmente de algún menor.

**Hallazgos y discusión:** Toda la muestra carecía de educación sexual, seis de ellos con antecedentes de abuso sexual por familiar (hombre). La mitad, educados con la creencia de masturbación como algo muy

malo y pecado, pero consumidores de pornografía en TICs (2 años o más). Seis de diez abusaron sexualmente de hermanas menores, cuatro a primos/vecinos. Indicadores de falta de autocontrol y alerta o motivaciones para evitar el abuso. Uno de ellos presentó mala conducta y problemas académicos, el resto; son atentos, practican deporte, y mantienen calificaciones adecuadas. Las razones más recurrentes para realizar la actividad abusiva fueron: “no me dijo que no, entonces yo lo hacía” “como no se quejaba ni me acusó, pensé que le gustaba” “era sólo un juego” por lo que se infiere que aun sin consentimiento (que en los menores no existe), al no presentarse la negativa, ellos asumían “no pasa nada”. Se explora la posición de poder sobre la/el menor.

**Recomendaciones:** Protocolo de atención empático con los adolescentes; aprender a reconocer deseo, excitación y autocontrol reconociendo su cuerpo e intimidad. Analizar creencias y mitos. Responsabilizarse de su sexualidad.

**Palabras clave:** abuso sexual, adolescentes, significados

**Conflicto de interés y declaración de divulgación:** Ninguno

## Australian Male Partner's Experience of Miscarriage: A Qualitative Study

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**Introduction & objectives:** Miscarriage occurs in up to one in four pregnancies and can be a devastating event affecting both men and women. Unfortunately, the male partner's experience of miscarriage is seldom researched, particularly within Australia. The aim of this study was to explore male partners experiences of miscarriage.

**Method(s) & sample:** This qualitative study involved semi-structured telephone interviews with 10 Australian men, whose partners miscarried between three months and ten years ago. Interviews explored men's general miscarriage experience and the support received or lacking from both healthcare providers and social networks. Online health seeking behaviour and opinions on online support were also discussed. Data was transcribed verbatim and analysed thematically.

**Results:** Most men described feeling significant grief following miscarriage and felt that there was little acknowledgement of their loss, both from healthcare providers and within their social networks. Feelings of sadness, devastation, powerlessness, fear, shock and a loss of identity were common. All men felt their primary role at the time of miscarriage was to support

their partner. Most men did not want to burden their partner with their emotions or grief, and struggled to find people within their social networks to talk to about their loss, leading to feelings of isolation. Overall participants felt there was inadequate support offered to men affected by miscarriage. Men wanted information, informed professionals to talk to and male-orientated support networks. A website was one mechanism suggested by men which could adequately contribute to information and support needs during this time.

**Conclusion & recommendations:** Men are often greatly affected by miscarriage and yet there is all too often little acknowledgement or support available to them at this time. Men affected by miscarriage want and need further support, including reputable, Australian based information and resources tailored their needs.

**Keywords:** miscarriage, men, experiences

**Source of Funding:** Dr Jade Bilardi is in receipt of a National Health and Medical Research Council Early Career Fellowship No 1013135

**Conflict of Interest and Disclosure Statement:** None

## Intimate Justice: Addressing the Orgasm Gap in Mexican Samples

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The ways in which culture and the psychological dimension interact to predict sexual pleasure, accentuates the complexity of the experience of sexual pleasure as well as the need to carefully analyze it within the framework of intimate justice, asking who has the right to enjoy the experience, who is the primary beneficiary and how individuals understand and experiences pleasure. This refers to the fact that women have significantly fewer orgasms than men, a disparity that has been attributed to gender-based power dynamics rather than to an essential determinant of biological sex. Therefore, this study aims to identify the existence of

an orgasm gap using a non-probabilistic sampling, 300 Mexican men and women in ages between 25 and 35 years were selected. Findings show that the experience of sexual pleasure, specifically around the factor related to sexual response and orgasm, varies according to gender and educational level, being men the ones reporting higher levels of sexual pleasure, results that highlight disparities in the quality of sexual life. Discussion poses that these inequalities imply similar problems related to economic disparity, violence, physical health and mental health, emphasizing the need to recognize the right to justice in the sexual realm.

Observations that are made around sexual pleasure, incorporating intimate justice as a framework, make it possible to understand the inequalities that men and women have to face in the experience of their sexuality and the individual, interpersonal and social implications they suppose.

**Keywords:** orgasm gap, sexual pleasure, intimate justice

**Conflict of Interest and Disclosure Statement:** None

## The Impact of Sexual Scripts on the Experience of Sexual Pleasure

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Given that pleasure is affected by situational, relational, emotional, and contextual aspects that provides it with dynamic and malleable properties, it is necessary to develop studies that take into account more than just physiological variables that to date, have led most of the studies related to sexual pleasure. This project proposes an explanatory psychosocial model of sexual pleasure, with which it is intended to identify the sociocultural dimensions that predict the ease or difficulty with which Mexican women and men experience sexual pleasure, as well as the way individual and interpersonal psychological dimensions intervene in those predictions. Using a non-probabilistic sampling, different quotas of men and women in ages between 25 and 35 years were selected. First, the relationships that exist

between facilitators and inhibitors of sexual pleasure with the variables of the sociocultural and psychological dimensions of the proposed model were explored and then the sexual pleasure model is evaluated using linear regression analysis. Results show that double standard and monogamy scripts have an impact on the ease and difficulty to experience sexual pleasure, as well as the way in which sexual sensation and intimacy seeking, and sexual permissiveness intervene in these predictions. In addition, the ways in which educational level and sex can cause variations in the experience of sexual pleasure, is highlighted.

**Keywords:** sexual pleasure, sexual scripts, culture

**Conflict of Interest and Disclosure Statement:** None

## Adaptation and Clinical Validation of the Female Sexual Function Index into Spanish (Colombia)

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The Female Sexual Function Index (FSFI) subjectively explores the dimensions of female sexual functioning. It is the most widely used scale for assessing sexual female function on earth. Despite that, no Spanish versions have been already validated. Thus, present research undertook to validate the FSFI into Spanish language in a clinical and non-clinical Colombian

sample. Three different samples conform this study. A total of 925 community Colombian women aged 18 to 69 ( $M = 28.97$ ,  $SD = 9.98$ ). 120 female college students also took part in order to assess test-retest indicators. Finally, for discriminant validity included 92 women, of which 38 were part of the functional group – without DSM-V diagnosis for female sexual disorders.

While 13 women with genito-pelvic pain disorder, 19 women with Sexual Desire Disorder, and 22 for problems reaching orgasm conform the dysfunctional group. All of them answered a sociodemographic scale and the FSFI with the Sexual Desire Inventory, Sexual Inhibition/Excitation Brief Scale, and the Massachusetts General Hospital Sexual Functioning Questionnaire. Evaluation for test-retest and discriminant (functional vs dysfunctional) was made face to face, the main 925 women were web-based interviewed. Reliability indices are appropriate (minimum Cronbach alpha = .84). Factorial Confirmatory Analysis confirmed the six subscales (Desire, Arousal, Lubrication, Orgasm, Overall Satisfaction and Pain). External validity in relation to

other measures showed significant relationships. Discriminant analysis revealed significant and large differences between the functional and dysfunctional groups of women. The Spearman correlation was high for the majority of the test domains, and for the test total at 4 weeks ( $r = 0.83^{**}$ ). COR curves will be presented depending of what extent we can increase the dysfunctional sample size from now to October 2019. A valid and reliable scale for assessing female sexual functioning in Spanish was need, here we will present our proposal.

**Keywords:** FSFI, Sexual function, Evaluation

**Conflict of Interest and Disclosure Statement:** None

## Student Sex Work in the Netherlands: Motivations, Experiences and Needs

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**Introduction and objectives:** Research shows that students in western countries undertake labour in the sex industry to finance their education. This is also the case in the Netherlands. While the Dutch government enables Dutch and EU students to work in a regulated sex industry, student sex workers are largely invisible in the country. Consequently, insight in the motivations, experiences and needs of student sex workers in the Netherlands is lacking. This study fills this gap.

**Method and sample:** This qualitative study is undertaken from a sex workers' rights perspective. To ensure relevance, 3 sex workers gave feedback on the interview schedule. Data collection took place by means of semi-structured interviews with 3 male and 8 female student sex workers and 3 female students who consider entering the industry. Six participants are undergrad students, 8 study at postgrad level. Ten participants are Dutch, 2 are European citizens and 2 are non-European citizens. All participants have access to the Dutch labour market.

**Findings:** In addition to a high level of flexibility and a high money-to-time ratio, students undertake labour in the sex industry for intrinsic reasons. Three main motivations emerged. Sex work provides the opportunity to develop social skills, politically engaged students use sex work to subvert gender roles and sex work can be intellectually stimulating for students who like to connect theory with their work and vice versa. The biggest downside of sex work is stigma. This leads to secrecy and isolation and limits students' access to support. Another urgent problem is the students' lack of labour rights that is caused by a policy framework that fails to address their needs.

**Recommendations:** To improve the well-being of student sex workers, their voices should be heard by policy makers. In addition to this, measures should be taken to diminish stigma.

**Keywords:** Sex work, Students, The Netherlands

**Conflict of Interest and Disclosure Statement:** None



## Proceso Reproductivo y Adolescencia: Prevención como Meta, Atención como Cotidianidad

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**Introducción y objetivos:** La salud en el ámbito de la sexualidad y la reproducción constituye una prioridad debido a su estrecha relación con los derechos, la equidad de género, el desarrollo de los grupos humanos y la justicia social, dando cuenta de la vulnerabilidad diferencial de ciertos grupos en relación a otros. Inserto en este amplio marco de referencia, el presente trabajo de investigación se inscribe en el campo de la antropología médica y tiene como objetivo general analizar la construcción sociocultural del proceso reproductivo en la adolescencia considerando dos grupos de actores clave en interacción, los profesionales de salud y las mujeres adolescentes que solicitan atención en un hospital público de la Ciudad de México.

**Métodos y muestra:** Tiene como base el método etnográfico, aunque otras herramientas de investigación fueron complementarias. Se realizó una estancia prolongada en campo de 16 meses al interior de una institución hospitalaria, privilegiando una observación dialógica y participante, así como las entrevistas semiestructuradas y un seguimiento de 10 casos en profundidad.

**Hallazgos y discusión:** Esta investigación historiza y contextualiza la sexualidad, el embarazo y el inicio de

la maternidad en mujeres adolescentes, desde un contexto estructural, pasando por su abordaje concreto en la atención hospitalaria, hasta profundizar en casos como un acercamiento a la experiencia de quienes lo viven. En la atención hospitalaria, los juicios, valoraciones negativas y jerarquizaciones se suman a la falta de protocolos y al desconocimiento de enfoques de género y derechos humanos. En las narrativas de las adolescentes, diversas formas de desigualdad y violencia se vinculan a la vida sexual y reproductiva.

**Recomendaciones:** Es necesaria la implementación de servicios especializados en adolescentes, con estrategias diferenciales por grupo de edad, basados en los derechos sexuales y reproductivos, así como la disponibilidad de personal capacitado para una atención integral y respetuosa.

**Palabras clave:** Embarazo adolescente, Antropología médica, Derechos sexuales y reproductivos

**Fuente de financiamiento:** Proyecto de investigación desarrollado con beca del Consejo Nacional de Ciencia y Tecnología.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexual Identity and Sexual Behavior Reported by Sexual Minority Adults in Eastern Africa

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**Introduction:** There is a dearth of sexuality research necessary to inform culturally relevant healthy sexuality and HIV prevention programming for sexual minority men living in eastern Africa.

**Methods:** Data were collected online in 2018 from sexual and gender minority adults 18 years of age and older who were living in Uganda, Kenya, Rwanda, South Sudan, or Tanzania. Participants were recruited via Facebook; and in Kenya and Tanzania, also through

mobile carriers. The current analyses are restricted to the 1,318 cisgender males who identified as gay/bisexual and/or reported having sex with someone with a penis (i.e., a partner who was cisgender male, a transgender woman, or a gender non-binary person).

**Results:** Identity and behavior overlapped partially: One in three cisgender males (35%) identified as gay/bisexual and also reported having sex with someone with a penis. A similar percentage (38%) identified as

gay/bisexual but did not report having sex with someone with a penis. One in four (27%) reported having sex with someone with a penis but did not identify as gay/bisexual.

Among those who reported having anal sex with someone who had a penis, trends suggested that those who also identified as gay/bisexual reported more lifetime receptive anal sex partners (M: 9.5, SD: 1.2) than those who did not (M: 6.6, SD: 1.5;  $p = 0.16$ ). The number of lifetime insertive anal sex partners was similar by identity / non-identity however (M: 10.3, SD: 1.2 vs. M: 9.6, SD: 2.6, respectively;  $p = 0.83$ ). Furthermore, those who identified as gay/bisexual were significantly less likely to report never using condoms during anal sex compared to those who did not take on the sexual identity (e.g., receptive: 17% vs. 29%,  $p = 0.02$ , respectively).

**Conclusions:** Healthy sexuality programming in eastern Africa needs to be tailored to the different patterning of HIV preventive behaviors based upon one's sexual identity.

**Keywords:** cisgender men who have sex with men, eastern African, anal sex

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**Conflict of Interest and Disclosure Statement:** None

### Track: 3. Clinical Sciences & Therapy

## The Importance of the Biological and Social Model for the Aetiology of Disordered Sexual Preferences in Perpetrators of Sexual Violence Against Children

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Empirical studies explaining the causes and mechanisms of paedophilia in men were based on our own model. His main theorems relate to the integrated theory of sexual crime by Marshall and Barbaree (1990). The aim of the present research was to develop a model showing how sexual preference disorders in the form of paedophilia, expressed in the form of sexual activity with a child, arise. This study was conducted as a part of a broader research project on sexual behaviors of sexual perpetrators in Poland.

**Group:** The research group consisted of men imprisoned for the offence of sexual exploitation of a child. Our group currently consists of 242 perpetrators. Research is still ongoing in order to obtain as many respondents as possible.

**Method:** The participants were asked to independently answer Temperament and Character Inventory (Cloninger, 1993), Questionnaire on Sexual Exploitation

in Childhood (Beisert, 2012) and to answers to questions relating to their sexual development during the semi-structured clinical interview. Sexual preference disorders were assessed using Screening Scale for Pedophilic Interests (Seto, Lumiere, 2001) based on data from Penitentiary Records.

**Results:** The obtained results indicate differences in temperament and character of preferential and non-preferential perpetrators. Comparison of these two groups also showed that preference offenders were significantly more often victims of sexual abuse during childhood than non-preferential offenders. The statistical analysis also showed significant correlations between the factors distinguished in the research model.

**Discussion:** The obtained results indicate that in the aetiology and mechanism of preference disorders in perpetrators of sexual violence against children, both

biological and social factors, as well as the mutual influence of these factors, are important. Moreover, the results indicate that perpetrators with identified sexual preference disorders were significantly more exposed to the experience of sexual violence in childhood and

received inappropriate and maladjusted sexual education during childhood.

**Keywords:** sexual preference disorders, pedophilia, child molesters

**Conflict of Interest and Disclosure Statement:** None

## The Impact of Depressive Mood and Sexual Functioning in the Quality of Life of Aging Men

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**Introduction & objectives:** Individuals in later life have begun to deal with a series of stimuli and needs related to sexuality, which in the past were not experienced. This happened both because of the more precarious health conditions, but also because of a series of clichés and prejudices of a purely social nature that, globally, did not make sexual activity for elderly people a need collectively accepted and therefore worthy of interest. The main aim of this paper, therefore, will be to stimulate greater attention on set of needs, in reference to the protection and maintenance of a satisfactory sexual activity.

**Method(s) & Sample:** 40 male elderly patients, mean age 75.4 (7.3), were administered International Index of Erectile Function-5 (IIEF5), Beck Depression Inventory (BDI), Mini-Mental State Examination (MMSE), Quality of Life Index (QLI). MMSE was used to exclude patients with dementia from the study. The data were processed through a precise statistical

analysis of descriptive and inferential type through methods of linear regression and multiple regression.

**Results:** Linear regression models were used to study how respectively BDI and IIEF5 scores could predict QLI scores. Positive and significant relations emerged, with both BDI and IIEF5 scores predicting QLI scores. Multiple regression models were used to try to understand the differential role of both constructs in the QLI scores. It was found that each score less of BDI contributes to a diminution of 0.29 in the QLI score while each score in the IIEF5 contributes to an increase of 0.13 in QLI score.

**Conclusion & recommendations:** IIEF5 scores has been found to increase QLI score in elderly men. Is it important to promote sexual wellbeing in elderly people, counteracting the ageist culture that see sexuality as an aspect important just for young people.

**Keywords:** Aging men, IIEF5, Quality of life

**Conflict of Interest and Disclosure Statement:** None

## Questioning, Exploring, and Connecting in the LGBTQIA+ Community

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**Introduction & Rationale:** Our initiative conducted a needs assessment for the queer community to create tailored programming. Consequently, five communities were identified as underserved: queer students of color, asexual people, those questioning gender, bisexual folks, and queer graduate students.

**Project/population & settings:** Our staff then facilitated a 6-week series at the queer student resource center, each week focusing on questioning a certain identity. The goal was to create a supportive space for asking questions, sharing experiences, and create community with one another.

**Outcome:** Major themes across sessions were being “enough” of an identity, policing from communities, and wanting to gain advice from group members’ experiences. Participants also expressed gratitude for the space, resonance with others’ experience, and capitalized on opportunities to connect. The desire for community was apparent in the needs assessment, group conversations, and ongoing interest in the group next quarter.

**Discussion & recommendations:** Due to the success of this series, evaluations and community dialogue will continue to inform our center’s programming in order to adequately meet the unique needs of our queer student community. Continued efforts should be made to encourage student connection around identities that have historically been underrepresented on campuses.

### Citation of supporting literature:

- Abes, E., Jones, S., & Mcewen, M. (2007). Reconceptualizing the model of multiple dimensions of identity: The role of meaning-making capacity in the construction of multiple identities. *Journal of College Student Development*, 48(1), 1–22.
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- Bouris, A., Hill, B. J., (2017) Out on Campus: Meeting the Mental Health Needs of Sexual and Gender Minority College Students, *Journal of Adolescent Health*, Volume 61, Issue 3, 271–272.

**Keywords:** queer, college, community

**Conflict of Interest and Disclosure Statement:** None

## Reporte de Caso: Tratamiento de Disfunción Eréctil Primaria Situacional con Terapia Sexual y Pareja Sexual Sustituta

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**Introducción:** La disfunción eréctil es una alteración heterogénea del funcionamiento sexual que tiene prevalencia en hombres de todas las edades. Sin embargo, la literatura reciente se ha enfocado principalmente en el diagnóstico y tratamiento farmacológico de hombres mayores de 40 años con una etiología biomédica. Por otra parte, menos atención ha recibido la disfunción eréctil situacional en pacientes menores con etiología de predominio psicógeno, quienes, muchas veces, no responden favorablemente al tratamiento estándar con iPDE5 o quedan enganchados al uso crónico de este tipo de medicación. La poca formación sobre esta condición clínica ha hecho que psicólogos y médicos de todas las disciplinas incurran en malas prácticas y en la complicación de muchos pacientes.

**Objetivo:** Describir las características clínicas, el proceso de intervención terapéutica psicosexual, farmacológica y de seguimiento de hombres menores de 35 años con disfunción eréctil primaria situacional.

**Método y muestra:** Con la metodología CARE 2016, se recoge la experiencia y se hace el reporte de 4 casos

de pacientes que asistieron a la consulta privada de sexología clínica entre 2017 y 2019.

**Hallazgos:** Se encontró de manera generalizada antecedentes de educación sexual negativa, altas expectativas sobre la sexualidad, moderado a alto consumo de pornografía por internet, poca experiencia sexual, ansiedad de rendimiento y temor al fracaso, bajas habilidades sociales, baja capacidad de cortejo y de consecución de pareja sexual. **Discusión:** El proceso combinado e individualizado de terapia sexual, terapia farmacológica y terapia con pareja sexual sustituta es efectivo y recomendable.

**Recomendaciones:** Se necesitan más profesionales entrenados y mayor difusión del uso de estas terapias combinadas en pacientes con las características mencionadas

**Palabras clave:** Disfunción eréctil, Terapia sexual, Pareja sexual sustituta

**Conflicto de interés y declaración de divulgación:** Ninguno

## Cambios en la Vida Sexual de Madres y Padres Después de Recibir el Diagnóstico de Autismo en Su Hijo

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Los trastornos del espectro autista (TEA) son uno de los trastornos de inicio en la infancia que afectan más gravemente el desarrollo de las personas. Existen diversas investigaciones respecto a este trastorno; no obstante, hay pocos estudios que exploren cómo afecta a los cuidadores de los pacientes, y aún menos los estudios que exploran cómo incide en su vida sexual.

El objetivo de la presente investigación fue conocer la vivencia y experiencia que un grupo de madres y padres tuvieron con respecto a su vida sexual a partir de recibir el diagnóstico de TEA en su hijo o hija. Se trató de una investigación cualitativa enmarcada en la fenomenología, la cual busca rescatar la subjetividad de las experiencias vividas. Para ello se realizaron grupos focales, y con el consentimiento de los y las participantes, se grabaron y transcribieron para después analizar cada discurso mediante categorías. El análisis llevó al hallazgo de seis principales categorías: 1) El momento de recibir el diagnóstico, 2) Los síntomas de sus hijos, 3) El hijo como prioridad, 4) Miedo a tener

otro hijo con autismo, 5) El cansancio y 6) Otros aspectos emocionales de los padres. Cada una de estas categorías tiene en común el haber provocado un deterioro en su vida personal y de pareja y la disminución de su deseo sexual.

Por otro lado, todos los participantes expresaron cambios en su sexualidad relacionados al cuidado de su hijo o hija con autismo, por lo cual, a partir de estos resultados se propone incluir también los cambios en el deseo sexual como síntoma de un desgaste emocional en los cuidadores, mismo que pueden ocasionar un deterioro en su funcionalidad. Se discute sobre la necesidad de crear más estrategias preventivas y/o terapéuticas en la atención de la salud sexual de los cuidadores.

**Palabras clave:** autismo, deseo sexual, vida sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Peyronie y Ondas de Choque: Resultados Clínicos y Sexuales en Mexicanos

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La Enfermedad de Peyronie (EP) afecta al 9% de los varones y es una condición psicosexual debilitante progresiva en el 50% de los pacientes. Se han probado muchas terapias para la EP; oral, intralesional, tópica y quirúrgica.

La terapia con ondas de choque extracorpóreas en EP se utilizan desde 1989, con resultados controvertidos hasta la actualidad.

**Objetivo:** Obtener resultados objetivos respecto al tamaño y consistencia de la placa medida con ecasonografía del pene (USG), así como evaluar el impacto psicosexual, utilizando el Cuestionario de

Enfermedad de Peyronie (PDQ) y preguntas sobre la angustia individual al inicio y final del estudio.

**Material y Métodos:** 15 pacientes mayores de 18 años con EP y antecedente de tratamiento oral fallido, con placa palpable, curvatura evidente del pene erecto y un USG demostrando y midiendo la placa, llenaron el PDQ al inicio y final del tratamiento. Se administró la terapia con ondas de choque (OCh) en contexto ambulatorio sin uso de analgésicos ni anestésicos, utilizando el equipo Swiss Dolorclast Evo Blue de 15 mm, energía inicial 0.05 mJ/mm<sup>2</sup> y final 0.12 mJ/mm<sup>2</sup>, 1500 impulsos en la placa y 1,500 periplaca una sesión por semana por 8 semanas



**Resultados:** De 15 pacientes el 60% mejoró la curvatura de la placa entre 10 y 60 grados, el USG demostró 50% disminución del tamaño de la placa en 4 pacientes, 20% en 9 y nula disminución en 13.3%. PDQ mide 3 dominios de molestia: con dolor, psicológica, y coital (incluida disminución de frecuencia coital), encontramos mejoría en 95%, 20%, y 80% respectivamente con  $p < 0.01$  excepto para molestia psicológica. La angustia disminuyó 60%.

**Conclusión:** Las OCh disminuyen un 50% la placa, en el 70% de los pacientes, estos mejoran del dolor, la angustia y la actividad coital. Estudios multicéntricos transdisciplinarios permitirán conocer los alcances de esta terapia.

**Palabras clave:** Peyronie, Choque, PDQ

**Conflicto de interés y declaración de divulgación:** Ninguno

## Working Effectively Across the Lifespan with Transgender/Non-Binary Clients in Sex Therapy

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**Introduction/Objectives:** Transgender/gender non-conforming (TGNC) clients face challenges in accessing transaffirmative information and healthcare related to sexuality, and lack safe spaces to explore their sexual concerns. Additionally, TGNC clients often experience a lack of knowledge or awareness about their bodies, their sexualities, and how to access sexual pleasure from their providers. This is reflected in the lack of practical clinical resources, as there are few resources that speak to how to promote sexual pleasure and satisfaction in working with transgender/non-binary and gender non-conforming clients in sex therapy.

**Project/Population:** The presenters will introduce Pleasure Oriented Positive Sexuality (POPS), a core component of the Gender Affirmative Lifespan Approach (GALA). The presenters will introduce the theoretical framework of GALA and then focus on POPS and applications in sex therapy with TGNC clients across the lifespan. The workshop will focus on interventions across the lifespan focused on supporting pleasure-oriented and positive sexuality for TGNC clients.

**Outcome:** Participants will be describe a gender affirmative psychotherapy model of pleasure oriented positive sexuality. Participants will be able to integrate

new gender affirmative sex therapy knowledge and interventions into their existing therapeutic approaches.

**Discussion/Recommendations:** The Gender Affirmative Lifespan Approach to Psychotherapy is an innovative theoretical approach integrating empirical and practical evidence pointing to the importance of addressing the impact of stigma and transphobia on development of healthy transpositive gender identity and introducing gender competent, transaffirmative psychotherapy interventions across the lifespan.

### Citations:

- Berg, D., & Edwards-Leeper, L. (2018). Child and family assessment. In C. Keo-Meier & D. Ehrensaft (Eds.), *The Gender Affirmative Model: A new approach to supporting gender diverse and transgender children* (pp. 124–157).
- Spencer, K. G., Iantaffi, A., & Bockting, W. O. (2017). Treating sexual problems in transgender clients. In D. Peterson (Ed.), *The Wiley Handbook of Sex Therapy* (pp. 291–305).

**Keywords:** sex therapy, transgender, lifespan

**Conflict of Interest and Disclosure Statement:** None



## Female Sexuality Between Desire and Limits

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**Introduction & objectives:** Female sexuality is less known than its male counterpart due to its complex nature and lack of physiological evidence, its psychological and social peculiarities that inhibit its full capacity for development and expression. Furthermore, there are few descriptions of clinical cases concerning normal and pathological female sexuality.

The aim of the work is to highlight some aspects of femininity as they emerge from the clinical reality of our center dedicated to women's sexuality.

**Method(s) & Sample:** The examination of the complained symptom is accompanied by an evaluation of both the biological body and the production of sexual fantasies and dreams.

We evaluate the emotional components concerning personal identity, female gender, experiences and

attitude about desire, excitement and sexual pleasure. Three clinical cases are considered.

**Findings & discussion and Recommendations:** The examination of the clinical cases taken into consideration allows us to highlight the importance of emotional factors in the genesis of limits and female problems concerning sexual function, desire and erotic satisfaction.

We still have much to know about the characteristics of female sexuality. A sexuality often split between a desire for femininity and erotic pleasure on the one hand and fear of their achievement on the other.

**Keywords:** Female sexuality, Sexual desire, Eroticism

**Conflict of Interest and Disclosure Statement:** None

## Opinion Survey of Female-To-Male Persons with Gender Dysphoria as a Donor for Uterus Transplantation

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**Introduction & objectives:** Although uterus transplantation (UTx) as a treatment for women with uterine factor infertility has been developed recently and used all over the world, number of living uterus donors is not enough. The uterus from female-to-male (FtM) people with gender dysphoria who will receive sex reassignment surgery (SRS) can be applied for UTx. In the present study, the awareness of FtM persons for UTx as the donor was discussed.

**Method & Samples:** Cross-sectional study and self-administered questionnaire were performed to FtM person over 20 years old who visited a mental clinic. Opinions for UTx with demographic information were collected on April and May 2017. This study was performed after taking informed consent from the subjects

with approval by ethical committee of Kyoto University Graduate School of Medicine.

**Results:** Data obtained from 209 persons whose age was  $30.1 \pm 7.9$  (mean  $\pm$  SD) years old were analyzed. Seventy (33.5%) peoples had already received hysterectomy as SRS, and 116 (55.6%) had desire for uterus removal in future. The clinical application of UTx was accepted ethically in 200 (95.7%) FtM persons, and 176 (84.2%) hoped to develop clinical UTx more. To a question of "Do you have a will to donate your uterus that will be removed by SRS?", 179 (85.6%) persons answered "Yes". However, after giving detail information concerning a high risk of the operation that more extended uterus resection might be necessary compared to usual SRS procedure, the rate decreased to 53.6%.

**Conclusion & recommendations:** Because FtM persons with gender dysphoria had positive wills for UTx as a donor, medical staffs should provide the appropriate information concerning clinical UTx situation in each country.

**Keywords:** gender dysphoria, sex reassignment surgery, uterus transplantation

**Conflict of Interest and Disclosure Statement:** None

## Potency, Desire and Male Sexual Disphorias

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**Introduction & objectives:** Most sexual problems in pre-androphase males (under 45-50 years) recognize a psycho-sexual cause. In some cases, the disorder is severe and difficult to understand and resolve.

The aim of the work is to highlight the presence, in many male disorders, of a problem of erotic dynamics that interferes with the biological and emotional sexual response.

**Method(s) & Sample:** The behavioral reality of the sexual disorder is compared with the cognitive processing of the symptom, the sexual imagery associated with it and the emotional response of the individual.

Special attention is given to erotic excitement and sexual fantasies arising during autoerotic activity and sexual intercourse. The patient tells his story and is invited to illustrate it through one or more drawings. Three clinical cases are presented.

**Findings & discussion and Recommendations:** The comparison of behavioral and cognitive data with the dynamics explored through the study of phantasmatic imagery allows a better understanding of sexual disorders.

In some cases, and in particular in the absence of an organic etiopathological finding, it is possible to demonstrate the inability of the individual to accept an erotic “solution” because in contrast with his own normative and conscious mind (sexual dysphoria according to Domenico Trotta). A split between the personal erotic “pathway” and the personal normative codes can result in disturbances of potency, desire or even ejaculation and orgasmic pleasure.

**Keywords:** Androphase, Sexual dysphoria, Sexual desire

**Conflict of Interest and Disclosure Statement:** None

## Metabolic Changes in Gender Dysphoria FTM Subjects During Treatment with Intramuscular Testosterone Undecanoate Injections

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Testosterone is used in treatment of persons diagnosed with gender dysphoria female to male. Hormonal treatment of GD FtM often require lifetime testosterone therapy.

We investigate the relationships between testosterone measured in serum or saliva during standard treatment with 1,000 mg testosterone undecanoate (TU) every 12th week and metabolic changes in GD FtM and HG men in an observational study. Males with primary and secondary HG (n = 13) and subjects (biological females) with GD (n = 10) were included. Blood

samples were collected at baseline prior to injection, 4, 7, 14 and 28 days after the first injection and thereafter prior to injection every 12th week during one year. All treated subjects were monitored by peak and trough levels of serum and saliva testosterone and a standard battery of blood test including electrolytes, liver enzymes, lipids and B-haemoglobin. For comparison a healthy control group of men (n = 32) were investigated. The range of serum testosterone levels in the control group was 8.9–28 nmol/l (<50 yrs. 20.1 + 4.8 nmol/l and >50 yrs. 13.9 + 3.1 nmol/l), and

salivary testosterone <50 yrs.  $0.52 + 0.17$  nmol/L vs. >50 yrs.  $0.40 + 0.10$  nmol/L. Salivary testosterone trough values after one year treatment correlated significantly with B-haemoglobin levels,  $r=0.64$ ,  $p=0.047$  in the GD FTM, but no correlations were found in the HG men group or in the control group.

Compared with hypogonadal men gender dysphoria FtM subjects seem to have similar metabolic effects, throughout the first year of testosterone replacement therapy. We suggest that salivary testosterone may be a

potential tool for individual monitoring of testosterone replacement therapy.

**Keywords:** testosterone, gender dysphoria, metabolic effects

**Source of Funding:** This study was supported by the Medical Research Council of Southeast Sweden and the Linköping University, Sweden.

**Conflict of Interest and Disclosure Statement:** None

## Sensate Focus Touching: A Review of its use in Sexual Dysfunction and Health

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**Introduction & Objectives:** Sensate Focus has informed the sex therapy and sexual health fields for decades. However, there has been a lack of clarity about its updated definition, and its use with sexual dysfunctions versus facilitating sexual enhancement. The presenters suggest separating Sensate Focus into two components: Sensate Focus 1 for resolving dysfunctions; and Sensate Focus 2 for optimizing intimacy.

**Method(s) & Sample:** Systematic database search to identify contemporary scholarly works referring to Sensate Focus

**Results:** Six questions are addressed: Does Sensate Focus continue to be referenced in the literature? What is its efficacy? In what types of journals is it referenced? How do recent publications define Sensate Focus? Is it referenced as a general citation or are details included? Are details consistent with different phases of Sensate Focus (1 and 2)? Sensate Focus continues to be referred to in the literature as the foundation of sex therapy. There is solid evidence as to its efficacy for treating a wide variety of sexual distresses. It is increasingly used: by medical and mental health professionals

with medically- and psychosocially-based sexual dysfunctions; with more diverse populations; and in innovative ways. It is increasingly compared with Mindfulness Practice and somatic awareness therapies. Confusion continues about the Sensate Focus aimed at sexually distressed clients (Sensate Focus 1, touching for one's interest) versus clients seeking sexual optimization (Sensate Focus 2, touching for overall self and partner enhancement).

**Conclusion & Recommendations:** Making distinctions between Sensate Focus 1 and 2 may be critical for client progress, compliance, and treatment completion. This is reflected in the concepts underlying, and especially in the wording of the instructions for, each phase of Sensate Focus. Future research needs to investigate the effect of these distinctions in the conceptual underpinnings and the instructional language on client progress, compliance, and treatment completion.

**Keywords:** Sensate Focus, Sexual Dysfunction, Sexual Health

**Conflict of Interest and Disclosure Statement:** None

## Track: 4. Basic Science

# Altered Functional Connectivity of the Anterior Insula in Psychogenic Erectile Dysfunction

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**Introduction & objectives:** Little is known about the brain mechanisms underlying cognitive-affective processing in erectile dysfunction (ED). Anterior and posterior insula are key regions in the processing of emotions and cognitive functions. This study compared functional connectivity (FC) pattern of anterior and posterior insula in men with psychogenic ED (EDp) and healthy controls (HC) during the presentation of sexual and neutral video clips.

**Methods & Sample, Results:** Participants were 15 EDp and 18 HC (age: 25-45). After urological, and clinical assessment, fMRI data were collected using a 3T scanner during the presentation of the clips (T2\*: EPI, TR = 2500ms, TE = 30ms, voxel size 2, 5 × 2, 5 × 3mm, 360 volumes-max and 39 slices; T1: matrix = 256 × 256, FOV 256mm, voxel size 1mm<sup>3</sup>, flip angle 12°). Penile tumescence (PT) was assessed. After pre-processing and Talairach normalization, 2 bilateral seed regions (anterior and posterior insulae) were selected on the anatomical bases. We then calculated correlations between Seed time-courses and whole-brain voxels time-course. Between-groups differences were assessed by means of a voxel-wise 2(anterior vs posterior insula) × 2(EDp vs HC) ANOVA. No

significant results have been found for the between group comparison in the posterior insula. For the anterior insula between group differences have been found ( $p < 0.05$  FDR). For the comparison EDp > HC significant an improved FC has been observed in right ventral striatum and Thalamus and bilateral IFG. For the contrast HC > EDp increased FC was found in right postcentral sulcus and left STG.

**Conclusion & recommendations:** The two groups differed in the anterior insula FC. Our results are in line with previous studies that showed anterior Insula FC with postcentral sulcus and left STG are related to erection processing and empathy processing. Conversely, the results observed in EDp are consistent with previous reports showing the FC between anterior insula and ventral striatum during disgusting and aversive stimuli perception.

**Keywords:** Psychogenic ED, fMRI, ventral striatum Insula

**Source of Funding:** This study was funded by the FCT (Portuguese Science Foundation) PTDC/PSI-PCL/117522/2010

**Conflict of Interest and Disclosure Statement:** None

## Posterior Insula: Relationship Between Visual Attention and Genital Response

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**Introduction & objectives:** Anterior and posterior Insula are important brain regions taking part in the cycle of pleasure. This study investigated the functional connectivity (FC) pattern during visual sexual stimulation and its contribution in processing of visual attention and genital response phases in sexual healthy men.

**Methods & Sample, Results:** Participants were 19 HC (age: 25-45). After urological, and clinical assessment, fMRI data were collected using a 3T scanner during the presentation of the sexual and neutral clips (T2\*:EPI, TR = 2500ms, TE = 30ms, voxel size 2, 5 × 2, 5 × 3mm, 360 volumes-max, 39 slices; T1: matrix = 256 × 256, FOV = 256mm, voxel size 1mm<sup>3</sup>). Penile tumescence (PT) and eye movements were assessed. Seed based FC has been carried out for the anterior and posterior Insulae. Given the results, involving the bilateral insulae during the comparison between sexual and neutral clips, 2 bilateral seed regions (anterior and posterior insulae) were selected on the anatomical bases. We then calculated correlations between Seed time-courses and whole- brain voxels time-course. To test the role of each subregion FC pattern related to the eye-movements, single-ROI-GLMs were performed on the bases of the areas of

interest (AOI) to which subjects directed their visual attention (fixations). The AOIs were “Faces”, “Genitals,” and “Background”. A series of single-ROI-GLMs with the contrast “Genitals > Faces” was applied. Moreover, a series of single-ROI GLM with baseline onset and sustained PT response for the sexual clip was applied.

**Results:** FC results ( $p < 0.05$  Bonf.Corr) for the anterior and posterior Insula are consistent with previous studies. Posterior Insula FC pattern showed significant results for the AOI contrast (“Genitals > Faces”) and for the PT (“Onset > Baseline and Sustained > Baseline”) in the Superior Temporal Gyrus, S2 and Fusiform Gyrus ( $p < 0.01$ ).

**Conclusion & recommendations:** These results indicate a more complex role played by posterior Insula in the visual focused attention, somatosensory and emotional component of male sexual behavior.

**Keywords:** fMRI, Eye Movements, Sexual Arousal

**Source of Funding:** This study was funded by the FCT (Portuguese Science Foundation) PTDC/PSI-PCL/117522/2010

**Conflict of Interest and Disclosure Statement:** None

## Embodiment in Sexuality: An Empirical Examination of Arousal Modes According to the Sexocorporel Concept

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**Introduction & objectives:** Embodiment emphasizes the interaction between body and mind. The approach Sexocorporel by Jean-Yves Desjardins applies this assumption to sexuality by emphasizing the importance of body movement and muscle tension for sexual arousal and experience. These arousal modes are

mainly seen in masturbation, where the focus lies on one’s own excitation. This have hardly been considered in research so far. The aim of the study was to test the validity of the two factors body movement and muscle tension and to examine their significance for sexual experience.

**Method(s) & Sample:** Data stem from 1015 individuals (67% female, mean age 35 years, *SD* 12.1), who filled out an online questionnaire. To test the hypothesized two-factorial structure proposed by the theory of Sexocorporel, a confirmatory factor analysis was calculated separately for women and men. Thereafter, Pearson correlations were calculated to identify relationships between the two factors and standardized measures of sexual experience.

**Results:** The confirmatory factor analysis showed a high model fit for men (CFI .989, RMSEA .026) and women (CFI .973, RMSEA .055) and therefore highly supports the proposed distinction between the two arousal modes. Furthermore, significant correlations with sexual experience were found. For example, body movement correlates positively with arousal level, pleasant feeling, and desire. In addition, there is a

negative correlation between body movement and erectile dysfunction in men. Muscle tension to increase excitement, however, correlates positively with the frequency of masturbation.

**Conclusion & recommendations:** The results confirm that body movement and muscle tension are two distinct strategies to increase sexual arousal. These two strategies are related to different aspects of sexual experience. Next to the impact body tension and movement have on sexual experience, they additionally seem to be connected to sexual functioning. Therefore, a body focused approach is an effective tool in sexual therapy.

**Keywords:** Sexocorporel, Embodiment, Body Movement

**Conflict of Interest and Disclosure Statement:** None

## De Novo Discovery of Penile Erection Related Anatomy

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**Introduction and objectives:** The corpora cavernosa of the human penis is responsible for maintaining the rigidity necessary for coitus. Its surrounding tunica albuginea was depicted as a single, complete circular layer, and its drainage vein was described just a single deep dorsal vein. In this outdated model—especially in the absence of an outer longitudinal layer—the veno-occlusive mechanism behind rigid erections could not occur.

**Approach and sources:** On 103 formalin-fixed cadaveric penises, using dissecting light, scanning and a transmission electron microscope, the erection-related tunical and venous anatomy were studied. Hemodynamic studies were conducted on 5 fresh and 43 defrosted human cadaveric penises. Dynamic cavernosometry was performed on the 48 cadavers in order to demonstrate the pivotal role of the penile erection-related veins in penile veno-occlusive physiology.

**Findings and Discussion:** The tunica albuginea of the corpora cavernosa is a bi-layered structure consisting of 360° inner circular and 300° outer longitudinal collagen bundles. Although there is no os penis in the

human glans, the distal ligament is an analog that acts as a trunk of the glans penis. The erection-related veins consist of one deep dorsal vein, two cavernosal veins, and four para-arterial veins that are located between Buck's fascia and the tunica albuginea. In addition, a rigid erection is unexceptionally attainable in a very low perfusion rate in cadaveric penises once the emissary veins of the erection-related vasculature are ligated at the tunica level. Furthermore, the tunica's outer layer plays an essential role in the penile veno-occlusive mechanism, as evidenced by the effects of applying electrocautery to the corpora cavernosa in defrosted human cadavers.

**Conclusion:** The bi-layered model of the tunica albuginea is essential to the veno-occlusive mechanism, and the erection-related veins are intriguingly complex. Both have been overlooked even though they are indispensable to human sexual health.

**Keywords:** cavernosal vein, para-arterial vein, veno-occlusive function

**Conflict of Interest and Disclosure Statement:** None



## Supports and Barriers to Change Around Issues of Sexuality in Catholic Higher Education

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**Introduction & Objectives:** Change around sexuality in Catholic higher education is an often understudied topic in a particular religious context. There has been much fear around discussing sexuality in Catholic higher education documented by a number of studies. Almost all of the research focuses on the experience of student groups around sexual orientation. This study was designed to identify challenges/barriers and supportive aspects in effecting change around issues of human sexuality at institutions of Catholic higher education in the USA.

**Methods & Sample:** Through 30 interviews of employees from 17 different Catholic colleges and universities across the U.S., I explored how employees who have experience effecting change around human sexuality navigated this process in the Catholic institutional setting. Through inductive thematic analysis, I have identified areas of support and barriers to change around sexuality in Catholic higher education.

**Findings & Discussion:** Four themes emerged (from 11 sub themes) identified as barriers to change and four themes (from 14 sub themes) identified as supportive to the change process. Barriers include fear (e.g., of termination, the administration, or the local bishop), conservative constituents (e.g., faculty/admin,

students, donors, parents, defenders of Catholic orthodoxy), administrative resistance, and organizational challenges (e.g., language sensitivity, poor organization). Supportive components include principle change makers (e.g., students, tenured faculty, individual staff/administrators), various offices (e.g., residence/student life, campus ministry, mission and ministry, Theology/Religious Studies departments), supportive university leaders/constituents (e.g., higher administration buy-in, those in religious life, alums/donors, board of trustees), and organizational characteristics (e.g., mission/history/heritage, university openness/geographical environment, good organization).

**Recommendations:** There is much fear around sexuality in Catholic higher education. The Catholic atmosphere brings a unique challenge to effecting change around issues of sexuality. Knowing the areas of challenges and support experienced by other colleges and universities may help change makers effect change in their own university environment.

**Keywords:** Catholicism, Higher Education, Organizational Communication

**Conflict of Interest and Disclosure Statement:** None

## HPA Axis Reactivity to Acute Stress in Gay and Heterosexual Men

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**Introduction & objectives:** A substantial body of research has demonstrated that stigma and discrimination affecting LGBTQ people contribute to both mental and physical health disparities between LGBTQ community and general population. There is however paucity of studies investigating into the potential mechanisms through which exposure to sexual minority

stigma, conceptualized as chronic stressor, increase the risk for negative health outcomes. One of the possible pathways involves dysregulation of the hypothalamic--pituitary--adrenocortical (HPA) axis -- one of the main components of the stress response systems in the body. The aim of this study was to explore changes in the functioning of the HPA axis as a possible mechanism

linking minority stress with health adversities among gay men.

**Method, Sample & Results:** Our study was conducted in a laboratory setting. Both gay (59) and heterosexual (49) cisgender men who met additional health-related inclusion criteria were recruited to participate in this research. All participants completed the Trier Social Stress Test which includes psychosocial stressors of public speaking and mental arithmetic task. Cortisol was measured in the saliva samples collected at following time points: 5 minutes before the TSST, as well as 10, 20, 40 and 80 minutes after the TSST.

Gay-identified participants were characterized by both significantly higher baseline cortisol levels and greater total cortisol output as reflected by the AUCg, cortisol under the curve with respect to ground, index.

Concerning AUCi, cortisol under the curve with respect to increase, which reflects the dynamics of change in cortisol levels over time, there was no significant difference between two studied groups.

**Conclusion & Recommendations:** Our results are consistent with previous literature on chronic stress and alterations of HPA axis function, suggest dysregulated patterns of physiological response to stress in homosexual men and may offer new insight into the understanding of minority stress physiological mechanisms.

**Keywords:** gay men, cortisol, minority stress

**Source of Funding:** This research was funded by National Science Centre in Krakow, Poland.

**Conflict of Interest and Disclosure Statement:** None

## La Capsaicina Facilita la Conducta Sexual de la Rata Macho

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**Introducción:** La Salud Sexual puede afectarse por la presencia de Disfunciones Sexuales; una alternativa es la búsqueda de nuevos tratamientos que deben ser probados experimentalmente. En la medicina tradicional mexicana, se menciona a la capsaicina, principal componente del chile, como un posible afrodisiaco; sin embargo, su efecto sobre la actividad sexual no ha sido descrito completamente. Por lo anterior, realizamos este estudio con el objetivo de describir el efecto de la capsaicina sobre la conducta sexual de la rata macho.

**Método:** Estudio experimental en el cual se observó la conducta sexual de ratas macho de la cepa Wistar con peso  $300 \pm 50$ g, sanas, sexualmente expertas, cuya latencia eyaculatoria  $<10$  min. 20 animales se aleatorizaron en dos grupos ( $n=10$ ): control y capsaicina (0.1mg/kg) dosis única intraperitoneal. La observación de la conducta sexual incluyó: Latencias (de Monta, de Intromisión y eyaculatoria (LE, en segundos)); Número de Montas e Intromisiones (NI) e Intervalo Posteyaculatorio (IPE) en segundos. El proyecto fue aprobado por el Comité de Ética y se siguieron

procedimientos para el manejo de animales de laboratorio. Se consideró diferencia estadísticamente significativa si  $p < 0.05$ , IC 95%.

**Resultados:** Se encontró diferencia entre el grupo control y capsaicina en las variables: NI  $11.6 \pm 1.36$  vs.  $7.2 \pm 0.77$ ,  $p = 0.014$ ; LE  $310.5 \pm 38.87$  vs.  $168.8 \pm 18.71$ ,  $p = 0.004$ ; e IPE  $315.5 (196-437)$  vs.  $352(295-788)$ ,  $p = 0.026$ . No se presentaron efectos adversos.

**Conclusiones:** La capsaicina (0.1 mg/kg) tiene efecto facilitador sobre la conducta sexual de la rata macho al disminuir las variables NI, LE e IPE.

**Recomendaciones:** Se requieren mayores estudios para describir los mecanismos involucrados en el efecto de la capsaicina sobre la actividad sexual de la rata macho.

**Palabras clave:** Capsaicina, Conducta sexual, Modelo animal

**Conflicto de interés y declaración de divulgación:** Ninguno

## Is Human Growth Hormone a Physiological Mediator of Penile Erection in Adult Males?

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**Introduction & Objectives:** Human growth hormone (GH) has been suggested to be involved in sexual maturation and play a role in male reproductive function. Treatment with recombinant GH in adult patients with GH-deficiency increases nitric oxide (NO) and cyclic guanosine monophosphate (cyclic GMP). We have examined the role of GH in the mechanism of penile erection.

**Methods & Samples:** Using the tissue bath technique, effects of GH were investigated on the electrically-induced relaxation of isolated penile erectile tissue in both the absence and presence of ODQ (guanylyl cyclase inhibitor) and L-NOARG (NO synthase inhibitor). Effects of GH on the production of cyclic GMP were also elucidated. Blood was drawn from the corpus cavernosum penis and a cubital vein of 35 healthy adult males and 45 patients with erectile dysfunction during the penile conditions flaccidity (Fl), tumescence (Tu), rigidity (Ri, healthy subjects only) and detumescence (Det) and serum levels of GH were determined.

**Results & Conclusion:** ODQ and L-NOARG abolished the relaxation, whereas amplitudes were increased

by GH. The attenuation of EFS-induced amplitudes by L-NOARG but not ODQ was reversed by GH. Cyclic GMP production induced by GH was abolished in the presence of ODQ. Combining GH + L-NOARG maintained cyclic GMP production above baseline. In the healthy males, a marked increase in GH was registered during Tu, in the patients, GH levels were determined to be 7-fold lower than in the blood of the healthy males. The increase in GH levels from Fl to Tu was 5-fold weaker. In a cohort of patients with ED (age: 30 to 70 years), IGF-1 levels were significantly below the age-adapted reference values. Our results suggest that GH may mediate penile erection through its cyclic GMP-stimulating activity on human CC.

**Recommendations:** The findings provide evidence that GH might be of importance in the maintenance of erectile function.

**Keywords:** penile erection, human growth hormone (GH), nitric oxide (NO)

**Conflict of Interest and Disclosure Statement:** None

### Track: 5. Sexual Medicine

#### General Medical Condition and Female Sexual Dysfunction

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**Introduction & objectives:** Female Sexual Dysfunction (FSD) is any change or pain during intercourse. Endometrioses, mastectomy, and radiotherapy and chemotherapy in the treatment of cancer, inspire concern and attention with changes in FSD. We evaluated the populational characteristics of women assisted in the Sexology Department of the Centro de Referência

da Saúde da Mulher Pérola Byington Hospital (CRSM-HPB) with FSD caused by a general medical condition.

**Methods & Sample:** This is a descriptive study, based on the analysis of medical records of women assisted in the Sexology Department from 2015 to 2018. The women were submitted to a semi-structured questionnaire of the service applied in a private room by an experienced sexologist. The diagnosis of FSD was

based on DSM-IV-TR. We consider Sexual Violence (SV) any act against the patient's modesty without her consent. The protocol was approved by the Ethics and Research Committee.

**Results:** The total sample evaluated were 341 women, and of these, 36 had some general medical condition that was the main cause of FSD. The women evaluated had an average life of 44.7 years, with a predominance of endometriosis (47.2%), followed by breast cancer and uterine cervical cancer. 83.3% are married, 61.1 with a high school degree, 47.2% are Catholic, 41.7% were white ethnicity and 75% had no history of SV. There was a difference in the age of women with endometriosis, being statistically younger

than women with uterine cervical cancer and breast cancer ( $p = 0.037$  and  $p = 0.006$  respectively). The history of SV also showed a statistically significant association with the main cause ( $p = 0.024$ ), also presenting women with uterine cervical cancer, with no history.

**Conclusion & recommendations:** We can conclude that general medical condition has statistically significant association with women populational characteristics and SV.

**Keywords:** General Medical Condition, Female Sexual dysfunctions, Characteristics populational

**Conflict of Interest and Disclosure Statement:** None

## Sexting y Conducta Sexual de Riesgo en Adolescentes

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**Introducción & Objetivos:** El término "sexting" originalmente hace referencia a la combinación de sexo (sex) y enviar textos por teléfono móvil (texting), sin embargo con el avance de la tecnología ya no es posible delimitarlo al uso de teléfonos móviles sino que se ha expandido hacia aquellos mensajes con imágenes como fotografías o videos sexualmente sugestivas enviados a través de algún espacio virtual. El objetivo general del presente estudio es comparar por sexo el sexting y la conducta sexual de riesgo de los adolescentes.

**Metodos & Muestra:** Estudio descriptivo correlacion, en una población de 2,273, con una muestra de 343 participantes donde se seleccionaron a los participantes de forma aleatoria.

**Resultados & Conclusiones:** los hombres con una media de 55.51 ( $DE = 27.24$ ) practican más sexting que las mujeres ( $M = 45.66$ ,  $DE = 14.47$ ,  $p < .001$ ). Asimismo se realizó la comparación por sub-escalas donde en las 5 sub-escalas se encontró que el hombre con mayor frecuencia es el que recibe ( $M = 18.22$ ,  $DE = 9.29$ ,

$p > .002$ ), envía ( $M = 21.98$ ,  $DE = 12.16$ ,  $p > .001$ ) publica ( $M = 7.36$ ,  $DE = 4.25$ ,  $p < .002$ ) y utiliza sustancias durante el sext ( $M = 3.49$ ,  $DE = 1.81$ ,  $p < .005$ ). En cuanto a la conducta sexual de riesgo de igual manera, el hombre ( $M = 20.17$ ,  $DE = 2.23$ ,  $p < .001$ ) es el que ejerce mayor conducta sexual de riesgo en comparación con las mujeres ( $M = 10.93$ ,  $DE = 19.17$ ,  $p < .001$ ). Se observó que a mayor envío ( $\beta = .502$ ,  $p < .001$ ) y recibir ( $\beta = .248$ ,  $p < .01$ ) de sexting mayor conducta sexual de riesgo. El sexting es una nueva tendencia la cual lleva a los adolescentes a experimentar conductas que pueden afectar a su salud poniéndolos en riesgo de contraer alguna ITS e incluso el VIH, debido al alto índice de conducta sexual de riesgo y sexting que se encontró en el presente estudio.

**Palabras clave:** Sexting, Adolescentes, Conducta sexual de riesgo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Eighteen-Year Experience with Male-to-Female Gender-Affirming Surgery: Review of Technique and Surgical Results

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**Introduction & Objectives:** Gender dysphoria (GD) is an incompatibility between biological sex and personal gender identity; individuals harbor an unalterable conviction that they were born in the wrong body, which causes personal suffering. In this context, surgery is imperative to achieve a successful gender transition and plays a key role in alleviating the associated psychological discomfort.

**Methods:** retrospective cohort study of 186 Brazilian transgender woman who underwent GAS between January of 2000 and July of 2017. Patient demographics, intra and postoperative complications, reoperations, and secondary surgical procedures were recorded. The statistical analysis was conducted using Statistical Product and Service Solutions Version 18.0 (SPSS). Descriptive statistics were used to evaluate the study outcomes. Mean values and standard deviations or median values and ranges are presented for continuous measurements. Frequencies and percentages are reported for dichotomous and ordinal variables.

**Results:** results demonstrate that the average age at the time of surgery was 32.2 years (range, 18 to 61 years); the average of operative time was 3.3 hours

(range, 2 to 5 hours); the average duration of hormone therapy before surgery was 12 years (range, 1-39). The most common minor postoperative complications were granulation tissue (23.6 percent) and introital stricture of the neovagina (18 percent) and the major complications included urethral stenosis (23.6 percent) and hematoma/excessive bleeding (10.2 percent). A total of 36 patients (19.3 percent) underwent some form of reoperation. One hundred forty-six (80.7 percent) patients in our series were able to have regular sexual intercourse, and no individual regretted having undergone GAS.

**Conclusions:** the definitive treatment for patients with gender dysphoria is gender-affirming surgery. Our series demonstrates that GAS is a feasible surgery with low rates of serious complications. We emphasize the high level of functionality of the vagina after the procedure, as well as subjective personal satisfaction.

**Keywords:** transsexualism, gender-affirming surgery, surgical outcomes

**Conflict of Interest and Disclosure Statement:** None

## Track: 6. Public Health and Public policies

### Revisión Sistemática de Costos Asociados a Incontinencia Urinaria Femenina

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**Introducción & objetivo:** Debido a la anatomía del piso pélvico femenino, así como la presencia de diferentes factores de riesgos en el curso de vida, una de las patologías con mayor prevalencia, es la incontinencia urinaria (IU), con carga negativa en la calidad de vida que aunque no supone riesgo vital para las usuarias, conlleva la concurrencia de co-morbilidades y/o situaciones que determinan algunos costos directos (atención médica) e indirectos (perdidas por productividad). El objetivo es determinar la evidencia científica disponible respecto a estudios de costos asociados a la IU femenina.

**Método & muestra:** La búsqueda se realizó en bases de datos de PubMed, Elsevier, ScienceDirect, Scielo y Scopus, respecto a estudios de costos sobre calidad de vida, diagnóstico, tratamiento y rehabilitación de la IU. Los criterios de inclusión de los estudios seleccionados fueron: 1) Año de publicación: 2009–2018, 2) costos: directos e indirectos 3), Población: mujeres adultas (20 a 64 años), 4) Análisis de los resultados expresados en monedas y 5) Idioma Inglés y Español 6) Full Text

**Resultados:** de los artículos revisados, 22 cumplieron con los criterios de inclusión inicialmente y 14 de ellos fueron seleccionados para el análisis. Aunque las estimaciones de la carga económica total de la IU incluyen los costos directos, indirectos, solo 3 estudios refieren una proyección, según su prevalencia para Estados Unidos \$82,6 billones anuales proyectados al 2020, y de \$61,7 bill anuales para Australia proyectado al 2030.

**Conclusión & Recomendaciones:** Son escasos los estudios que demuestran los costos de una patología de alta prevalencia a nivel mundial, y más aún, en Latinoamérica y el Caribe (LAC) no existe registro de ellos, por lo tanto, se hace necesario realizar estudios locales, sobre costos directos e indirectos en esta patología, especialmente en mujeres de edad laboral, puesto que permitiría cuantificar la pérdida de productividad.

**Palabras clave:** Cost of illness, Incontinencia Urinaria, Mujer

**Conflicto de interés y declaración de divulgación:** Ninguno



## Percepciones Sobre la Sexualidad, Roles de Género y Violencia de Género en Edades Tempranas: Seguimiento de Una Cohorte de 6000 Niñas y Niños de 9 y 11 Años de Edad en Colombia

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**Introducción y objetivo:** La Encuesta Nacional de Demografía y Salud, ENDS 2015, demostró que los estereotipos de género que legitiman la violencia contra la mujer y el insuficiente acceso a programas de educación para la sexualidad desde edades tempranas explica la violencia de género en Colombia. Este estudio describe las percepciones y conocimientos sobre la sexualidad, roles de género y violencia de género de niñas y niños escolarizados en Colombia.

**Métodos y muestra:** Primero, ocho municipios fueron seleccionados según indicadores socio-económicos, embarazo adolescente y violencia de género (Bahía Solano, El Carmen de Atrato, Caloto, Miranda, Pivijay, Aracataca, Dibulla y Uribia). Segundo, los criterios de inclusión y exclusión de la cohorte fueron definidos: niñas y niños escolarizados de 9 y 11 años de edad. Tercero, una encuesta de Conocimientos, Actitudes y Prácticas (CAP) fue diseñada y validada para recolectar datos de 6.000 niñas y niños de la cohorte.

**Resultados preliminares:** Entre los resultados a destacar se encuentran: i) desconocimiento del término sexualidad (relación con relaciones sexuales); ii) quienes creen conocerlo lo dialogan principalmente

con su madre, padre o sus amigos, y un porcentaje importante refieren no hablarlo con nadie; iii) El 3% asegura haber tenido relaciones sexuales; iv) el 37% creen que una mujer necesita un hombre para ser feliz; v) 54% piensa que los hombres necesitan de una mujer en la casa; y, vi) el 47% que el hombre es el responsable de los gastos de la familia.

**Conclusiones y recomendaciones:** Las niñas y niños interiorizan y reafirman roles tradicionales de género y tienen conocimiento limitado y percepciones erradas sobre la sexualidad. Son necesarias estrategias de educación integral en sexualidad para entregar información de calidad, generar procesos de empoderamiento desde el ejercicio de sus derechos sexuales y reproductivos, y aumento de su incidencia política y social.

**Palabras clave:** sexualidad, roles de género, edad temprana

**Fuente de financiamiento:** Profamilia/Gobierno de Canada

**Conflicto de interés y declaración de divulgación:** Ninguno

## Piloting Sexual Assault Care Centers in Belgium: Who do they Reach and What Care Is Offered?

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**Introduction:** Care for victims of sexual violence (SV) is mostly fragmented in Belgium. From November 2017 sexual assault care centers (SACCs), offering holistic care to victims of acute SV, were piloted. Forensic, medical and acute psychological care is offered by a forensic nurse, while vice inspectors perform an interrogation at the SACC for those wishing to file a complaint. Follow-up care is coordinated by the case manager and the psychologist provides mental health support. A quantitative prospective study was carried out assessing the characteristics of SACC patients, the SV they experienced and the care received, in order to inform the upscale of the model.

**Methods:** Data on all SACC patients was routinely collected in the electronic patient files by the SACC personnel between November 1st, 2017 and October 31st 2018. Data was exported from the three sites and analyzed in SPSS.

**Results:** Within the first year SACCs were attended by 930 victims. Mean age was 24,5 years (SD = 12.8), and one third were minors. Eighty-eight percent of victims was female and 67% presented for rape. Fifty-seven percent of the assailants were known to the

victim. Thirty-five percent of the victims self-referred to SACC, 41% were referred by the police, and 66% of victims attended services within 72 hours. Respectively 75%, 61%, 47% and 68% of victims received medical care, a forensic examination, psychological care and filed a complaint to the police. Patient- and violence-related factors influencing the uptake of care are currently being analyzed.

**Conclusions:** Without big publicity the SACCs received a higher than expected number of victims. Expansion of the collaboration with police and targeted communication strategies should further increase the number of victims receiving appropriate care. Qualitative research assessing the acceptability of the SACC model is ongoing and will further inform the scale-up of the model.

**Keywords:** Sexual assault, Post-assault care, Multidisciplinary care

**Source of Funding:** IGVM on behalf of Belgian Secretary of State of Equality

**Conflict of Interest and Disclosure Statement:** None

## Derechos Sexuales y Reproductivos en América Latina y el Caribe, ¿Qué Tanto se ha Avanzado?

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**Introducción:** El Consenso de Montevideo sobre Población y Desarrollo en América Latina y el Caribe es el documento donde se plasman los compromisos que los gobiernos de la región han asumido en temas de derechos sexuales y reproductivos, entre otros asuntos. Con el fin de conocer y analizar el cumplimiento de estos compromisos, 8 redes de sociedad civil

lideraron un proyecto de monitoreo social para la incidencia llamado “Mira Que Te Miro”.

**Metodología:** Se hizo una investigación documental validada por comités nacionales de organizaciones diversas, para revisar la legislación, programas, políticas, protocolos y recursos de 23 países para conocer el grado de cumplimiento de los compromisos

asumidos en el Consenso en 11 temas: Laicidad, Educación integral en sexualidad, Aborto, Servicios de SSR, Servicios amigables para jóvenes, Derechos sexuales, Parto humanizado, Atención de violencia de género, Prevención de mortalidad materna, VIH/sida y Rendición de cuentas.

**Resultados:** El promedio de cumplimiento alcanza un 60%, siendo Cuba, Uruguay y Brasil los más avanzados. Países del Caribe anglófono y de Centroamérica son los que presentan menor progreso. En materia de aborto dos tercios de los países cuenta con marcos legales limitados, siendo el tema más rezagado. En rendición de cuentas se evidencia que más de la mitad no asignan presupuestos a los compromisos asumidos en materia de DSDR. VIH/Sida y prevención de mortalidad materna son los que tienen mayor avance.

**Recomendaciones:** El Consenso de Montevideo representa una oportunidad para que los gobiernos desarrollen políticas y programas que respondan a los DSDR. Todos los países tienen áreas con significativas brechas, particularmente para jóvenes y mujeres. La metodología será replicada cada dos años para medir a través del tiempo los cambios que haya en la legislación, las políticas públicas, los programas y los protocolos esperando se avance hacia el cumplimiento efectivo de los compromisos asumidos.

**Palabras clave:** Derechos sexuales, Aborto, Latinoamérica

**Fuente de financiamiento:** RFSU

**Conflicto de interés y declaración de divulgación:** Ninguno

## Política de Prevenção da AIDS na Escola no Brasil (1994-2014) e o Papel da UNESCO

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**Introdução:** Escola como espaço institucional estratégico para prevenção da aids no âmbito da política brasileira de enfrentamento da epidemia. Informação, valores e conhecimentos transmitidos pela escola têm influência na vida de adolescentes e jovens. O objetivo foi analisar a evolução da política de prevenção à aids dirigida a esse público desenvolvida nas escolas e o papel da Unesco.

**Método:** Análise documental e entrevistas. Sistematização, consolidação e análise da informação técnica e estatística existente. Entrevistas com gestores de saúde e educação, ONG e *stakeholders* para confirmar e qualificar as informações produzidas pela análise documental.

**Resultados:** Política de abrangência nacional: Projeto Escola (1995-2004); Projeto Saúde e Prevenção na Escola (2005-2007); Programa Saúde na Escola (2007-2014). Inicialmente com foco na prevenção, as ações passaram a integrar um conjunto amplo de objetivos e conteúdos de saúde, de caráter educativo-preventivo e assistencial. Grande número de escolas trabalham o tema; baixa efetividade da ação educativa. Disponibilização de preservativos nas escolas pouco implementada. Recrudescimento no ambiente político de posições contrárias à diversidade

sexual e aos grupos de risco para infecção pelo HIV com reflexo sobre as atividades. Interferência de partidos políticos conservadores e do *lobby* das igrejas junto às instâncias decisórias da política e da gestão como um impedimento sério à continuidade, à ampliação e à qualidade das ações.

**Conclusão:** Os jovens permanecem como uma das populações chaves para controle da epidemia. Futuro da prevenção das IST/aids nas escolas contencioso: maioria dos *stakeholders* entende que ação deveria ser repensada e retomada de forma isolada ou associada a estratégias complementares; outros defendem que ela deva ser substituída. Unesco teve papel estratégico e essencial para promover a aproximação de interesses e a articulação e cooperação entre os Ministérios da Saúde e da Educação, criação e implantação dos projetos, produção de materiais educativos e preparação de professores e gestores.

**Palabras clave:** educação em sexualidade, HIV/AIDS, Política pública

**Fuente de financiamiento:** UNESCO

**Conflicto de interés y declaración de divulgación:** Ninguno

## Comportamentos Sexuais e Barreiras Sociais na Atenção em Saúde de Homens Transgênero

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**Introdução e objetivos:** Homens transgênero são indivíduos concebidos como mulher ao nascimento, porém se identificam como homens. A incongruência de gênero e a estigmatização dessa identidade podem acarretar sintomas psicológicos trazendo sofrimento. O acesso aos serviços de saúde para essa população no Brasil é dificultado por questões sociais e culturais que as afastam do cuidado em saúde, tornando-a mais vulnerável. O baixo acesso aos serviços de saúde e a pesquisa limitada contribuem para o pouco conhecimento sobre especificidades de cuidado. Esse estudo objetivou avaliar as práticas sexuais, características sociodemográficas, dificuldades no acompanhamento ginecológico, desejos e acessos ao processo transexualizador, e barreiras familiares e/ou conjugais de homens transgênero atendidos em um serviço de referência.

**Métodos:** Estudo retrospectivo, qualitativo, descritivo, realizado em prontuários de 17 pacientes do Serviço de Sexologia da Maternidade Escola Assis Chateaubriand (MEAC), Fortaleza – CE, Brasil.

**Resultados:** Os pacientes foram atendidos por duas profissionais, uma médica sexóloga e uma ginecologista. Os registros traziam impressões diagnósticas das profissionais, dados de história pregressa e familiar,

além de relatos dos pacientes. A idade variou de 18 a 42 anos (média de 26 anos). A maioria tinha relacionamento afetivo com mulheres cisgênero. As práticas sexuais mostraram-se diversas e com modificações ao longo da construção da identidade, com relatos de penetração digital, peniana, com uso de *packers* e artigos eróticos. Sexo oral e a masturbação foram observados. Quanto à orientação sexual, houve variabilidade, com maioria heterossexual. Entre as barreiras no acesso em saúde, relatou-se o não respeito do nome social, o medo pela falta de preparo e de conhecimento das demandas em saúde por parte dos profissionais, as barreiras impostas por familiares e/ou cônjuges.

**Recomendação:** Compreender as barreiras de acesso à saúde dos homens transexuais, favorece o desenvolvimento de estratégias, contribuindo para a construção do conhecimento sobre as especificidades de saúde dessa população.

**Palabras clave:** Homens Transgênero, Práticas Sexuais, Barreiras de Acesso à Saúde

**Conflicto de interés y declaración de divulgación:** Ninguno

## Inequidades en la Atención y Prevención de la Violencia Sexual en Mujeres y Niñas Migrantes Venezolanas en Colombia: Análisis Cualitativo en un Contexto de Crisis Humanitaria

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**Introducción:** Las mujeres y niñas migrantes venezolanas regulares e irregulares tienen múltiples necesidades insatisfechas en salud sexual y reproductiva. La migración como determinante intermedio de la salud las expone a diferentes formas de violencia sexual, que afectan su salud física (embarazos no deseados, abortos inseguros, ITS y VIH), este sufrimiento como

resultado trae un aumento de la carga de enfermedades mentales como la depresión, ansiedad y el consumo de sustancias.

**Objetivos y métodos:** A partir de la evaluación del grado de implementación del Paquete Inicial Mínimo (PIMS) de Salud Reproductiva en situaciones de crisis humanitarias, fue posible analizar el abordaje de la

violencia sexual en cuatro ciudades de la frontera colombo-venezolana (Arauca, Cúcuta, Riohacha y Valledupar). Investigación cualitativa que combinó revisión de literatura, grupos focales de discusión (hombres y mujeres entre 14-49 años n = 24), entrevistas con informantes claves (n = 23) y evaluación de instalaciones de salud (n = 21). Investigación aprobada por Comité de Ética de Profamilia.

**Hallazgos:** Entre las necesidades insatisfechas en el abordaje de la violencia sexual se encontraron: i) falta de información sobre disponibilidad de servicios para víctimas; ii) insuficiente prevención y protección frente a la explotación sexual; iii) barreras en acceso a anticonceptivos, especialmente anticonceptivos de emergencia; iv) insuficiente acceso a servicios de aborto seguro y atención post-aborto; y iv) ausencia de una

respuesta combinada en prevención y atención profiláctica de ITS.

**Discusión y recomendaciones:** Surgen tres áreas de acción para abordar la violencia sexual exitosamente desde el PIMS en contextos de crisis humanitaria: i) garantizar acceso equitativo a los SSR a mujeres y niñas migrantes víctimas; ii) aumentar la comunicación sobre rutas y SSR disponibles para todo el espectro de formas de violencia sexual; y iii) aumentar el compromiso comunitario.

**Palabras clave:** Violencia Sexual, Migración, Inequidades

**Fuente de financiamiento:** Profamilia/Federación Internacional de Planificación Familiar IPPF

**Conflicto de interés y declaración de divulgación:** Ninguno

## Impacto de las Políticas de Educación Sexual en la Salud Sexual y Reproductiva Adolescente en el Sur de Chile, Período 2010–2017

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**Introducción:** Desde los años 2001 y 2012 se incorporan contenidos sobre sexualidad en el currículum de 6°/7° básico y 2°/3° medio. A partir del año 2010 se legaliza que la población adolescente debe recibir educación sexual. Se propusieron siete programas en esta materia para establecimientos educacionales. Su implementación y sus resultados no han sido evaluados.

**Objetivo:** Evaluar el impacto de las políticas de educación sexual implementadas en Chile, en la salud sexual y reproductiva de la población adolescente de la comuna de Concepción entre los años 2010 y 2017.

**Método y muestra:** Estudio ecológico en establecimientos educacionales e indicadores de salud sexual y reproductiva en adolescentes. Incluyó 51 establecimientos y estadísticas de embarazo, uso de métodos anticonceptivos (MAC), casos de infecciones de transmisión sexual (ITS) y violencia sexual.

**Resultados:** El 43% de éstos implementaron algún programa de educación sexual; El 80% ha incorporado los contenidos curriculares, y la misma cifra ha

ejecutado iniciativas propias de sexualidad y asesorías externas con un alcance del 84%. Se observa un descenso del embarazo adolescente, aumento del uso de MAC, pero disminuyó el uso de condón masculino, y un aumento de los casos de gonorrea y VIH, así como las cifras de violencia sexual hacia adolescentes.

**Conclusiones:** A pesar del descenso de algunos indicadores de salud sexual y reproductiva en adolescentes, es preocupante el aumento de las ITS y la disminución del uso de métodos que previenen su contagio, así como la violencia sexual que también es un riesgo para adquirir ITS.

**Palabras clave:** Educación Sexual, Salud Sexual, Salud Reproductiva

**Fuente de financiamiento:** Proyecto de iniciación de la Vicerrectoría de Investigación y Desarrollo de la Universidad de Concepción (217.084.017-1.0IN)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Training Toolkit – Sexual Pleasure: The Forgotten Link in Sexual and Reproductive Health and Rights

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In many parts of the world, talking about sexuality and sexual relationships can be difficult for both sexual and reproductive health (SRH) service providers and their clients. Discussions are often limited to identifying a solution to a problem, within a risk-based approach. Establishing sexual pleasure as a starting point can provide a broader and more positive focus on sexual health and sexual rights, helping people to make informed decisions about sexual relationships including how to prevent risks.

The Global Advisory Board for Sexual Health and Wellbeing (GAB) developed a training toolkit to strengthen health professionals' skills in providing quality SRH services, using GAB's triangle approach that links sexual pleasure to sexual health and sexual rights at the core.

The training provides practical guidance for SRH providers about how they can:

- Put into practice a sex-positive approach in order to explore issues related to sexual health and sexual rights with their clients;
- Proactively incorporate information about sexual pleasure when communicating with clients; and

- Support clients with autonomous decision-making regarding their sexual relationships and sexuality in general;

An innovative element in the toolkit is the *Pleasuremeter*. This tool 'unpacks' sexual pleasure in clear and comprehensible components, and can help providers to improve and complement sexual history-taking and communication with their clients.

The toolkit has received positive feedback from medical students and SRH professionals who have attended workshops across the Czech Republic, the United Kingdom, India, South Africa, the Netherlands, the United States, Lebanon, and China.

Addressing sexual pleasure and its links to sexual health and sexual rights can lead to more effective SRH service delivery. The GAB is currently developing an online course and a monitoring and evaluation system to support the implementation of the toolkit.

**Keywords:** Sexual Pleasure, Capacity Building, SRH Service Providers

**Source of Funding:** The training toolkit was supported via an unrestricted grant from Durex.

**Conflict of Interest and Disclosure Statement:** None

## Panorama de la Laicidad y los Desafíos para los Derechos Sexuales y Reproductivos en América Latina

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**Introducción & objetivos:** América Latina es una región con una tradición laica que se ha visto amenazada en las últimas décadas. El objetivo de este reporte es conocer el estado actual de las legislaciones en materia de laicidad para analizar posibilidades de

avance y de retroceso para los derechos sexuales y reproductivos en la región.

**Método(s) & muestra:** A través de un índice de laicidad se analizan los marcos normativos de 19 países de América Latina, en cuanto a la definición e



invocaciones divinas en legislaciones e instituciones; el financiamiento, formas de registro y acuerdos con las distintas iglesias así como la garantía de derechos incluyendo educación y libertad de conciencia. Se enuncian las posibilidades de avance y de riesgos retroceso para los DSyDR de las mujeres en la región.

**Hallazgos & discusión:** En la región todavía existe un gran peso de lo religioso en la definición de Estado, ya que subsisten ritos y formas de legitimación divinas, impactando las formas en que se configuran las relaciones entre las distintas Iglesias y el Estado, por lo que lo religioso sigue teniendo un fuerte peso en la toma de decisiones públicas, sobre todo en países de Centroamérica. Un poco menos de la mitad de los países, todavía tienen acuerdos formales con la Iglesia Católica y se destina parte de financiamiento público a actividades con sustento religioso. En lo que concierne a la garantía de derechos reproductivos y sexuales,

aunque legalmente establecidos, todavía existen interferencias simbólicas que impiden su pleno ejercicio, como en el acceso a servicios de salud sexual.

Se encuentran en construcción la matriz para los elementos regionales que permitan el avance así como los indicadores de riesgos de retroceso.

**Recomendaciones:**

- Definir explícitamente como laicos
- Definir formas de separación que configure formas imparciales e igualitarias con todas las creencias

**Palabras clave:** laicidad, derechos reproductivos y sexuales, políticas públicas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Aborto en Mujeres Entre los 18 y 49 Años en Lima, Perú

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- Perú mantiene una política altamente restrictiva respecto al aborto. Sin embargo, este se realizan de manera clandestina en diversas condiciones de salubridad. En cara a esto, nuestro objetivo fue estimar la prevalencia de aborto y conocer las condiciones bajo las que se da el mismo
- Se realizaron encuestas en hogares a 2400 mujeres entre los 18 y 49 años de zonas urbanas. Se realizó un muestreo probabilístico, multietápico y estratificado por Nivel Socioeconómico (NSE). Se aplicó la “técnica de urna” para asegurar anonimato y reducir el riesgo de deseabilidad social.
- En promedio, el 19% (+-2) de las mujeres peruana entre los 18 y 49 años ha abortado al menos una vez en su vida. En el 58% de los casos las mujeres acudieron a un personal de salud. Entre ellas, el 78.83% tuvo un aborto quirúrgico, el 21.17% usó pastillas y el resto usó otra cosa o no sabe que se usó. Entre el 42% que refirió no haber acudido a un

personal de salud, el 22.58% tuvo una intervención quirúrgica, el 77.42% usó pastillas y el resto usó otros métodos o no sabe que se usó. Del total de personas que abortaron con pastillas, solo el 17.12% requirió ser hospitalizadas a causa del aborto, mientras que del total de mujeres que tuvieron un aborto quirúrgico, el 48.80% requirió ser hospitalizada a causa del aborto.

- La ilegalidad del aborto no ha evitado su ocurrencia. Encontramos un alto porcentaje de mujeres que acuden a medios alternativos o hacen uso de sus propios medios para realizarse un aborto, El aborto realizado con pastillas ha requerido una menor tasa de hospitalización que el quirúrgico, lo cual nos plantea una serie de teorías sobre los motivos de esta ocurrencia. Existe una tendencia al uso de métodos quirúrgicos entre los prestadores de salud.

**Palabras clave:** aborto, aborto inseguro, Peru

**Fuente de financiamiento:** Este estudio fue realizado con el financiamiento institucional recibido de: “INTERNATIONAL WOMEN’S HEALTH COALITION”, “FONDO DE COOPERACIÓN AL

DESARROLLO- BÉLGICA” Y “PLANNED PARENTHOOD GLOBAL”

**Conflicto de interés y declaración de divulgación:** Ninguno

## Healthy Sexuality Development in Early Adolescence (Ages 10-14): Findings from Indonesia

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**Introduction & objectives:** Early adolescence (ages 10-14) is a critical developmental phase of physical, cognitive, social and emotional transitions, all of which affect sexual and reproductive health and rights (SRHR). However, little is known about aspects of healthy sexuality development during this period of life, especially in South East Asia where sexual norms remain restrictive in many contexts. The objective of this study is to assess healthy sexuality development from a broad sense among early adolescent girls and boys in Indonesia.

**Method(s) & Sample:** Data were collected with 12-13-year-old students in three Indonesian sites as part of the *Global Early Adolescent Study* in 2018, using computer-assisted self-interviews (N = 4,681). Descriptive and bivariate analysis using Chi<sup>2</sup> were conducted to assess several proxy indicators of healthy sexuality (sexual literacy, body image, self-efficacy, gender attitudes, interpersonal skills, consensual relationships) measured primarily via scales, and test for differences by gender.

**Results:** The mean age of students was 12 years (58% female); 90% had started puberty. Knowledge about pregnancy and HIV was low overall, indicating

low sexual literacy, but higher among boys than girls ( $p < 0.001$ ). Boys also reported more body comfort ( $p < 0.02$ ) and less guilt related to sexual desire than girls ( $p < 0.001$ ), as well as greater support for unequal gender norms and experiences of power imbalance in romantic relationships ( $p < 0.001$ ). In contrast, girls expressed higher freedom of voice and decision-making on education and marriage compared to boys, and higher perceived self-efficacy to negotiate consent ( $p < 0.001$ ); however boys reported higher self-efficacy to obtain information about contraceptives and initiate romantic relationships ( $p < 0.001$ ).

**Conclusion & recommendations:** While young adolescents in Indonesia score high on some indicators of healthy sexuality development, misconceptions, feelings of guilt and uncertainty related to SRHR is common, with clear gender differences. Comprehensive sexuality education should start early in adolescence to support sexual well-being throughout the life-course.

**Keywords:** Adolescence, Sexual well-being, Indonesia  
**Source of Funding:** Bill and Melinda Gates Foundation

**Conflict of Interest and Disclosure Statement:** None

## Do no Harm: Patient-Centered Forensic Examinations upon Sexual Assault

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**Introduction:** With the piloting of three Sexual Assault Care Centres (SACC), Belgium is moving from a sole perpetrator-focused judicial approach to patient-driven holistic care for victims of sexual violence (SV). As forensic examination remains crucial upon acute sexual assault, a dialectical process with forensic, medical, judicial and psychosocial experts resulted in a patient-centered and evidence-based “Forensic Roadmap” (FOR) that allows for high quality patient-tailored forensic examinations embedded within psychosocial and medical care and which can be administered in the absence of a complaint.

**Method & sample:** Between November 2017 and October 2018, 930 victims of acute SV admitted to the 3 SACCs being piloted in Belgium. Through registration data we evaluated how many FORs were administered in this sample, and triangulated this with data from interviews and focus groups on acceptability and outcome with patients, forensic nurses, doctors, police and justice involved.

**Findings:** In 61% of the attended victims, a FOR was administered. Within the broader holistic care provision, patients evaluate the FOR as an acceptable necessity, not re-traumatizing and as a security in the

decision-making of filing a complaint or not. Police and justice indicate that the FOR leads to more focused interviews and more efficient investigations. Justice stresses that it now also broadens their agency timing as evidence is correctly collected and stored while victims are provided with long term care impacting their informed decision making on filing a complaint. DNA-labs indicate that the FOR leads to quick and focused inquiries on a broader range of traces compared to before.

**Discussion:** Our findings prove that forensic examinations can be patient-centered and can lead to positive outcomes at patient, police and justice level if they are embedded in high quality holistic care provision.

**Recommendation** We recommend structural law enforcement and national roll-out of the Forensic Roadmap in SACCs.

**Keywords:** forensic examination, sexual violence, holistic care

**Source of Funding:** Belgian Institute of Equality between Women and Men on behalf of the Belgian Secretary of State of Equality

**Conflict of Interest and Disclosure Statement:** None

## Exploring Associations Between Place of Sex Work and HIV Vulnerabilities Among Gender Diverse Sex Workers in Jamaica

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**Introduction and objectives:** Sex work and same-sex practices are criminalised in Jamaica. The HIV prevention needs among sex workers in Jamaica remain underexplored. We examined social-ecological factors (*structural*: police harassment; *community*: place of sex work; *intrapersonal*: depression) associated with HIV infection among sex workers in Jamaica.

**Methods and sample:** We conducted a cross-sectional survey with sex workers in Kingston, Ocho Rios, and Montego Bay, Jamaica. We conducted structural equation modeling (SEM) to examine direct and indirect associations between place of doing sex work on HIV status via mediators of police harassment and depression.

**Results:** Among 340 sex workers (mean age: 25.77, SD = 5.71; 16.23% HIV-positive), one-third (n = 124; 36.47%) identified as cisgender men, nearly one-third (n = 101; 29.71%) as transgender women, and one-third (n = 115; 33.82%) as cisgender women. Approximately half (51.18%) reported ever experiencing police harassment (including incarceration; physical and sexual violence, robbery, arrest). Over half (60.44%) reported conducting sex work in a public location (the street, beach, public bathroom). Multivariate logistic regression analyses indicate that police harassment (AOR: 1.22, 95% CI: 1.07-1.39,  $p < 0.01$ ) and depression (AOR: 1.28, 95% CI: 1.02-1.68,  $p < 0.05$ ) were associated with increased odds of an HIV-positive serostatus. SEM indicated that public place of doing sex work had a significant indirect effect on HIV-positive serostatus, with depression and police harassment fully mediating the relationship and accounting for 37.44% of the total effect. Final model

fit indices suggested that the model fit the data well ( $\chi^2[1] = 3.267$ ,  $P = 0.07$ ; CFI = 0.983; RMSEA = 0.08; WRMR = 0.369).

**Conclusions and recommendations:** Findings suggest that sex work criminalization converges with outdoor place of doing sex work to elevate exposure to police violence and mental health challenges, in turn increasing HIV vulnerabilities. HIV and human rights interventions grounded in a social-ecological approach with attention to the social geography of sex work can focus on decriminalizing sex work and same-sex practices.

**Keywords:** Jamaica, sex work, HIV

**Source of Funding:** Canadian Institutes of Health Research. Canada Research Chairs Program. Ontario Ministry of Research & Innovation.

**Conflict of Interest and Disclosure Statement:** None

## Sexual Bullying Victimization Among Schooled Adolescents in Tunisia

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**Introduction & objectives:** Bullying victimization has recently gained increasing attention as a risk factor for a wide range of health problems. It has been suggested that among adolescents, a considerable part of bullying is of sexual nature. Unfortunately, sexual harassment, recognized as a traumatizing experience for those who are victimized, has been poorly investigated in Tunisia.

The aim of our study was to investigate the prevalence of sexual harassment and its correlates among schooled adolescents.

**Method(s) & Sample:** We conducted a cross sectional study in the urban and rural areas of El Kef governorate, Tunisia during the school year 2018–2019. We used a 2-stage random sampling procedure to select the participants. The sample size was estimated at 902 adolescents. Ten middle-schools were selected and students were sampled from the target lists.

The Revised Olweus Bully/Victim Questionnaire (OBVQ) was used to assess bullying victimization

among adolescents. For the purpose of this study, we considered the two dimensions of sexual bullying and cyber bullying. Adolescents' mental health status was assessed using the Strengths and Difficulties Questionnaire (SDQ).

**Results:** A total of 1111 students were recruited. 58% of them were female. The mean age was  $13.1 \pm 1.0$  years. The prevalence of sexual victimization was 8.1%. Sexual bullying victimization was significantly associated with the adolescent's educational level ( $p = 0.015$ ), the mother educational level ( $p = 0.03$ ) and the parent's occupational status ( $p = 0.002$ ). Adolescents experiencing sexual bullying were more likely to develop adjustment difficulties including hyperactivity, emotional symptoms, conduct problems and peer- problems ( $p < 10^{-3}$ ).

**Conclusion & recommendations:** The results of our study pointed out the high prevalence of sexual health victimization among Tunisian schooled adolescents regardless of their gender. Results also revealed that

adolescents experiencing sexual bullying were more likely to develop adjustment difficulties and less prone to disclosure.

**Keywords:** adolescent, sexual bullying, mental health  
**Conflict of Interest and Disclosure Statement:** None

## Awareness, Access and Uptake of Reproductive Health Mobile Applications: Results from a Global Survey

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**Introduction and objectives:** The provision of accurate and tailored information on sexual and reproductive health and rights (SRHR) interventions is important to promote safe and effective self-care. Digital health technologies, including mobile applications (apps) for SRHR, offer potential conduits for information beyond more traditional sources in the formal health system.

**Method and sample:** A global web-based survey was conducted to inform World Health Organization normative guidance. Descriptive analyses of the results of this global values and preferences survey provided insight on awareness, access, and uptake of SRHR mobile apps.

**Results:** Participants (n = 825; mean age: 34.6), were from diverse global regions: Africa (26.1%), Asia (17.6%), Europe (27.2%), Latin America and the Caribbean (15%), Northern America (13.3%), and Oceania (0.8%). Respondents were asked about familiarity with reproductive health mobile apps, such as fertility/pregnancy management apps. Over half (54.8%) knew what reproductive health mobile apps were and where to access, one-quarter (24.6%) knew what they were but did not know how to access, and

one-fifth (20.5%) did not know what these were. Nearly one-quarter (23.9%) had used reproductive health mobile apps (4.8% in the past three months), over half (54.1%) had never used, and 22% reported they didn't need this. Respondents reported the most important factors contributing to their decision to use reproductive health mobile apps were access (51.7%), convenience (48.8%), privacy/confidentiality (41.4%), and empowerment (28.8%). Participants in high income countries expressed higher willingness to buy a reproductive health mobile app than those in low and middle-income countries.

**Conclusions and recommendations:** Global usage of reproductive health mobile apps is widespread and holds great potential in advancing SRHR, including for self-care interventions. Global survey results are in line with recent reviews which highlight the effectiveness of mobile and digital technologies to provide appropriate information for safe and effective self-care for SRHR.

**Keywords:** digital health, mobile phone app, reproductive health

**Conflict of Interest and Disclosure Statement:** None

## Piloting a Chat Service for Victims of Sexual Violence in Belgium

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**Introduction & Objectives:** Belgian Sexual Assault Care Centers (SACCs) provide forensic, medical and psychological care to victims of acute sexual violence (SV). Currently, victims are oriented by the police or

self-admit to the SACCs by phone, mail or in person. Our feasibility study showed that hard to reach groups as adolescents and men face more barriers to orally seek help after SV and called upon non-verbal first



communication. Aiming at widening the accessibility options to the SACCs, we conduct a pilot study on offering a chat service, linking victims of SV with the SACC. A process evaluation will be conducted, describe the characteristics of its users and the appraisal of the services offered.

**Methods & Sample:** Between April and September 2019, data will be collected on the characteristics of the chat users, the type of sexual violence, the time between the assault and contact by chat, the type of questions asked, the help offered and the potential referrals to support services as well as the effective uptake at the SACC. Data on the use of the chat service will be routinely collected from the chat tool and the data on the characteristics of the chat users will be collected by the personnel from April until September

2019. Data will be exported and analyzed in SPSS for descriptive statistics.

**Results:** Preliminary findings will be available and presented at the 24th Congress of the World Association for Sexual Health.

**Conclusion & Recommendations:** This pilot study aims to inform the national upscale and potential international implementation of chat services for sexual assault care centers. The insights in the health seeking behavior of victims of SV will also allow to generally improve access to SACCs.

**Keywords:** sexual assault care centers, sexual violence, hard to reach groups

**Source of Funding:** IGVM on behalf of Belgian Secretary of State for Equality

**Conflict of Interest and Disclosure Statement:** None

## Revisión Sistemática Sobre Conductas Sexuales de Riesgo en Adolescentes Indígenas

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**Introducción:** El desarrollo de la salud sexual se encuentra enraizada en la cultura. Los pueblos indígenas mantienen creencias y tradiciones, puestas en práctica al momento de ejercer su salud sexual y reproductiva, así como normas y cuidados para los distintos periodos del ciclo vital, que permanecen en un ámbito intracultural y son transmitidos en forma oral en su socialización. Las conductas sexuales de riesgo se consideran producto del desconocimiento de cómo protegerse; los índices de riesgo alto se asocian al desuso del preservativo y las relaciones sexuales a edades tempranas, pero a pesar de darse a conocer las consecuencias negativas que pudiera acarrear, su prevalencia aún es alta.

**Objetivo:** Efectuar una revisión sobre la temática de adolescencia y conductas de riesgo a través del análisis de la intersección de género y etnia.

**Método y muestra:** A través de una sistematización por operadores booleanos: Adolescencia, indígenas, riesgo sexual OR conducta sexual, AND género, salud pública OR salud sexual, se detectaron 1019 documentos. Se eligieron para el análisis 17 documentos de investigaciones en México, periodo 2013-2018.

**Hallazgos y discusiones:** Esta revisión permite concluir que el *género* se encuentra de una manera invisible y callada en las presentaciones que los y las adolescentes comparten, otorgándole significados a la feminidad, masculinidad, al cuerpo y sexualidad según sus prácticas y el contexto social. Sin embargo, aunque existen diferencias en la forma de vivir la sexualidad entre hombre y mujeres surgen circunstancias que se encuentran presentes en su realidad sexual. Es común en hombres considerar las conductas a manera de autoafirmación y reconocimiento social, esto les impide percibir los riesgos; las mujeres sí perciben riesgo, pero hay presión social.

**Recomendaciones:** Es necesario incentivar la investigación empírica en adolescentes de pueblos originarios con el fin de atajar la problemática mediante acciones de salud pública.

**Palabras clave:** Género, indígenas, riesgo sexual

**Fuente de financiamiento:** Beca CONACYT de estudios de posgrado

**Conflicto de interés y declaración de divulgación:** Ninguno



## Track: 7. Education

### Multidisciplinary Sexual Health Education for Medical and Healthcare Students

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**Introduction and rationale:** Sexuality education in undergraduate medical and health sciences education in Finland is currently inadequate to prepare university students for future professional practice. The purpose of this project is to plan and implement a multidisciplinary elective introductory course in sexual health (5 ECTS) for medical, psychology and midwifery students as a joint program in the University of Helsinki and Metropolia University of Applied Sciences.

**Project:** We identified attitudes, knowledge, and skills that should be contained in a comprehensive course for undergraduate medical and health sciences students in areas of human sexuality. A key objective is the reassessment of student attitudes and values towards sexuality, aiming towards an objective, evidence-based and professional perspective on these important issues. A second key objective is attaining basic competency in addressing questions of sexuality. A third objective is preparing the student to assess common sexual problems and dysfunctions. The course will be based on the PLISSIT model, emphasizing permission to talk about sexuality in clinical consultation, providing limited information, and

understanding when to refer for further consultation with a medical or a sexological specialist.

**Outcomes:** We will address the impact of the course using the 22-item Students' Attitudes Towards Addressing Sexual Health survey before and after the elective. Statistical analysis will be conducted using paired Student's t-tests and Cohen's d as an effect size measure. Student satisfaction will also be assessed.

**Discussion and recommendations:** Sexuality is an integral part of the human experience in health and disease. This pilot project is a much-needed step in introducing sexuality to the curriculum of future medical and healthcare professionals.

**Source of Funding:** University of Helsinki

**Conflict of Interest and Disclosure Statement:** None

#### Citation of supporting literature:

Gerbild, H., Larsen, C.M., Rolander, B. et al. *Sex Disabil* (2017) 35: 73.

Kontula, O. *Int. J. Sex. Health* 23(3), 168–180.

**Keywords:** Education, Healthcare, Sexual Health

### Diferencias en las Prácticas de Riesgo y Abuso Sexual Entre Jóvenes Sordos y Oyentes

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Las barreras de comunicación y la discriminación que viven los jóvenes sordos en México los coloca en una posición vulnerable para la adquisición de ITS, VIH y embarazos no deseados. La presente investigación tuvo como objetivo comparar entre jóvenes sordos y oyentes las prácticas de riesgo ya abuso sexual que han experimentado. Se llevó a cabo un estudio transversal realizado en la ciudad de México. Se empleó un

instrumento de autoinforme para recabar información sobre las prácticas de riesgo, abuso sexual y se obtuvo información respecto las ITS, embarazos y abortos en ambos grupos. Cabe señalar que en el caso del instrumento dirigido a los sordos, este fue adaptado en términos de la estructura gramatical para poder ser respondido por ellos. Se encontró que el 26% de los jóvenes sordos, había vivido al menos una de las

siguientes experiencias de abuso sexual: ser obligados a tener relaciones sexuales en su primera o en posteriores relaciones sexuales, ser obligados a tocar sus genitales o los de otra persona y quitarse la ropa; en el caso de los jóvenes oyentes únicamente el 8.1% tuvo alguna experiencia de abuso. También se observó que los jóvenes sordos tienen más probabilidades de tener un embarazo, un aborto, una ITS, que los jóvenes oyentes. Los hallazgos más importantes de esta

investigación se discuten en términos de las implicaciones en la promoción de la salud sexual de los jóvenes sordos en México.

**Palabras clave:** sordos mexicanos, sexualidad, prácticas de riesgo

**Conflicto de interés y declaración de divulgación:** Ninguno

## “O Corpo Grita”: Oficinas de Sexualidade Para o Ensino Superior

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**Introdução e justificativa:** A partir de análises dos currículos de cursos de graduação em Psicologia de cinco Instituições de Ensino Superior (IES) da cidade de Curitiba (Brasil) constatou-se uma lacuna no ensino referente à temática da sexualidade no processo de formação do psicólogo.

**Projeto, população e configurações:** No segundo semestre de 2018 foi promovida na Universidade Federal do Paraná a oficina “O Corpo Grita”, composta por sete encontros sob os títulos: “O que é Sexualidade”, “Papeis de Gênero”, “Feminismo e Feminilidades”, “Masculinidades”, “Transexualidade e Gênero”, “Relacionamentos Amorosos e Orientação Sexual”, “Levante sua Bandeira – Movimentos” da qual 33 estudantes de Psicologia se inscreveram, mas no total 29 participaram, com uma média de 19 alunos(as) em cada encontro. A oficina pautou-se na proposta de espaço conversacional conforme a Teoria da Subjetividade desenvolvida por Fernando González Rey com base na Psicologia Histórico-Cultural.

**Resultado e discussão:** Constatou-se que espaços conversacionais foram geradores de aprendizado, produtores de conhecimento, de vínculos entre os(as) participantes e de sentidos subjetivos sobre a temática sexualidade. Apresentou-se como uma prática profissional aliada à participação ativa e comprometida do grupo com estudo, reflexão, diálogo, expressão, troca de ideias e de vivências. O estudo interdisciplinar sob diferentes enfoques e áreas de conhecimento, incluindo Psicologia, Sociologia, Antropologia, Filosofia, Medicina e Biologia, aprofundou os conhecimentos sobre sexualidade e gênero.

**Recomendações:** Iniciativas como estas devem ser realizadas por outras IES visando sanar a lacuna referente aos conhecimentos científicos sobre sexualidade na formação universitária em Psicologia.

**Palabras clave:** Sexualidade, Educação, Psicologia Histórico-Cultural

**Conflicto de interés y declaración de divulgación:** Ninguno

## Formação Científica em Sexualidade em Cursos de Psicologia

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**Introdução:** No Brasil, as Diretrizes Curriculares Nacionais dos cursos de graduação em Psicologia determinam o oferecimento de uma formação pluralista e generalista que possibilite ao futuro profissional exercer a profissão com um domínio básico de conhecimentos psicológicos. Entretanto, observa-se uma lacuna nesta formação no que tange a assuntos relacionados à sexualidade, apesar de legalizações nacionais e mundiais vincularem sexualidade à saúde, prevenção e promoção de saúde e esses serem objetivos da formação acadêmica em Psicologia.

**Objetivos:** O objetivo desta pesquisa foi conhecer quais os saberes científicos e as práticas educativas desenvolvidas nos cursos de graduação em Psicologia de Instituições de Ensino Superior de Curitiba (IES), capital do Paraná, Brasil.

**Método e amostra:** Utilizando do método construtivo-interpretativo da Epistemologia Qualitativa e da Teoria da Subjetividade propostas por Fernando González Rey fez-se a análise das disciplinas, ementários e bibliografia que integram os currículos dos cursos de Psicologia de cinco IES coparticipantes. Também foi promovida uma oficina chamada: “O prazer em saber: interfaces entre Sexualidade e a

formação em Psicologia” e aplicado um questionário on-line para alunos que cursavam os dois últimos anos de Psicologia acerca de temas relacionados à sexualidade.

**Resultados e discussão:** Na capital paranaense há um silenciamento nos cursos de graduação em Psicologia sobre temas relacionados à sexualidade. Os conhecimentos sobre a temática são construídos em espaço alheio ao ambiente universitário, haja vista que é ínfima a transmissão destes saberes. Os estudantes desconhecem conceitos chaves da sexualidade, gerando uma desatualização, assim como um sentimento de angústia, insegurança e despreparo diante da futura atuação profissional.

**Recomendações:** Urge a inclusão da temática da sexualidade nos currículos de graduação em Psicologia. A lacuna na graduação do futuro profissional que trabalha com a subjetividade traz possibilidade de danos a toda uma ciência, sociedade e profissão.

**Palabras clave:** Formação do(a) Psicólogo(a), Sexualidade, Subjetividade

**Conflicto de interés y declaración de divulgación:** Ninguno

## O Segredo da Tartanina Para Prevenção do Abuso Sexual Infantil

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**Introdução:** O abuso sexual infantil tornou-se um tema de saúde pública dada a ocorrência significativa de casos. 31,5% dos casos notificados de violência sexual no Brasil foram contra crianças e 45,0% contra adolescentes. Apesar de ser uma informação alarmante, os números podem ser ainda maiores considerando que esse tipo de crime é permeado por medo, vergonha e culpa. O Projeto desenvolve contação da história o *Segredo da Tartanina* como estratégia para prevenção do abuso sexual infantil em escolas em

Araxá, Minas Gerais, Brasil, visando desenvolver habilidades de autoproteção.

**Método:** Contação da história o Segredo da Tartanina em escolas para crianças entre 4 e 11 anos, com duração de 50 minutos. Profissionais de educação, psicologia, arte e cultura acompanham e monitoram o projeto. TSC – Teste de Situações Condicionais, para análise pré e pós teste.

**Discussão:** O contato das crianças com o enredo da história e os personagens criam identificação e

promovem a exposição de sentimentos. As crianças puderam compreender conceitos importantes: amigo de confiança, segredo bom e ruim, carinho bom, carinho esquisito e abuso sexual. As habilidades autoprotetivas – reconhecer, resistir e relatar – passam a ser reconhecidas como estratégias de prevenção a violência sexual.

**Conclusão:** Interromper o ciclo de violência em crianças e adolescentes vítimas de violência. Observar a vulnerabilidade das crianças diante do tema, especialmente aquelas de 4 anos. Dificuldade de envolvimento da Secretaria de Educação. Fortalecer as ações em outras escolas com a poio da Secretaria Municipal de Educação. Uma criança de 6 anos, duas adolescentes

de 11 e de 12 anos estavam vivendo o abuso sexual com contato físico e relataram para a equipe após as atividades desenvolvidas em suas escolas. O caso dessa criança e das duas adolescentes foi imediatamente discutido com a direção da escola e notificado ao Conselho Tutelar, interrompendo a situação de abuso

**Palabras clave:** educação em sexualidade, Abuso, infância

**Fuente de financiamiento:** FAMA, Casa de Nazaré, Julio Dário, Camta e Conselho Municipal da Criança e do Adolescente (CMDCA)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sport Culture and Sexual Assault: An Analysis of Respect and Responsibility of Women Programs Currently Offered by the West Australian Football League

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**Introduction and Objectives:** There is strong research consensus that the culture of male sporting clubs has the potential to perpetuate an ethos of sexual discrimination or assault towards women. The aim of this study is to evaluate the attitudes and values of players and club officials within the West Australian Football League, the efficacy of current programs and future recommendations. The significance of this study lies with the need for education and change within club culture, given the high instance of player misconduct in this area, and due to the recent introduction of women's football in Western Australia and Australia

**Methods and sample:** This study utilised a qualitative research structure, guided by phenomenological research frameworks, to conduct semi-structured in-depth interviews with West Australian Football League (WAFL) club officials and players. Out of eight WAFL clubs registered at the time of data collection, players represented five clubs and club officials represented four clubs, in total six out of eight clubs are

represented in the data. Overall, seven players and six club officials were recruited. Snowball sampling was used to increase participation numbers.

**Findings and Discussion:** Key findings uncovered from this study include respect and responsibility as a kneejerk response rather than a preventative measure, and this perpetuates the attitude of women as 'the other' within the WAFL and this is evident when examining the lack of support for the integration of the new WAFL women's teams.

**Recommendations:** Recommendations for this issue include providing a frequent, dynamic education program using interactive techniques presented by a knowledgeable facilitator, while also focusing on the personal and social development of the players the club and the WAFL.

**Keywords:** sport culture, gender in sport, sexual assault

**Conflict of Interest and Disclosure Statement:** None

## Zafo: Intervención de Prevención de Embarazo e ITS en Adolescentes

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**Introducción & justificación:** La ENADID 2014(1) reportó que 77 de cada 1,000 nacimientos corresponden a mujeres de 15 a 19 años en México; es el país con más embarazos en adolescentes entre miembros de la OCDE(2).

**Proyecto/población y ajustes:** Para contribuir a la prevención del embarazo y de las infecciones de transmisión sexual (ITS), desde 2014, se ha implementado “Zafo” que es una intervención educativa motivadora que consiste en la realización de talleres de prevención en escuelas secundarias públicas de la CDMX y del Estado de México. Los temas que se abordan son: sexualidad, género, derechos sexuales, ITS, embarazo, métodos de prevención, habilidades para negociar y proyecto de vida. Hasta el momento, más de 2,850 estudiantes de 11 escuelas han participado.

**Resultado, discusión & recomendaciones:** Para evaluar la intervención se aplican los cuestionarios pre y post taller, en donde se identifica el grado de conocimiento de los temas. Los resultados han sido favorables en los seis ciclos escolares que lleva “Zafo”. Esto se refleja en el incremento del número de aciertos, en

una escala del 1 al 10, se pasa de una calificación promedio de 5.5 a 8 (varía según la escuela). En relación con las actitudes ante ciertos temas como el uso de métodos de prevención, también hay cambios; por ejemplo, el porcentaje de jóvenes que considera que la elección de un método anticonceptivo debe decidirse en pareja, pasa del 60% al 80%.

La colaboración del personal directivo, el profesorado, las madres y los padres de estudiantes ha sido esencial, pero principalmente el interés y el entusiasmo de las y los adolescentes, han sido los factores clave del éxito de “Zafo”.

**Conflicto de interés y declaración de divulgación:** Ninguno

### Citas de la literatura de apoyo:

1. INEGI. (2016). Encuesta Nacional de la Dinámica Demográfica 2014. México:INEGI/CONAPO
2. UNFPA. (2013). Maternidad en la niñez. Enfrentar el reto del embarazo en adolescentes. UNFPA.

**Palabras clave:** Embarazo, ITS, Adolescentes

## Cuerpo y Cibercultura: Entre lo Erótico y lo Pornográfico

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**Introducción y objetivos:** Llegar a una comprensión de lo que se considera cuerpo erótico y cuerpo pornográfico dentro de las redes sociales puede ser decisivo en la nuevas estéticas que maneja la juventud de hoy, en donde las redes sociales y la web son protagonistas en la construcción de relaciones interpersonales, comunicación y conocimiento.

**Objetivo:** Identificar la noción de cuerpo erótico y cuerpo pornográfico que construyen un grupo de jóvenes de grado once y que surgen en las dinámicas de las redes sociales.

**Método y Muestra:** Método cualitativo. Diseño de estudio de caso simple. Muestra: 35 jóvenes (hombres y mujeres) que oscilan en un rango de edad de 15 a 19 años.

**Hallazgos y Discusión:** En este estudio se encontraron otras visiones y lenguajes sobre lo erótico y lo pornográfico y aunque es un tema, hoy por hoy, más abierto a los medios, existía una gran dificultad al hallar un lenguaje preciso y que no “tocara” susceptibilidades, volviéndose escandaloso, debido a su histórica carga moral. Un lenguaje muy frecuente era el del

silencio, el del miedo a enfrentarse a la desnudez, que ni siquiera era propia, podría ser sólo una imagen, un discurso o una frase pero donde lo íntimo llegaba a encontrar un mundo peligroso: lo público.

**Recomendaciones:** La escuela tiene un compromiso serio con el cuerpo. Le debe su presencia y la forma como lo educa para enfrentar el mundo. Fenómenos como el erotismo y la pornografía son expresiones que marcan una pauta importante en la forma de percibir el cuerpo sexuado y en la era digital la responsabilidad

## Nuestras Vulvas, Nuestros Terrores

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**Introducción. Justificación:** Afirmamos “lo personal es político” y tomamos nuestras vulvas como punto de partida ya que, al fin y al cabo, es la única diferencia externa evidente entre los cuerpos femenino y masculino, y porque, no casualmente, ella ha sido el epicentro de vejaciones, por un lado, y de descomunal “invisibilización” por el otro. Lo hacemos porque creemos que es necesario para avanzar en el logro de cambios verdaderos (“Los cambios se dan porque las radicales los forzamos”).

**Acción. Población:** Nuestra propuesta artístico-cultural visibiliza nuestras vulvas como las protagonistas de nuestras historias más dolorosas e impactantes; exhibiéndolas tal cómo son (en fotografías) y dando testimonio (a través de audios) de lo que han vivido auténticamente, ni más ni menos. “Decir la verdad y hablar es muy revolucionario”. La exhibición fue presentada en el XIV EFLAC en Uruguay basándose en el libro “Yo Amo mi Vulva”. Este libro presenta testimonios y fotografías de las vulvas de 28 mujeres. Tales testimonios responden a la pregunta ¿Qué relación tienes con tu vulva? y las fotografías son primeros planos de sus vulvas.

**Resultado. Discusión, Recomendación:** Visitantes, víctimas de violencia, manifestaron que nunca antes se

aumenta, ya que las relaciones, la imagen y el mismo concepto de cuerpo cambia en la sociedad, ante todo en el joven que maneja su imagen y su corporalidad teniendo en cuenta el mundo tecnológico que lo atraviesa.

**Palabras clave:** Pornografía, Erotismo, Cuerpo

**Conflicto de interés y declaración de divulgación:** Ninguno

habían sentido tan acompañadas en sus procesos de sanación. Otras iniciaron discusiones sobre i) cómo hacerle frente al control y la opresión sobre nuestros cuerpos; y ii) cómo lograr autonomía sobre estos. Muchas recomendaron realizar muestras itinerantes, país por país, con el fin de contribuir a crear más conciencia sobre que: i) el control, la opresión y la sanción sobre nuestros cuerpos persisten (regulándolo o cosificándolo); ii) necesitamos apropiarnos de lo que es nuestro; la autonomía sobre nuestros cuerpos nos empodera y posiciona para conquistar una igualdad plena; y iii) lo personal es político.

**Conflicto de interés y declaración de divulgación:** La autora y coautora de esta propuesta somos coautoras del Libro Yo Amo mi Vulva. Perú, Octubre 2017 y contamos con el consentimiento de cada una de las participantes para su publicación.

### Citas

Yo Amo mi Vulva. Cedano, Cabrel, Maza; 2009. Our bodies, Ourselves. Boston Women's Healthbook; 1970. She is beautiful when shés angry. Mary Dore; 2014.

**Palabras clave:** Derecho al PLACER, SEXUALIDAD y empoderamiento, VIOLENCIA sexual



## Amaze, Taking the Awkward out of Sexuality Education

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**Introduction:** Guaranteeing quality education as a fundamental right is facing an unprecedented challenge that has to do with designing and updating content and teaching-learning methodologies in formal and non-formal educational systems. This challenge has to do with the information and communications technologies (ICTs), which need to respond to young people's needs and demands of information, especially regarding sexuality education.

**Project/Population and settings:** AMAZE is a collaboration between international and regional experts in the field of sex education to create an engaging, age-appropriate, online sex education resource for 10- to 14-year-olds. The AMAZE videos provide the answers young people want and need in an age-appropriate and relatable format. In the internet age, there is plenty of information at young people's fingertips—some good and some downright horrifying. That's why AMAZE provides early access to appropriate and accurate information.

**Outcome:** Recognizing the critical role parents and educators play in educating young people about their changing bodies, sex and healthy relationships,

AMAZE provides resources for parents and educators to use in talking with the young people in their lives. The AMAZE videos are fun, approachable and facilitate communication between young people and parents, guardians and educators. It started in the United States in 2015, and it has expanded to Latin America and other countries in the world.

**Discussion & recommendations:** Although AMAZE has been very successful since it was launched in 2015, it is still facing several challenges that have to do with keeping its content up-to-date. Involving young people in this process is key, as it is to develop evidence-based content with rights and gender-based approaches.

**Citation of supporting literature:** UNESCO Office Santiago and Regional Bureau for Education in Latin America and the Caribbean. *Strategic approaches on the use of ICTs in education in Latin America and the Caribbean*. Santiago: UNESCO/OREALC, 2014

**Keywords:** Sexuality, Adolescents, Education

**Source of Funding:** International Planned Parenthood Federation/Western Hemisphere Region.

**Conflict of Interest and Disclosure Statement:** None

## Pasa La Voz, Prevención del Virus de Inmunodeficiencia Humana e Infecciones de Transmisión Sexual en Hombres Que Tienen Sexo con Hombres y Mujeres Trans

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**Introducción, justificación:** México tiene una epidemia de Virus de inmunodeficiencia humana (VIH) concentrada, con altas prevalencias en hombres que tienen sexo con hombres (HSH) y mujeres trans (MT). Estas poblaciones usan condón discontinuamente, siguen adquiriendo VIH e Infecciones de transmisión sexual (ITS) lo que representa peso para sus vidas, entorno y sistema de salud.

**Proyecto/Población/Entornos:** Se facilitó acceso a insumos de prevención y pruebas de detección con la

estrategia de alcance ¡Pasa la voz! para reducir infecciones por VIH-ITS en HSH y MT de la Zona Metropolitana del Valle de México.

Retomó elementos biomédicos y comportamentales, involucró a HSH y MT con habilidades de comunicación y actitud respetuosa a sus pares para actuar como "semillas" que transmiten mensajes de prevención entre su red comunitaria usando historias modelo, entregando insumos para prácticas eróticas

seguras-protegidas, y promoviendo pruebas de VIH-ITS y servicios de educación y salud sexual.

Promotores HSH reclutaron a semillas en Facebook, Grindr, Hornet y lugares de encuentro sexual. Estas semillas recibieron capacitaciones sobre la estrategia, alcance a pares, prevención de VIH-ITS, reducción de riesgo, entrega de insumos y canalización a pruebas y a servicios de educación y salud sexual; recibieron seguimiento y participaron en reuniones de sistematización y entrega de resultados.

**Resultados:** 75 semillas, 1540 personas atendidas, 25 talleres, 10 Historias Modelo, Hojas de hechos, Minimanual, trípticos y cuponerías.

**Discusión recomendaciones:** Es necesario proponer alternativas que se adapten a la realidad de las

personas y mostrar modelos cercanos a su contexto; generar condiciones y espacios para abordar temáticas necesarias, acercar insumos preventivos y acceso a pruebas, fomentar toma de decisiones informadas y desarrollo de habilidades.

**Conflicto de interés y declaración de divulgación:** Ninguno

#### Citas de la literatura de apoyo

Mendoza, J.C. (2015). Principales resultados del diagnóstico situacional de personas LGBTTTIQ de México.

CENSIDA (2016). Informe nacional de avances en la respuesta al VIH y el sida.

**Palabras clave:** HSH, VIH-ITS, Condón

## La Sexualidad en la Promoción del Autocuidado en las Familias de las Personas Con Discapacidad

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Colectivo para la equidad y la Defensa de los derechos de las mujeres, México

**Introducción:** En nuestras sociedades, el cuidado a las personas dependientes del mismo ha recaído en las mujeres. Cuando la persona dependiente de cuidado es una persona con discapacidad el cuidado que requiere es aún mayor, y la mujer que por ser madre, esposa o hija realiza este trabajo a costa de un descuido importante constante hacia su persona.

**Acción y población referida:** Promoción del autocuidado cuyo uno de sus principales componentes es la reapropiación de su cuerpo y su sexualidad entre mujeres cuidadoras de personas con discapacidad de sectores populares de comunidades rurales y urbanas del estado de Zacatecas pertenecientes a la Red del Derecho al Cuidado "Juntas Seremos Visibles".

Las personas dependientes de cuidado son niños o adultos con parálisis cerebral, autismo, síndrome de down. El trabajo de cuidado, con pocos apoyos familiares y comunitarios les ha traído repercusiones en su salud física y emocional. dolores en espalda, cabeza, y a nivel emocional: depresión, insomnio y ansiedad.

**Resultado:** En los grupos de Autocuidado de esta Red ha sido fundamental incorporar metodologías para la recuperación del cuerpo y la sexualidad. pues

con la metodología utilizada en un porcentaje de mujeres pertenecientes a la Red han mejorado su salud física, emocional y sexual.

Presentaremos el Manual elaborado, que es una guía para el autocuidado dirigido a las personas cuidadoras de personas con discapacidad: Manual para el cuidado y el autocuidado. Su promoción y su defensa como derecho. Techiyaliztli 2018

**Conflicto de interés y declaración de divulgación:** Ninguno

#### Literatura de apoyo

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Lagarde, Marcela 2003. Mujeres cuidadoras. Entre la obligación y la satisfacción en Emakunde num 53.

Sanz Fina: 1990 Psicoerotismo femenino y masculino. Para unas relaciones placenteras, autónomas y justas.Ed. Kairos

Sanz Fina. 2106 El buentrato como proyecto de vida. Kairós.

**Palabras clave:** autocuidado, personas cuidadoras, personas con discapacidad

## Inequidad De Género, Violencia y Matrimonio Forzado en México: Alcances de una Iniciativa Psicoeducativa Comunitaria

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Guerrero es la segunda entidad más marginada de México (CONEVAL, 2017), con un 44% de su población viviendo en condición de pobreza (INEGI, 2017). Enlazado a esto y como parte de los usos y costumbres, en la región de la montaña de Guerrero alrededor del 40% de las niñas son vendidas en matrimonio, por lo general a una pareja mayor, lo que representa una violación de sus derechos y un factor que merma su salud y desarrollo.

IMIFAP, A.C., en colaboración con promotores de PROSPERA, implementó el “Programa de desarrollo integral comunitario” en Metlatónoc, Guerrero. En su última etapa, el programa estuvo abocado a promover la equidad de género y prevenir la violencia mediante talleres participativos y vivenciales de 18 horas. Se realizaron 246 talleres en 66 comunidades, beneficiando a 3865 mujeres y 2342 hombres.

Para evaluar los talleres se aplicaron entrevistas individuales, utilizando un diseño pre-post con grupo control (N = 221) y experimental (N = 521). Los resultados arrojaron efectos estadísticamente significativos asociados al programa en conocimientos, actitudes y prácticas, tanto en las mujeres como en los hombres – siendo los cambios más y mayores en éstos últimos.

Como consecuencia de este programa, tres comunidades trabajaron colectivamente y firmaron un Acta de Acuerdo en Asamblea General (con quórum legal y firmada por los comisarios municipales), en la que se cancela la venta de mujeres – pudiendo llegar a tipificarse como delito en caso de incumplimiento. Gracias a esto, las 144 niñas de estas comunidades ya no están en riesgo de vivir esta situación.

Finalmente, con el fin de concientizar a la población sobre esta problemática, se diseñó una campaña en medios que consta de la difusión de un vídeo corto (2 min) y posts en redes sociales, así como del despliegue de un espectacular en dos puntos de la Ciudad de México.

**Palabras clave:** Equidad de género, Violencia, Matrimonio forzado

**Fuente de financiamiento:** Este programa fue auspiciado por el Programa de Inclusión Social (PROSPERA).

**Conflicto de interés y declaración de divulgación:** Ninguno

## Diplomado en Sexualidad Humana, 17 Años de Trayectoria

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**Introducción:** En 2001, reflexionando las problemáticas de la población mexicana en materia de sexualidad: el alto índice de abusos sexuales en niños/as, los embarazos no planeados en etapas adolescentes, el disfrute del placer en etapas adultas y el no reconocimiento de la sexualidad en la tercera edad, son algunos planteamientos que llevan a la AMSSAC a desarrollar un programa educativo para capacitar educadores sexuales que atiendan la educación sexual en México.

**Proyecto/Población:** La formación está dirigida a profesionistas de áreas como educación y salud. Nuestro programa académico está organizado acorde al Modelo Holónico de la sexualidad y en concordancia a los Derechos Sexuales. Consta de 44 sesiones. El programa tiene 3 objetivos fundamentales: Formar profesionistas que cuenten con bases científicas en materia de sexualidad; Desarrollar habilidades para diseñar y facilitar educación sexual para todas las

edades y Confrontar los valores y actitudes de los profesionales con respecto a su sexualidad.

Como requisito para su titulación deben desarrollar un instrumento que brinde educación sexual, el cual debe justificarse metodológicamente y hacer una medición a corto plazo del impacto de la estrategia.

**Resultado:** Como resultado tenemos 17 generaciones formadas en la modalidad presencial, (220 egresados). A partir del año 2015 está en la modalidad en línea, de la cual van 4 generaciones (30 egresados).

Los materiales educativos desarrollados por los/las educadores/as sexuales oscilan entre talleres vivenciales, conferencias, manuales, literatura, folletos, que están dirigidos a poblaciones particulares.

Discusión/recomendaciones

## Construcción Simbólica de “Lo Corporal” en Estudiantes de Pedagogía de la Fes Acatlán-UNAM

Raúl Hernández Bruno

UNAM, México

**Introducción & objetivos:** La violencia autoejercida parece ser uno de los temas menos hablados en espacios universitarios, los factores son varios, para este trabajo la investigación tendrá un corte cuantitativo, la hipótesis sostenida es que a menor aceptación corporal mayor violencia autoinflingida por parte de las estudiantes universitarias de la Licenciatura en Pedagogía de la FES Acatlán.

La imagen corporal es un concepto multifacético que se refiere a las percepciones y actitudes de las personas sobre su propio cuerpo, en particular, aunque no exclusivamente en su aspecto. Para Rosen y cols. (1991), la imagen corporal es un concepto que se refiere a la manera en que un individuo percibe, imagina, siente y actúa respecto a su propio cuerpo. O sea que se contemplan: aspectos perceptivos, aspectos subjetivos como: satisfacción o insatisfacción, preocupación, evaluación cognitiva, ansiedad, y aspectos conductuales.

**Pregunta de investigación:** Con todo ese panorama cabe interrogarse ¿Existen diferencias significativas de la percepción que las universitarias tienen de su imagen corporal? Sí es así, cuáles son y qué efectos tiene en las jóvenes universitarias.

El programa inició con 32 sesiones y actualmente cuenta con 44. El programa requiere de actualizaciones que se apeguen a las necesidades de nuestras juventudes y sociedades cambiantes y diversas.

**Conflicto de interés y declaración de divulgación:** Ninguno

### Literature

Rubio, E. (2007). Antología de la sexualidad humana. México: Porrúa.

Rubio, E. (2015). Lo que todo clínico debe saber de sexualidad. México: Edición y Farmacia SA de CV.

**Palabras clave:** Diplomado, Diseño de materiales, Diplomado en línea

**Método(s) & muestra:** El instrumento utilizado consta de dos partes y 55 reactivos, la primera está diseñada en una escala de Likert que mide la satisfacción del cuerpo que tienen las estudiantas y la segunda parte busca medir el grado de violencia autoinflingida por las mismas.

La muestra corresponde a 232 alumnas del segundo semestre de la Licenciatura en Pedagogía de la FES Acatlán.

**Resultados y Conclusión & recomendaciones:** Los resultados del instrumento aplicado muestran que a mayor aceptación corporal las alumnas ejercen menor violencia autoinflingida, lo que nos invita a reflexión y trabajar en cursos, talleres, pláticas de sensibilización, autoestima, autocuidado y autoconocimiento. Destacamos además que los resultados obtenidos responden a la falta de amor propio, autoestima y aceptación hacia ellas mismas.

**Palabras clave:** corporalidad, autocuidado, autoestima  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Comportamiento Sexual en Estudiantes Ecuatorianos de Ciencias Médicas

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<sup>b</sup>Centro de Investigación Salud y Bienestar, Universidad Católica de Cuenca, Cuenca, Ecuador; <sup>c</sup>Departamento de Psicología Clínica, Centro Especializado en el Tratamiento de Alcohol y drogas La Barca, Cuenca, Ecuador

**Introducción y objetivos:** Los niveles de conocimiento en salud de estudiantes de Ciencias Médicas, no predicen comportamientos sexuales saludables. La investigación caracteriza las prácticas sexuales de estudiantes de medicina y enfermería de una universidad privada del Ecuador y determina su asociación con variables psicosexuales y sociodemográficas.

**Métodos y muestra:** Diseño cuantitativo, transversal, descriptivo-correlacional. Muestreo aleatorio estratificado ; 348 estudiantes de ciencias médicas que completaron el cuestionario de creencias, actitudes y prácticas sexuales (CAP) de la OPS. Se caracterizan, mediante análisis de frecuencia, variables psicosexuales y sociodemográficas y su asociación con las prácticas sexuales actuales y pasadas mediante correlaciones chi cuadrado, tau de kendall, eta y d de sommers.

**Resultados y conclusión:** El sexo masculino se encuentra expuesto a conductas de alto riesgo sexual (debut temprano, alto número de parejas sexuales, consumo de alcohol y drogas, ITS, no realización de pruebas de VIH); durante las primeras etapas de la adolescencia; en la tardía y la juventud los comportamientos no reportan diferencias significativas entre

hombres y mujeres. La religión y la asistencia sistemática a eventos religiosos se asocian a un menor consumo de alcohol y drogas y cambio frecuente de parejas sexuales. Las actitudes positivas hacia el uso del condón y la prevención de las ITS y el conocimiento adecuado sobre anticoncepción no guardan relación con las prácticas sexuales de riesgo y prevención. La autoeficacia sexual aparece como única variable psicosexual que podría predecir las prácticas sexuales en universitarios, reportando asociación directa y moderada con las conductas de prevención.

**Recomendaciones:** Diseño de modelos explicativos que incluyan variables sociodemográficas y la autoeficacia sexual para la comprensión del rol que estas desempeñan en la predicción de comportamientos y prácticas sexuales de riesgo y prevención en estudiantes universitarios

**Palabras clave:** comportamientos y prácticas sexuales, sexualidad universitarios, salud sexual estudiantes de medicina

**Conflicto de interés y declaración de divulgación:** Ninguno

## Prácticas Sexuales y Variables Asociadas en Universitarios Ecuatorianos

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**Introducción y objetivos:** Desde un enfoque psicosocial de prevención en salud sexual, el estudio propone identificar prácticas sexuales de riesgo y prevención en universitarios ecuatorianos y variables asociadas a estas prácticas .

**Método(s) & muestra:** Estudio transversal, descriptivo-correlacional, muestra intencional de 392 universitarios de diferentes centros de educación superior del país que accedieron, por voluntariado, a participar en

el estudio. Las variables evaluadas incluyeron relaciones sexuales actuales y pasadas, número de parejas sexuales, empleo consistente de preservativo y motivaciones para su uso, consumo de alcohol y sexo; se obtuvieron estos datos mediante la escala SEA-27, de amplio uso y validación en universitarios latinoamericanos. Se calcularon medidas de tendencia central y de frecuencias para el análisis descriptivo y pruebas de

asociación para la determinación de relaciones entre las variables.

**Resultados y conclusión:** La vida sexual activa durante la adolescencia, el inicio temprano de las relaciones sexuales y el cambio frecuente de parejas, caracteriza las prácticas sexuales de universitarios ecuatorianos estudiados. Las fuentes de información resultan ineficaces para la regulación de sus comportamientos en el ámbito de la sexualidad. Destaca una baja percepción de eficacia del preservativo y uso inconstante de éste, asociado a la edad biológica y de inicio de las relaciones sexuales. El consumo de alcohol durante el sexo se relaciona al debut sexual durante la adolescencia. A partir de los datos obtenidos se afirma

la existencia de prácticas sexuales de alto riesgo en población universitaria y se describe el papel de variables demográficas que se asocian a estas prácticas.

**Recomendaciones:** Se sugiere que en el diseño de políticas de prevención en salud sexual, se consideren aquellas variables que desde la evidencia empírica, puedan aportar al desarrollo de una sexualidad responsable y placentera en estudiantes universitarios.

**Palabras clave:** salud sexual universitarios, prácticas sexuales, sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Comparison of AIDS and Sexual Cognition, Attitude and Behavior Among High School Students and Secondary Vocational School Students in Wuxi City, Jiangsu Province

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**Objective** To provide a scientific basis for the formulation of corresponding education policies and interventions by comparing the status of AIDS and sexually relevant knowledge and behavior among high school and secondary vocational students in Wuxi City, Jiangsu Province.

**Methods** A self-developed Youth Health Questionnaire was used to conduct a questionnaire survey of 895 first-year students from 2 high schools and 2 secondary vocational schools in Wuxi City, Jiangsu Province.

**Results** The awareness rate of AIDS-related knowledge and knowledge-related knowledge of high school students were higher than those of secondary vocational students ( $P < 0.05$ ). The acceptance level of AIDS patients was also higher than that of secondary vocational students ( $P < 0.05$ ). The proportion of awareness of atypical HIV transmission pathways is still low, and the acceptance level of premarital sexual behavior is lower than that of secondary vocational students ( $P < 0.05$ ). The sexual behaviors of middle

vocational students are masturbating and in love. Higher than high school students ( $P < 0.05$ ), the help-seeking measures in different situations are also more diverse.

**Discussion** It is very urgent and necessary to implement AIDS and sexual intercourse interventions for high school students and secondary vocational students. In combination with different influencing factors, the two types of students should focus on the content and form of education. Through appropriate peer education and other interventions, help high school students and secondary vocational students master the knowledge about AIDS prevention and strengthen students' self-protection awareness.

**Keywords:** AIDS, health education, high school students

**Source of Funding:** No. 201710286131, National Undergraduate Innovation Training Program

**Conflict of Interest and Disclosure Statement:** None



## Programa Integral de Educación Para la Sexualidad – Piense

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En Colombia los esfuerzos de los colegios para implementar la educación integral para la sexualidad -EIS- se han enfocado en el desarrollo de clases o talleres de aula, generalmente brindados por algunos docentes o por expertos externos al colegio, sin lograr transformaciones amplias y sostenibles en el ejercicio de los derechos sexuales y derechos reproductivos.

Respondiendo a esta necesidad, Profamilia propone el Programa Integral de Educación Para la Sexualidad -PIENSE-, cuyo objetivo es dejar capacidad instalada a través de la formación docente, para que los colegios sean capaces de gestionar la EIS de acuerdo a las necesidades de sus estudiantes y de su contexto en el marco de los derechos, de manera que sean evaluables sus impactos y sostenibles en el tiempo.

PIENSE se ha desarrollado en doce colegios públicos distribuidos en diez municipios del país, obteniendo resultados en la transformación de las prácticas pedagógicas dentro y fuera del aula, incidencia en los currículos, transformación en la convivencia y ambiente escolar y disminución en indicadores de embarazos en adolescentes, VBG y deserción escolar por uniones tempranas.

Esta experiencia ha permitido identificar que los mayores obstáculos para implementar la EIS, está en que los estereotipos de género se validan y reproducen en las prácticas educativas de los docentes, en su dificultad para comprender el concepto amplio e integral de la sexualidad, el sentido de la transversalización en espacios curriculares, no curriculares y articulados con otros proyectos escolares y el imaginario de que la EIS es un tema de “expertos”.

Así, Profamilia propone fortalecer a los colegios a través del acompañamiento y formación docente para asegurar la instalación de procesos educativos en EIS sostenibles en el tiempo y transformadores de sus comunidades.

Profamilia, Modelo Pedagógico “Construyendo Sexualidad, Transformando Comunidad”. 2018.

UNESCO, Orientaciones técnicas internacionales sobre educación en sexualidad. 2018.

**Palabras clave:** Educación, Integralidad, Sexualidad

**Fuente de financiamiento:** IPPF Profamilia

**Conflicto de interés y declaración de divulgación:** Ronal Andrés Jiménez, empleado de Profamilia. Libia Paola Martínez, empleada de Profamilia.

## Male Medical Students' Discomfort with Dealing with Patients' Sexual Health

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**Introduction & Objectives:** Factors contributing to physicians' or medical students' discomfort with addressing patients' sexual health have rarely been addressed. The current study analyzed whether masculine gender role conflict (GRC), next to the often cited factor of knowledge, was associated with male students' comfort with regard to asking future patients about sexual health issues.

**Methods & Sample:** 164 male medical students at an Austrian medical university (mean age =24.4 years,  $SD=2.4$ ) participated. A questionnaire assessed students' self-perceived knowledge of sexual health, how prepared they felt about this topic and their comfort

with regard to asking future patients about sexual health issues. The Gender Role Conflict Scale – Short Form was used to assess GRC.

**Results:** Male students reported being more comfortable about asking male patient groups than female patient groups ( $ps < .040$ ). Male students who indicated difficulty with expressing affection towards men were more likely to report being uncomfortable about asking patients overall, male patient groups, and elderly female patients ( $ORs > 1.6$ ,  $ps < .020$ ). Furthermore, male students who felt distress when showing emotions were more likely to report being uncomfortable about asking adult female patients

( $OR = 1.6$ ,  $p = .012$ ). Knowledge was positively associated with comfort about asking patients overall and female patient groups ( $ORs > 2.3$ ,  $ps < .037$ ).

**Conclusion & Recommendations:** The current study shows that it is not enough to convey facts and skills in order to increase male medical students' comfort in dealing with patients' sexual health issues. Male students should be made aware of gender role norms

that influence such conversations, and the discussion of strategies for overcoming the barriers set by these norms should be part of sexuality education.

**Keywords:** Medical students, sexuality education, Discomfort during physician-patient conversations

**Conflict of Interest and Disclosure Statement:** None

## Cross-Cultural Code-Switching for Sexuality Professionals

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**Introduction & Rationale:** Culture scholar Milton Bennett (1998) describes the difference between objective and subjective culture—objective culture concerning nationality, area studies and components of economic and political systems and subjective culture concerning the shared beliefs, behaviors, and values of a group of people. Professionals working in any given field likely have a shared subjective culture. Sexuality professionals may encounter many cultural differences in their personal and professional lives. Adaptations to language and behavior may be useful for reaching audiences with different cultural norms around sexuality. Whether in a different country or a domestic culture different from one's own, sexuality professionals encounter barriers that prevent them from effective communication or intervention.

**Project:** We summarize the work of Koltko-Rivera's (2004) concept of world-view, Bennett's (1993; 1986) developmental model of intercultural sensitivity, and Sitron and Dyson (2012) who discussed sexological worldview—an individual's perspective about their surroundings with regards to sexuality. After synthesizing these works with Molinsky's (2007) work on cross-cultural code-switching, we offer recommendations for

sexuality professionals to enhance cross-cultural communication about sexuality.

**Outcome:** This workshop focuses on cross-cultural code-switching for sexuality professionals in professional settings (educators, therapists, researchers, activists, etc.) to better adapt to diverse cultural norms. Through this workshop, we examine how cross-cultural code-switching can be utilized to increase our own comfort with intercultural interactions as well as the comfort of those around us while being true advocates for the field of sexuality.

**Discussion & Recommendations:** Possible barriers to effective code-switching discussed in the literature include conflict with values, ethnocentrism, a lack of knowledge around cultural norms, and a lack of awareness of when to use cultural knowledge. Sexuality professionals should consider the following areas when code-switching for effective communication: Operation of sexuality in the culture, belief systems, reason/purpose of the communication, and critical self-reflection.

**Keywords:** Professional development, Code-switching, Cross-cultural

**Conflict of Interest and Disclosure Statement:** None

## Vaginas and Periods 101: Teaching Youth about their Bodies

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**Introduction & rationale:** The presentation discusses how to talk to youth about vaginas and periods in a

fun and approachable way. The presenters, therapists and sex educators in the field working directly with

adolescents, created a book based on the needs of the youth they serve. Utilizing experience and feedback, the presenters have created a new way to reach youth where they are. The presentation will address how to talk to youth about vaginas and periods, as well as how to introduce youth to a variety of menstrual options beyond pads and tampons.

**Project / Population / Settings:**

**Project:** originally created and implemented at Girls Inc. of Omaha and now being dispersed worldwide

**Population:** ages 5-18 with primarily African American, Muslim, and Latina adolescents (early childhood education, middle school, parent/caregiver education)

**Setting:** voluntary after school program

**Outcome:** Participants will be able to apply a variety of educational tools, including *Vaginas and Periods 101: A Pop-Up Book*, for teaching about female anatomy and menstruation to adolescents.

**Discussion & recommendations:** Studies have shown that adolescents often associate menstruation with shame and taboo. This presentation will help

participants working with youth to negate menstrual stigma and help adolescents feel prepared for menarche.

**Conflict of Interest and Disclosure Statement:**

Authors published a book based on presentation- *Vaginas and Periods 101: A Pop-Up Book*.

**Citations**

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- b. Burrows, A. & Johnson, S. (2006). *Girls' Experiences of Menarche and Menstruation*. *Journal of Reproductive and Infant Psychology*, 23(3), 235–249.
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**Keywords:** education, menstruation, anatomy

## Capacitación Para el Abordaje de la Sexualidad a Estudiantes de Licenciatura en Terapia Física

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**Introducción:** La sexualidad de las personas con algún tipo de discapacidad temporal o permanente se ve afectada y en muchas ocasiones se encuentra limitado su abordaje y tratamiento por la falta de capacitación y de herramientas de los profesionales que se encargan de su tratamiento, entre ellos están los terapeutas físicos, quienes tiene como objetivo ayudar a las personas a recuperar al máximo sus capacidades y reincorporarlas a la sus actividades de la vida diaria. (Patnaude.2013)

**Justificación:** Los planes de estudio de formación profesional en terapia física en Latinoamérica, en su mayoría no contemplan asignaturas especializadas en salud sexual que proporcionen a los futuros terapeutas físicos elementos básicos, teóricos, actitudinales, etc. que les permitan contribuir de una forma más propositiva en el abordaje y la rehabilitación del área sexual

de la persona con discapacidad temporal o permanente (Torices, 2016).

**Población:** Estudiantes de licenciatura en terapia física de la Universidad Tecnológica Emiliano Zapata del Estado de Morelos.

**Resultados:** Se aplicó un plan de capacitación a 120 estudiantes de licenciatura en terapia física, la evaluación de los logros se realizó a través de una rúbrica, calificada al momento de abordar a pacientes con alguna discapacidad temporal o permanente. Se Observaron puntuaciones altas de los estudiantes, en el abordaje de la sexualidad de los pacientes.

**Discusión:** Es evidente que brindar capacitación sobre el abordaje de la sexualidad durante la formación de profesionales en terapia física, ofrece herramientas a los estudiantes que les permiten:

abordar, diagnosticar, dar consejería o referir con profesionales de la salud sexual.

**Recomendaciones:** Es necesario ajustar los planes de estudio de las instituciones que estén formando profesionales en terapia física para incluir capacitación en sexualidad como parte de la currícula ya que se

observa una gran diferencia en el abordaje de la sexualidad, cuando se cuenta con herramientas para ello.

**Palabras clave:** Terapia física, Discapacidad, Sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Storytelling in Sexual Health Research: Methods of Collecting, Listening, and Disrupting Narratives

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**Introduction & Objectives:** Conversations about LGBTQ sexuality and sexual health most often enter schools under the cover of discourses of harm, risk-reduction, and bullying narratives. These discourses narrowly equate LGBTQ youth with vulnerability and risk. A research and storytelling project in U.S. schools sought to disrupt narrow discourses of LGBTQ sexuality and sexual health at school and learn to listen to other stories of LGBTQ sexuality, gender, and health.

**Methods:** The Beyond Bullying Project offers an experimental methodology of story collection and ethnographic approaches to make visible other stories of LGBTQ sexuality and sexual health that circulate in schools; to understand the conditions that might allow teachers, administrators, and students to meaningfully recognize and incorporate these stories of LGBTQ sexuality into schools' everyday cultures; and to offer ways this experimental methodology can disrupt the usual narratives of LGBTQ sexuality and sexual health in school settings. The BBP was implemented in three U.S. High Schools (2012-2014) through funding from the Ford Foundation and has since been called upon as a model by sexuality education researchers in multiple countries.

**Findings & Discussion:** The story booth installation allows open-ended, non-scripted storytelling and an immersive data collection presence that materially and narratively transforms the school setting and suggests ways for researchers to interrupt and recast narratives of risk and vulnerability into opportunities for queer presence and health at school. Authors reflect on the limitations and possibilities of such a methodology, particularly in its endeavor to produce new and open spaces for sexual dissidence—outside normative narratives and thoughts, and other ways of approaching sexual health.

**Recommendations:** New approaches are needed to study and intervene in the normative cultures of schools and to create conditions for sexuality and sexual health to move beyond bullying and other narratives of harm, victimhood, stigma, and risk.

**Keywords:** LGBTQ, education, sexuality and sexual health

**Source of Funding:** Ford Foundation

**Conflict of Interest and Disclosure Statement:** None

## Formación Profesional del Sexólogo en Latinoamérica. Un Estudio Exploratorio

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La Organización Mundial de la Salud ha señalado la importancia de la capacitación en Sexología a los profesionales de la Salud. En los últimos años se ha logrado una mayor sistematización de la disciplina. Sin embargo, existen pocos estudios sobre los programas de formación del sexólogo en América Latina. Esta investigación exploró las áreas de estudio en Sexología más importantes en la práctica profesional de acuerdo a las demandas de la población, la experiencia y capacitación de los profesionales de la salud mental y sexual. Se tomó como referencia el programa de certificación del Instituto de formación en Terapia Sexual en Florida avalado por la Asociación de Certificación de Terapeutas en los Estados Unidos. Se realizó un estudio cuantitativo que recolectó 72 respuestas en 12 países latinoamericanos. La muestra se dividió en dos grupos de acuerdo a su formación en Sexología. Se encontraron diferencias significativas en cuanto a áreas de interés. Existe una demanda de capacitación en temas de abuso sexual, orientación sexual, y tratamiento de disfunciones sexuales en profesionales de la salud sexual. Las temáticas más

relevantes para la práctica profesional fueron Aspectos socioculturales de sexualidad humana, Evaluación, diagnóstico y tratamiento de disfunciones sexuales, Desarrollo sexual, Intimidad sexual en la pareja, Anatomía sexual y reproductiva, Orientación sexual, Identidad de género y Abuso sexual. Otros temas como adicción sexual, parafilias, sexualidad y discapacidad, cuestiones legales, éticas y forenses en terapia sexual, y factores médicos relacionados con problemas sexuales, recibieron poca valoración por lo que se hace necesario una mayor inclusión de estas especializaciones para diversificar los servicios de salud sexual. Supervisión y duración de los estudios se relacionó con mayor satisfacción. Se propuso un plan de estudio que reflejara las necesidades y peculiaridades socio-culturales de Latino-américa para la consolidación de una Sexología multicultural y multi-modal.

**Palabras clave:** formación profesional, sexología, programa

**Conflicto de interés y declaración de divulgación:** Ninguno

## Libros de Texto y Sexualidad. Contenidos y Compromisos Internacionales

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**Introducción y objetivo.** México enfrenta problemáticas vinculadas a la sexualidad tales como el embarazo adolescente, violencia de género, aumento de infecciones de transmisión sexual, entre otras. Y ha suscrito compromisos internacionales vinculantes obligándola a brindar una educación sexual integral (ESI), definida por la Organización Panamericana de la Salud (OPS). La Secretaría de Educación Pública (SEP) tiene entre sus funciones producir y autorizar textos educativos que respondan a esos compromisos. En ese contexto, este trabajo tiene como objetivo: analizar los contenidos sobre sexualidad en los libros de texto gratuitos de primer año de biología para

secundaria y cotejarlos con la concepción definida por la OPS.

**Método y muestra.** Desde esa concepción de Educación sexual (ESI), se analizaron contenidos temáticos de diez y siete libros autorizados por la SEP con enfoque cualitativo.

**Hallazgos y discusión.** Los contenidos son desiguales, la mayoría se enmarcan en el pensamiento crítico, que busca desarrollar actitudes positivas, considerando al individuo como ser sexuado, con derechos. Para fomentar un comportamiento responsable, consciente y placentero, sin: ansiedad, temor, culpa, violencia o discriminación. Atendiendo la planificación

familiar, métodos anticonceptivos y prevención de infecciones de transmisión sexual.

Se abordan de manera insuficiente temas como roles de género, derechos humanos, vínculos afectivos, autoconocimiento, autoestima y atención a la salud, comunicación y relaciones equitativas. Existen errores conceptuales y no se cuestionan de forma adecuada mitos, estereotipos y prejuicios que reafirman actitudes negativas hacia la sexualidad. El abordaje es heteronormativo, no contempla las diversas etapas de la vida y los contextos.

**Recomendaciones.** Retroalimentar a las editoriales sobre las fallas más frecuentes. Proponer estrategias para difundir y concientizar, entre la comunidad educativa y editorial, concepciones, recomendaciones y compromisos con los organismos internacionales. Desarrollar indicadores que permitan evaluar el impacto de los libros en el aprendizaje y desarrollo de la ESI en la población estudiantil.

**Palabras clave:** Sexualidad integral, Libros, Convenios  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Formación en Educación Sexual Infantil y Desarrollo Humano

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**Introducción /Justificación:** En México existen pocos programas profesionales para formar a las personas interesadas en la educación sexual infantil. Considerando los riesgos a los que se exponen los niños y adolescentes, por ejemplo, acoso escolar, grooming, embarazo adolescente, violencia en el noviazgo, abuso sexual infantil, entre otros, en la Asociación Mexicana para la Salud Sexual A.C. se creó el Diplomado de Educación Sexual Infantil y Desarrollo Humano para formar profesionistas que sean capaces de facilitar y diseñar programas educativos para menores de edad y para personas adultas que educan a menores de edad con base en los derechos humanos, y la equidad de género.

**Proyecto, Población Entorno:** El diplomado cuenta con 7 módulos que se imparten a lo largo de 11 meses y con una validación de 232 horas.

Está fundamentado en el modelo holónico de la sexualidad humana, y en el se estudia todo el desarrollo sexual, tanto saludable como conflictivo, a partir del nacimiento y hasta la adolescencia temprana.

Está dirigido a profesionales de la educación, la salud y áreas sociales que atienden diversas situaciones infantiles.

**Resultados:** Hemos tenido 165 egresados/as que han presentado 132 proyectos educativos, dichos proyectos se han ejecutado en distintas instituciones, algunos de manera permanente, llegando incluso a consolidar asociaciones civiles a partir del trabajo realizado.

**Discusión/Recomendaciones:** Ante esto es importante asumir que la educación sexual es corresponsable en toda la sociedad, no solo se educa en casa y escuela. Para ello sería importante impulsar la creación de más cursos y diplomados dirigidos a la población infantil y juvenil, así como buscar maneras más efectivas de invitar a las y los profesionales de la salud a prepararse en el tema de salud sexual infantil

**Conflicto de interés y declaración de divulgación:** Ninguno

Ortiz G. 2018 “¿Qué hago, qué digo? De 3 a 8 años”. Ciudad de México. Editorial Amssac.

**Palabras clave:** Sexualidad infantil, diplomado, prevención



## Love Matters Arabic is Tackling Sexuality Taboo in Arab World

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**Introduction & rationale:** Sexual and reproductive health and rights (SRHR) are one of the fundamental aspects of life. In Egypt they receive little attention because of cultural sensitivities and traditional religious and community values which restrict SRHR education for young people. Many Egyptians families assume that their children do not need to know about SRHR issues until they get married. This idea results in long-standing taboos and wide spread of misconceptions surrounding sexuality.

Love Matters Arabic project provides SRHR information using digital media. It uses channels that provide privacy and are a cost-effective way to reach young people. The Majority of young people in Egypt have access to internet and social media and many use these channels as source of information to sexuality topics which isn't offered by traditional media, schools and families.

**Project and settings:** Love Matters Arabic has been launched five years ago. It offers young Egyptians a virtual space where they can engage with issues relating to love, sex, marriage, and relationships. It is the first platform of its kind available in the Arabic language. Currently focusing on Egypt, the website has attracted more than 20 million users from all over the Arabic speaking world. The social media community on Facebook is nearing a million while video views

exceeded 44 million. A team of doctors and experts answer daily questions from users on various aspects of sex and sexuality, and provide honest, scientific and non-judgmental answers to all queries.

**Outcomes, Discussion & recommendations:** Young people engage in discussion about SRHR topics on platforms

Young people feel comfortable to share their views on platforms

Young people have more knowledge on SRHR

Young people have more progressive attitudes towards SRHR

Evidence on YP's SRHR views and needs are shared with partner

**Discussion & recommendations:** Credible digital communities is a cost effective intervention to educate young people about sexuality in restrictive settings.

**Keywords:** Love Matters, Young people, Sexuality

**Source of Funding:** RNW media, A Dutch NGO based in Hilversum and operating in many regions around the world

**Conflict of Interest and Disclosure Statement:** Ramy Metwali (Project coordinator) and Abir Sarras (Regional manager) worked on this abstract to presented on WAS conference by Ramy Metwali

## Healthcare Provider Perspectives and Training Needs Regarding HIV Self-Testing: Findings from a Global Web-Based Survey

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**Introduction and objectives:** HIV self-testing (HIV-ST) has the potential to increase HIV testing uptake through reducing barriers such as stigma. Although healthcare providers (HCP) may play an important role in facilitating access to HIV-ST to clients, there are global knowledge gaps regarding their information

needs regarding HIV-ST. We conducted a global survey to better understand HCPs' knowledge, attitudes and practices in relation to HIV-ST.

**Methods and sample:** We conducted a series of expert consultations on self-care interventions for sexual and reproductive health and rights, including

HIV-ST, that informed the development of a web-based survey in English, French and Spanish. We conducted web-based sampling, and included persons aged 18 and over who self identified as HCPs. We conducted descriptive statistics to examine HCP training needs regarding HIV-ST.

**Results:** Participants (n = 294) lived in 72 countries and included doctors (27%), pharmacists (23%), persons at SRH clinics/agencies (21%), nurses (9%), community workers (8%), midwives (2%), and other (10%). Over one-third (n = 255; 38%) had ever provided information regarding HIV-ST to clients, 29% had not, 14% reported that HIV-ST was not available where they lived, and 24% reported HIV-ST was not related to their job. When asked how confident and informed they felt about HIV-ST, 43% felt confident/informed, 44% needed more information, and 21% needed more training. HCPs' most commonly cited

perceived benefits of HIV-ST included: convenience (69%), reducing barriers such as stigma (67%), reduced HCP workload (50%), and client empowerment (48%). Most common concerns about HIV-ST included: patients not accessing healthcare if required following HIV-ST (55%), incorrect use (51%), and side-effects (19%).

**Conclusions and recommendations:** While one-third of HCPs in this study provided linkage to HIV-ST to their clients, less than half felt confident and informed regarding HIV-ST. Findings suggest the need for contextually tailored information for HCPs to increase HIV-ST access for their clients.

**Keywords:** HIV self-testing, healthcare provider, training needs

**Conflict of Interest and Disclosure Statement:** None

## Fighting LGBTQ Oppressions through Theater: A Mixed Methods Study

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AccessMatters, USA

**Introduction & Objectives:** Theatre of the Oppressed (TO) is a type of participatory theater created by Brazilian director and activist Augusto Boal. Having applications in social and political movements, in psychotherapy, and in pedagogy, TO is used to rehearse in the theater what can be applied in real life. The impact of TO workshops has been examined in multiple published studies; however, none of these studies have reported on the experiences of LGBTQ individuals. This study explored the perceptions of TO participants and facilitators around the world regarding the impact of its techniques when used to fight oppression against LGBTQ individuals.

**Methods:** This mixed methods research looked for patterns among the variables using a critical paradigm lens, during its both phases: a participants' survey to collect data on the self-perceived effects of TO workshops and facilitators' interviews using *interpretative phenomenological analysis*. Through purposive and snowball sampling, 44 TO participants and 10 TO facilitators were recruited internationally.

**Results:** Among the impacts reported by LGBTQ participants as a result of participating in TO workshops are increased awareness of oppression, increased awareness of privilege, decreased internalized oppression, and increased courage to face oppression. Additional impacts reported by TO facilitators were divided into impacts during the workshop (becoming better allies, and sense of safety) and impacts after the workshop (coming out, actions against lived oppression, and getting involved with TO).

**Conclusions:** The findings demonstrated that TO is a powerful tool for both personal and community work to fight oppression. The information from this study may be used by sexuality educators and TO facilitators to work on homophobia, biphobia, and transphobia prevention and intervention. The findings provide direction for future research to better understand the applications of TO to this specific population and to corroborate participants' self-perceptions of impact.

**Keywords:** Educational theater, LGBTQ, Anti-oppression

**Conflict of Interest and Disclosure Statement:** The author of this presentation serves as a board member

of the American Journal of Sexuality Education (AJSE); however, AJSE is not sponsoring this presentation nor did they fund the author's dissertation research.

## Diagnóstico Participativo en Sexualidad en Comunidades Indígenas "Cocas" de Jalisco

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Colectivo Ollin, Alternativas para la Comunicación, la Sexualidad y el Desarrollo Comunitario A. C., México

**Introducción & objetivos:** Esta investigación es parte de una intervención comunitaria denominada "Prevenir con Educación para el Desarrollo (PED) en San Pedro Izticán" iniciada en 2016 que consta de cinco fases.

- Conformación de equipo PED por integrantes de las comunidades y funcionarios a nivel estatal, municipal y comunitario
- **Diagnóstico participativo**
- Implementación de estrategias comunitarias PED
- Evaluación
- Sistematización

El objetivo del diagnóstico participativo es conocer cuáles son las **situaciones y condiciones** que favorecen que se den los Embarazos Adolescentes Inesperados, las ITS's y las diversas formas de violencias basadas en género en las comunidades del Corredor Ribera Central del Municipio de Poncitlán.

**Método(s) & muestra:** Investigación-acción-participativa (IAP) fue el método de aproximación indagatoria a la realidad orientado a la acción, intencionado en la generación de procesos colectivos de conocimiento y transformación de la realidad. El equipo PED realizó el levantamiento y el análisis de la información

Se realizaron 16 observaciones participantes

492 jóvenes y 86 adultos encuestados sobre derechos sexuales

54 jóvenes, 25 adultos y 27 funcionarios participaron en grupos focales

133 adultos y 242 jóvenes participaron en asambleas comunitarias para validar la información

**Hallazgos & discusión:** Se encontraron 3 macrocausas, 32 núcleos problemáticos y 3 círculos de exclusión.

Se buscó generar un proceso educativo de formación-acción para dotar de habilidades investigativas a población y funcionariado del equipo PED dotándoles de sostenibilidad técnica para la producción y procesamiento cualitativo de información vinculada con salud sexual y reproductiva de las comunidades.

**Recomendaciones:** La intención es que la misma comunidad en coordinación con el funcionariado obtuvieran insumos para generar un mapa de intervención en materia de educación integral de la sexualidad y de salud sexual y reproductiva en el que se reconocen las dinámicas sociales, culturales y económicas de San Pedro Izticán como eje del desarrollo sostenible.

**Palabras clave:** Diagnóstico participativo, Formación-acción, Prevenir con educación para el desarrollo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Prevención de Violencia en Adolescentes Mediante Educación Integral en Sexualidad

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**Introducción & Objetivo:** Hay evidencia de que la Educación Integral en Sexualidad (EIS) tiene potencial para contribuir en la prevención de embarazos adolescentes, infecciones de transmisión sexual incluyendo el VIH. Sin embargo, no se encontraron investigaciones sobre las intervenciones de EIS en relación con la violencia.

El objetivo fue analizar cómo la EIS puede contribuir a la prevención de la violencia en las relaciones erótico-afectivas de adolescentes entre 14 y 17 años.

**Métodos y Muestra:** Se utilizó un diseño longitudinal cuasi experimental en un grupo de intervención y uno de comparación. La recolección de datos incluyó una encuesta pre-post de intervención y entrevistas a profundidad, así como grupos focales con estudiantes, docentes y facilitadores del curso. Se beneficiaron a 157 estudiantes con el Curso de EIS. El marco teórico que guió la investigación fue la Teoría del cambio.

**Hallazgos y Discusión:** Se identificó que la EIS contribuyó a la construcción de relaciones más equitativas y menos violentas entre adolescentes, fomentó

que las/os participantes tomaran acciones para prevenir y responder a la violencia en sus relaciones erótico-afectivas mediante la generación de comportamientos de autocuidado que beneficiaron su salud, relaciones interpersonales, derechos sexuales y reproductivos. También generó un proceso de cambio en las creencias y comportamientos relacionadas al género, la sexualidad y la diversidad sexual.

**Recomendaciones:** -Las organizaciones que proporcionen EIS deben considerar estrategias de participación comunitaria que involucre a las familias, personal docente y de salud, así como otros actores clave, en entornos escolarizados y no escolarizados.

También, se sugiere que los sistemas de gobierno incorporen a la EIS, en la política pública, como línea de prevención a la violencia entre adolescentes.

**Palabras clave:** Educación, Violencia, Adolescentes

**Fuente de financiamiento:** Stanley Eisenberg por medio de IPPF/RHO.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Estrategias para Fortalecer la Educación Integral en Sexualidad Desde la Interinstitucionalidad: Sociedad, Salud y Educación Favoreciendo el Acceso a Población con Discapacidades

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**Introducción & justificación:** Iniciativas Sanitarias (IS) es una organización no gubernamental, con una vasta trayectoria en la promoción de derechos en salud sexual y reproductiva. Está integrada por profesionales de la salud, activistas, representantes de colectivos sociales, jóvenes y sociedad civil en general. La vinculación entre la institución y el Estado abarca

múltiples frentes, pero no fue hasta el año 2016 en donde se comenzó a trabajar en conjunto con la Administración Nacional de Educación Pública en Educación Integral en Sexualidad, a través del Programa Nacional de Educación Sexual.

**Acción & población referida:** Con el apoyo de docentes referentes en Educación Sexual se realizó la

validación de adaptación de materiales de la plataforma AMAZE, para niñas, niños y jóvenes de entre 10 y 14 años, junto con jóvenes de la Escuela de Cine DODECA. Se desarrolló la inclusión y accesibilidad para personas sordas a través de un cuadro de lenguaje de señas. Para esto se sumó al trabajo el colectivo de jóvenes con discapacidad, integrantes del Instituto Interamericano de Discapacidad y Desarrollo Inclusivo (iiDi).

**Resultado:** Se adaptaron 15 videos inclusivos para población con discapacidad auditiva. Se diseñó una guía metodológica de trabajo, con distintas propuestas didácticas y recursos para el trabajo con grupos en distintos contextos. La propuesta es dinámica para el trabajo en territorio, en sus distintos escenarios, adaptable a otros países de la región.

**Discusión & Recomendaciones:** Esta experiencia permitió ver las necesidades de los docentes referentes que trabajan con los niños, así como nuevas estrategias para fortalecer vínculos entre instituciones

participantes, y a través de la incidencia política e inclusión de familias y comunidad toda, alcanzar mayor accesibilidad para población con otras discapacidades.

**Citas de la literatura de apoyo:**

Propuesta Didáctica para el Abordaje de la Educación Sexual en Educación Inicial y Primaria. CEIP. ANEP. 2017

**Palabras clave:** Educación, Discapacidad, Inclusión

**Fuente de financiamiento:** Financiamiento otorgado por Fundación “West Wind”, con el apoyo administrativo de IPPF.

**Conflicto de interés y declaración de divulgación:** El conflicto de interés radica en que la autora y co autores fueron responsables del diseño, implementación y evaluación de la experiencia presentada, siendo también hasta el momento únicos integrantes del Área de Educación Integral en la Sexualidad.

## El “Pene” en la Prensa Latinoamericana

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**Introducción & objetivos:** En 1994, la palabra “pene” ocupó doce veces los titulares de los diarios más importantes de los Estados Unidos, debido al juicio de Jhohn Wayne Bobbit contra su esposa Lorena Bobbit, quien le había cortado el pene. Cuatro años más tarde, otro pene irrumpió los titulares de la prensa; era el pene del presidente Bill Clinton por el “Escándalo Lewinski”. Actualmente, la presencia de la palabra “pene” en la prensa se distribuye en diferentes secciones del diario. La encontramos igual en una nota sobre trasplantes pernéanos que en una nota en que se le menciona como figura controversial que fue trazada en una ruta militar de vuelo.

**Objetivos:** Identificar qué tipo de noticias, relacionadas con el pene, interesan a los periódicos latinoamericanos y el entorno discursivo en que se presenta la palabra.

**Método(s) & Muestra:** Se realizó una revisión sistemática en nueve diarios en-línea de América Latina para identificar en un periodo comprendido del año 2010 al 2019, las noticias que incluyeron en su

título o texto la palabra “pene”. Se realizó el análisis del contenido de los artículos que cumplían el criterio, se identificaron temas y se crearon categorías de qué y cómo se publica sobre la palabra “pene”.

**Hallazgos & discusión:** La síntesis de hallazgos en esta revisión se realizó mediante el análisis comparativo constante sugeridos por Sandelowski y Barroso. Se revisaron un total de 2,619 noticias y se generaron 10 temas y 24 categorías que se organizaron en secciones de “qué se publica” y “cómo se publica”. El contexto de uso de la palabra “pene” predomina en las notas relacionadas con mutilación, implantes, trasplantes, disfunción eréctil y agresión sexual.

**Recomendaciones:** Realizar el estudio comparativo entre las notas periodísticas relacionadas con el pene y las referentes a la vagina.

**Palabras clave:** Pene, Noticias, América Latina

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Popularidad de las “Fake News” Sobre el Pene

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**Introducción & objetivos:** Las “Noticias Falsas” no son un nuevo hecho, lo que sí es nuevo es como las redes sociales han permitido una difusión rápida de este tipo de noticias. Las noticias falsas se leen y comparten con tanta rapidez y frecuencia que el público las llega a creer. La sexualidad no ha estado exenta de la manipulación de “Noticias Falsas” y estas han generado tal interés que llegan a ser aceptadas y compartidas como verdaderas, tal como lo demuestran las noticias que involucran al “pene”.

**Objetivos:** Comprobar la veracidad o falsedad de las publicaciones, relacionadas con el pene, más visitadas, “gustadas”, comentadas o compartidas en redes sociales.

**Método(s) & Muestra:** Se utilizó la aplicación BuzzSumo para identificar las notas en español cuyo tema principal fue el “pene” que presentaron más de 44 K interacciones en las redes sociales. Se comprobó la veracidad o falsedad de cada nota cotejando su contenido con publicaciones científicas y periodísticas del lugar mencionado como origen de la misma.

**Hallazgos & Discusión:** La aplicación BuzzSumo reportó en la búsqueda de la palabra “pene” un total de 12, 743 resultados; de los cuales, 13 tuvieron más de 44 K interacciones en los periodos comprendidos entre junio y diciembre del 2018. Las publicaciones fueron mayormente compartidas en Facebook, seguidas por las compartidas en Twitter. De las publicaciones estudiadas 40 por ciento fueron falsas, 20 por ciento verdaderas y 40 por ciento eran ciertas, pero contenían datos alterados para atraer la atención del lector.

**Recomendaciones:** Dado el alto grado de interés y difusión de las noticias falsas sobre el pene y otros temas, es urgente educar al público receptor en los elementos que debe tomar en cuenta antes de dar crédito a lo que se está leyendo.

**Palabras clave:** Pene, Fake News, Internet

**Conflicto de interés y declaración de divulgación:** Ninguno

## Cuidar(Nos) Como Derecho: Educación Comunitaria Desde el Modelo de Partería Profesional

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**Introducción y justificación:** “Nosotras... ¿para qué? Hablen de sexualidad a nuestras hijas”, comentaban las mujeres de una comunidad indígena del estado de Michoacán, mientras estaban en el taller titulado Mujer, conoce y cuida tu cuerpo. Desde entonces, Mujeres Aliadas, A.C. como organización impulsora del modelo de partería profesional como estrategia integral de salud comunitaria y centrada en la mujer, desarrollamos un programa de educación sexual y reproductiva para hombres y mujeres adolescentes, abordando temas como prevención de embarazos no planeados, enfermedades de transmisión sexual y relaciones saludables.

**Proyecto / Población y ajustes:** Trabajamos desde 2009 con mujeres y desde 2012 con adolescentes en comunidades indígenas, rurales y urbanas marginadas de la cuenca del lago de Pátzcuaro y la Meseta Purépecha en Michoacán. El objetivo es fomentar la educación y el diálogo de saberes, para lograr el pleno ejercicio y respeto de los derechos sexuales y reproductivos, el derecho a la salud, así como la autogestión del cuerpo y el cuidado. En conjunto, ofrecemos alternativas de atención, consejería y prevención a través de nuestro programa de salud.

**Resultado:** Hasta ahora 30,000 mujeres han tenido a información accesible, comprensible (en lengua



indígena, si es necesario), sobre sexualidad, reproducción y alternativas de atención. 5500 adolescentes han estado en pláticas en escuelas y 140 en talleres vivenciales de verano.

**Discusión y recomendaciones:** La educación sexual integral, así como la desmitificación de jerarquías y prejuicios en torno a la salud sexual y reproductiva continúa siendo un faltante tanto en la educación formal y familiar, por lo que es imperante la alianza entre instituciones gubernamentales, sociedad civil e

instancias académicas para impactar positivamente en los indicadores de salud y en el bienestar de las personas.

**Citas de la literatura de apoyo:** Partería profesional de Varney (2006); Cartilla de derechos sexuales de adolescentes y jóvenes (2016).

**Palabras clave:** Educación sexual integral, Adolescencia y juventud, Salud comunitaria

**Conflicto de interés y declaración de divulgación:** Ninguno

## Creencias y Comunicación Sobre Abuso de Sexual en Padres de Hijos Preadolescentes

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El abuso sexual infantil incluye “cualquier solicitud o ejercicio de contacto, caricias, juegos o toqueteos, en los que al menos uno de los implicados no desea, conoce o carece de conciencia de lo que está pasando, y que se obtiene por la fuerza o la ascendencia sobre la víctima” (Rodríguez, Aguilar & García, 2012, p. 59). En México, cada año más de cuatro millones y medio de niñas y niños son víctimas de abuso sexual, país que según la Organización para la Cooperación del Desarrollo Económicos (OCDE) tiene el primer lugar mundial en estos delitos. Los padres pueden prevenir que sus hijos sean víctimas de abuso sexual a través de la comunicación sobre sexualidad que establezcan con sus hijos (Chen, Dunne & Han, 2007). Sin embargo, es probable que los padres no aborden estas temáticas con sus hijos porque desestiman el riesgo que corren sus hijos de vivir una situación de abuso sexual. Con base en ello, esta investigación tuvo como propósito conocer la relación entre las creencias y comunicación sobre sexualidad en padres de hijos pre adolescentes.

Se trabajó con una muestra de 200 padres de familia cuyos hijos tenían entre 9 y 12 años de edad y se les aplicó un instrumento de autoinforme para recabar información sobre sus características sociodemográficas y las de sus hijos, creencias hacia el abuso sexual (Si un niño es abuso sexualmente lo contará de inmediato) y un inventario de comunicación sobre sexualidad conformado por 16 temáticas de sexualidad (El tipo de contacto que puede recibir de otra persona). Los resultados más importantes de esta investigación señalan que existe una correlación entre ambas variables y se discuten las implicaciones de estos hallazgos para el desarrollo de programas preventivos del abuso sexual infantil.

**Palabras clave:** abuso sexual infantil, prevención, comunicación paterna

**Conflicto de interés y declaración de divulgación:** Ninguno

## Promoción de la Salud Sexual y Reproductiva en Jóvenes Universitarios(AS)

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**Introducción y justificación:** Los(as) jóvenes son un sector de la población altamente vulnerable a adquirir el Virus de Inmunodeficiencia Humana (VIH) y otras Infecciones de Transmisión Sexual (ITS), por la falta de uso de condón en sus relaciones sexuales. Según cifras del Centro Nacional para la Prevención y el Control del VIH y el sida (Censida), en el año 2015 había poco más de 28 mil jóvenes viviendo con VIH, representando 34 % del total de infecciones en el país.

**Proyecto / Población y entornos:** Durante el año 2018 y principios de 2019, se realizaron talleres de sensibilización y promoción del uso del condón en alumnos(as) de la Universidad Autónoma del Estado de México (UAEMéx). Asimismo, en colaboración con el Departamento de VIH, sida e ITS del Instituto de Salud del Estado de México (ISEM) y la Red Internacional FAMECOM, A.C., se llevaron a cabo dos tamizajes masivos para la detección de VIH en cuatro espacios académicos universitarios.

**Resultados:** Durante la ejecución del proyecto, se sensibilizaron 501 jóvenes estudiantes, se aplicaron 1,704 pruebas rápidas de detección de VIH;

obteniendo un caso reactivo. Se movilizaron 50 personas entre enfermeros(as), médicos(as), personal docente y de la sociedad civil, para ofrecer pre y post consejería, material informativo y repartir más de 7 mil condones masculinos.

**Discusión y recomendaciones:** Derivado de este proyecto, observamos la necesidad de mantener una estrecha colaboración entre la sociedad civil, el sector salud y las instituciones educativas; para fortalecer las estrategias de intervención (repartición de insumos y la aplicación de pruebas rápidas de VIH). Asimismo, entender la condición de vulnerabilidad de los(as) jóvenes en términos de su sexualidad, para ofrecerles información confiable, fidedigna, precisa y actualizada, así como crear espacios de comunicación que permitan el diálogo y la respuesta a las inquietudes propias de su etapa de vida.

**Palabras clave:** Salud Sexual y Reproductiva, Jóvenes universitarios(as), Diagnóstico de VIH

**Conflicto de interés y declaración de divulgación:** Ninguno

## Propuesta de Iniciación a la Educación Sexual

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La ley argentina de Educación sexual integral (sancionada en el 2006) establece la obligatoriedad de las propuestas en los establecimientos educativos. Sin embargo, aún está limitada su aplicación por las múltiples resistencias y la poca presión real para su ejecución. Los debates sobre el aborto (2017) trajo, entre otras consecuencias, un recrudecimiento de las luchas contra la Educación sexual (ver los movimientos “con mi hijo no te metas”). Frente a esta realidad los colegios confesionales y privados muestran una renovada ambigüedad al respecto de la educación sexual.

En este contexto hemos realidad una propuesta orientada a establecer tres objetivos prioritarios para la educación sexual:

1. Mostrar que la educación sexual se realiza independiente de nuestras resistencias
2. Sensibilizar sobre la distinción entre las argumentaciones contra y los miedos que tenemos frente a un medio inquieto por la temática
3. Recuperar saberes que se realizan en educación sexual

Se logró pautar tres encuentros para esta “Iniciación a la educación sexual”

1. encuentro: se utiliza 6 grupos fijos con 6 preguntas que circulan por los mismos. Las mismas buscan visibilizar concretamente: los beneficios, dificultades, resistencias, necesidades de la educación sexual según los docentes presentes
2. encuentro: se estructura el programa de educación sexual que ellos consideran fiable en función de sus experiencias concretas de dificultades que tuvieron en el colegio
3. se busca recuperar actividades que se realizan en la actualidad en los establecimientos relacionados con los temas que ellos

seleccionaron como importantes en el segundo encuentro.

Entre los resultados, señalamos los siguientes:

- a. El pedido de tener “asesorías específicas” en educación sexual
- b. La diferencia entre los temas planteados en el taller (más asociados a un saber ser) y los temas en la encuestas post taller, relacionados más con problemáticas más concretas (saber actuar).

**Palabras clave:** educación sexual, derechos sexuales, desarrollo sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Interstices in the Field of Sexuality: Conflicts and Possibilities

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Since sexuality is the subject of study, there have always been controversies in relation to the topics that are dealt with, as well as with the professional competence of the related specialties (medicine, psychology, sexual educators, etc.). The very definition of sexuality given by the WHO since 1975, as well as its respective updates, establishes imprecise limits that make different fields have discourses and practices in the field of sexuality. This is also reflected in the evolution of the national and international associations that refer to issues of sexuality. This reality reflects two very constant conceptual elements: 1- The accepted polysemy of sexuality. 2- The knowledge about sexuality is established in the interstices, understanding these as spaces of knowledge and doing that exceed the discourse of any of the professions that deal with sexuality This work shows that it is in these interstices of sexuality that the concrete difficulties arising from the concept

of “sexuality” are developed and, therefore, from where the solutions should originate. For my analysis, I have taken two examples of the social experience in Argentina that have taken relevance in the last year for the discussion on the decriminalization of abortion, a discussion that has occupied the agenda of public sexual health. They are: a- Maintenance of the concept of sexual health together with reproductive health in the health system: both in accepted health services and in legislation. b- Sex education: promoted as a fact to be initiated and not as a constant, although not always structured This theoretical proposal seeks to point out these interstices of sexuality as crucial spaces to think, act and advance in sexual science.

**Keywords:** sexual health, sexuality, interstices

**Conflict of Interest and Disclosure Statement:** None

## 10 Years Progress of World Sexual Health Day in Tokyo

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**Introduction & rationale:** In 2010 WAS enacted World Sexual Health Day and this day has been celebrated in Tokyo by holding memorial event every year.

Dr. Tomoko Saotome, gynecologist, who belongs to the WAS Scientific Committee made efforts as the representative of executive committee since the 1st memorial event in 2010.

Masayoshi Yanagida who belongs to WAS Youth Initiative began to take part in the executive committee since 2012. In this presentation, the event report for 10 years will be presented.

**Action and Population group concerned:** The events adopted a sort of the format of Japanese school festivals. In Japan it is difficult for the general people to take part in the events that somehow have something to do with sexual issues. So the executive committee devised the imitated format of school festivals in Japanese schools.

Concretely, panel discussions are held in the main hall and satellite booths provided by civil organizations are expanded on the other floor.

The theme of panel discussions are various. From serious to familiar. Every year, epidemic key words or viewpoints were focused even if they are not necessarily the sexual health related as long as it is somehow close to sexual health.

At satellite booths, guests can learn sexual health issues with fun. Every organizations has passions to spread knowledges or information on sexual health so they devised how to communicate.

**Outcome:** These events became

- opportunities to empower civil organizations and to create new networks among the activists.
- opportunities to provide of new style to learn sexual health and related issues.

**Discussion & recommendations:** To involve the edge regions and people who have various background are important.

**Keywords:** World Sexual Health Day

**Conflict of Interest and Disclosure Statement:** None

## BRIEF COMMUNICATIONS

### Track: 1. Sexual Rights & Ethics

#### Derechos Sexuales Desde su Fundamentación Filosófica a la Práctica Clínica

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Los conceptos dignidad humana, derechos humanos, derechos sexuales cobran importancia en clínica sexológica, en especial al momento de definir lo que puede ser aceptado y tolerado, o lo que deberá ser tratado ¿Qué es dignidad humana? ¿Por qué tenemos derechos? ¿De qué manera los derechos sexuales promueven la salud sexual?

La Declaración Universal de los Derechos Humanos contiene derechos políticos y civiles. Los derechos

políticos regulan las relaciones entre el ciudadano y el estado, los civiles las relaciones entre individuos. A su vez estos son negativos o positivos; entre los derechos negativos tenemos el derecho a no ser objeto de vejaciones. Siendo fundamentales los derechos políticos, resulta más importante satisfacer los derechos civiles. Los derechos negativos tienen preeminencia sobre los positivos, es importante tener derecho al trabajo, pero antes que ello, que no se atente contra nuestra integridad.

En la fundamentación filosófica de los derechos humanos se puede partir desde teorías utilitaristas o desde el pensamiento kantiano. Martha Nussbaum considera que éstos no son independientes de la utilidad y cree importante establecer su rol en la felicidad del individuo, además que sean extensivos a todos. Para Rawls “cada persona posee una inviolabilidad basada en la justicia que no puede ser desconocida ni siquiera en nombre de la sociedad”, traducción del principio kantiano cada persona es un fin en sí mismo.

Los derechos sexuales están redactados como derechos positivos, aunque en su parte final se plantea el derecho negativo, así el derecho a la libertad sexual:

“abarca la posibilidad de la plena expresión del potencial... esto excluye toda forma de coerción, explotación y abuso sexual ...” Esto último es más importante que el mismo derecho a alcanzar la expresión del potencial sexual; esta guía es útil cuando se presenta conflicto entre el ejercicio de los derechos sexuales de una persona y otra.

**Palabras clave:** Derechos humanos, Derechos sexuales, Salud sexual

**Fuente de financiamiento:** Universidad de Caldas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Violencia Familiar y Psicológica Hacia las Mujeres en Cuba

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**Introducción & objetivos:** El Centro Nacional de Educación Sexual es una institución subordinada al Ministerio de Salud Pública y promueve el desarrollo de la salud sexual y el reconocimiento de los derechos sexuales en Cuba, mediante –entre otras vías- la prestación de servicios científicos asistenciales, como el Servicio de Orientación Jurídica relativo a los derechos sexuales, único de su tipo en el país, con un alto reconocimiento a nivel social.

El derecho a una vida libre de todas las formas de violencia y de coerción, es un derecho sexual y por ende, humano. Visibilizar, reconocer y proteger a las víctimas de violencia psicológica por su género y orientación sexual en el marco de relaciones familiares, es un desafío actual.

Los objetivos propuestos son:

- Caracterizar la violencia psicológica a las mujeres en las relaciones familiares.
- Identificar las determinantes sociales.
- Valorar la atención y seguimiento a las víctimas de violencia psicológica.

**Método & Muestra:** Métodos Teóricos: Análisis y síntesis, Inducción y deducción.

Muestra: mujeres mayores de 18 años, víctimas de violencia psicológica en relaciones familiares que acudieron al Servicio Jurídico del Centro Nacional de Educación Sexual.

### Hallazgos & Discusión:

- Casi la mitad de los casos atendidos por violencia de género, cumplieron con los criterios de inclusión de la muestra.
- Las dinámicas familiares respecto a la convivencia y crianza de hijos, son las causas más recurrentes.
- Familias homoparentales sufren violencia psicológica por el padre y abuelos de sus hijos.
- El ex/esposo e hijos constituyen los principales agresores.
- Concurren simultáneamente varias manifestaciones de violencia (física y sexual).
- La protección institucional a las víctimas es insuficiente.

**Recomendaciones:** -Deben crearse mecanismos efectivos para la prevención, identificación y represión de la violencia psicológica.

- Deben deconstruirse mitos en torno a las familias homoparentales.
- Debe brindarse una mayor protección institucional a las mujeres víctimas.

**Palabras clave:** violencia, derechos, mujer

**Conflicto de interés y declaración de divulgación:** Ninguno

## Actitudes Ante el Conflicto en Pluralidad de Familias Contemporáneas

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**Introducción:** El presente trabajo muestra un análisis entorno a las actitudes ante el conflicto que diversas familias han vivido en su crianza de origen como en la actual.

**Objetivos, muestra y metodología:** Fueron contempladas las vivencias de algunas parejas colaboradoras del estudio Familias en transformación: roles emergentes de crianza en parejas contemporáneas dentro de la diversidad familiar quienes son nueve parejas que radican en México y decidieron conformar una familia con distintas orientaciones, preferencias sexuales y condiciones sexo genéricas. Dicha investigación tiene un enfoque fenomenológico – hermenéutico con una metodología tipo cualitativa, cuyo objetivo general fue conocer y explicar los cambios vividos por parejas que integran familias diversas, en relación con los roles de crianza.

**Resultados:** Diversas parejas en la actualidad manifiestan en el relato de sus experiencias, la presencia de estereotipos rígidos de género, conductas machistas como de exclusión en el interior de la dinámica familiar que vivieron en sus familias de origen donde el uso de la violencia se muestra con frecuencia como una manera de resolver algunos conflictos, a la vez dichas parejas contemporáneas evidencian los cambios que

ejercen en el interior de sus familias, respecto a resolver de una forma más asertiva momentos de tensión y conflicto a diferencia de su crianza de origen.

**Conclusión y recomendaciones:** Las experiencias de las diversas parejas que colaboraron en esta investigación, dan evidencia de que los conflictos están presentes en cualquier pareja independientemente de la orientación, preferencia sexual o condición sexo genérica que vivan, fungiendo el conflicto como un motor de cambio social que conlleva una actuación personal asertiva o violenta. Siendo necesario reflexionar en el manejo asertivo de los conflictos con la pareja, las y los hijos, donde el uso del diálogo, la negociación y una conducción de límites firmes sean opción antes que acudir a la violencia.

**Palabras clave:** Conflicto, Actitudes, Pluralidad de familias

**Fuente de financiamiento:** El estudio fue realizado gracias al financiamiento del Consejo Nacional de Ciencia y Tecnología

**Conflicto de interés y declaración de divulgación:** Ninguno

## Guía de Procedimientos de Atención Integral de Personas LGBTI

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**Introducción & justificación:** La motivación que tuvimos para escribir esta Guía para Profesionales de la Salud provino de la queja y observaciones de pacientes. Muchas personas pertenecientes al colectivo LGBTI, nos refirieron sentirse discriminadas por la lesbotransfobia que mostraron profesionales de la salud de diversas áreas. Nuestra intención es actualizar conocimientos sobre la sexualidad en base a la despatologización de la diversidad sexual, considerando al binario sexo-genérico como los extremos de un continuo. La función del profesional de la salud no sólo es asistencial sino educativa,

por lo que debe tener una actitud inclusiva y antidiscriminatoria ante la diversidad.

**Acción & población referida:** Ser mujer lesbiana no afecta inherentemente el estado de salud de una mujer, ni debería eximirla de realizar los controles médicos correspondientes a todas las mujeres, como la prevención de enfermedad cardiovascular, cáncer, e ITS; sin embargo, existen algunos factores de riesgo comunes en las mujeres lesbianas y bisexuales, que conspiran negativamente en el cuidado de la salud.

**Resultado:** Algunas muestran mayor invisibilidad en los sistemas de salud, otras no se atienden o no dicen



su orientación sexoeróticaafectiva y su identidad para evitar la discriminación, o tienen una baja autopercepción de riesgo, o tienen hábitos no saludables como las ingestas alimentarias copiosas que llevan a la obesidad, o consumo problemático de sustancias como alcohol, cigarrillo.

**Discusión & Recomendaciones:** Es importante educar a los profesionales de la salud sobre las prácticas sexuales y sus riesgos, sobre el concepto de fluidez sexual para que no asuman la heterosexuación como la norma en la consulta ginecológica, y muestren

actitudes inclusivas y no discriminadoras ante la diversidad sexual.

**Cita de la literatura de apoyo:** WHO. Department of Reproductive Health and Research. Sexual health and its linkages to reproductive health: an operational approach. Geneva: WHO. 2017. Disponible en <http://apps.who.int/iris/bitstream/10665/258738/1/9789241512886-eng.pdf?ua=1>

**Palabras clave:** Género, Diversidad, Discriminación  
**Conflicto de interés y declaración de divulgación:** Ninguno

## La Estrategia de Nacional de Prevención de Embarazo en Adolescentes Vista Desde los Derechos Sexuales

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**Introducción:** Entre 2017 y 2018 se hizo una evaluación cualitativa y participativa la Estrategia de Prevención y de Embarazo en Adolescentes (ENAPEA) en México.

**Objetivos:** Analizar la pertinencia de los materiales de la ENAPEA y su congruencia con los derechos sexuales.

**Método:** Se realizaron tres grupos focales con 150 alumnas/os de bachillerato y un foro con 179 profesionales de la salud y la educación que se involucran en la ENAPEA en Jalisco; se analizó la información desde la teoría de género y el post estructuralismo.

**Hallazgos y discusión:** Los materiales incorporan la perspectiva de género, enriquecida con teorías de comunicación para el cambio de comportamiento; los adolescentes las perciben como claras, acorde a los objetivos y se sienten identificados con los mensajes. El personal de salud y educación considera que son herramientas muy útiles para el trabajo en prevención de embarazos. Los materiales mejor evaluados son aquellos en los que participan actores jóvenes y los percibidos como más complicados son en los que la

información se presenta a través de entrevistas a expertos. Entre las limitaciones de los materiales es que los mensajes son dirigidos a mujeres, con lo cual desalientan la participación de los varones en la prevención; se pone poca atención en la prevención de violencia y no mensajes dirigidos a varones para que eviten las formas de violencia sexual, a pesar de que un alto porcentaje de embarazos de madres adolescentes involucran padres mayores de edad y constituyen abusos sexuales.

**Recomendaciones:** Fortalecer el involucramiento de las instituciones más allá del sector salud, pues las instituciones educativas no se han involucrada de manera suficiente y es necesaria la producción de nuevos materiales que complementen desde la perspectiva de la prevención de violencia sexual y la incorporación de los varones en la prevención y el respeto.

**Palabras clave:** derechos sexuales, prevención de embarazo en adolescentes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Familias de la Diversidad Sexual

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Luis Ortíz Hernández y Verónica Vega López del Departamento de Atención a la Salud de la Universidad Autónoma Metropolitana, unidad Xochimilco señalan que en México hay cerca de 200 mil familias de la diversidad sexual por lo que es importante que se les reconozcan sus derechos como ciudadanos.

Personas de la diversidad sexual siempre han existido, sin embargo, en México, es hasta los años 70's cuando grupos de homosexuales y lesbianas, junto con feministas, crean onxs para luchar por sus derechos. En los 90's, ya se empiezan a reconocer las uniones entre personas del mismo sexo, sin embargo, las parejas homoparentales, no tienen los mismos derechos que las heterosexuales.

El 19 de julio de 2006 se expide la ley para prevenir y erradicar la discriminación en el distrito federal; de esta manera México es pionero en emitir leyes a favor de los miembros y las familias de la comunidad de la diversidad sexual.

En ese mismo año (2006), cincuenta y cuatro Estados del Consejo de la ONU, entre ellos México,

hicieron un llamamiento para que se tomaran posiciones claras con respeto a las violaciones a los derechos humanos de las personas de la diversidad sexual, sobre todo en el ámbito de las orientaciones sexuales y las identidades de género.

El 6 y el 9 de noviembre del 2006 en la ciudad de Yogyakarta, Indonesia, se aprueban 29 principios y recomendaciones a los gobiernos, las Naciones Unidas, las organizaciones intergubernamentales y regionales y a la sociedad civil siendo el principio 24: "El derecho a formar una familia: con independencia de su orientación sexual o identidad de género, incluso a través del acceso a adopción o a reproducción asistida".

México firma el acuerdo y con esto reafirma los derechos de las familias LGBTTTI.

**Palabras clave:** familias, derechos humanos, diversidad sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Counseling Work in Women through Abortion Process

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The World Health Organization (2017) states that in Latin America only 1 out of every 4 abortions performed is safe. The majority of these considered "less safe" is due to the increasing self-administration of misoprostol outside the health services in non-optimal conditions.

In Mexico, abortion on-request is permitted only in Mexico City; in the rest of the country there are several legal restrictions and even, criminalization. In this context, a number of women are influenced to placing themselves at risk by aborting clandestinely or by using abortion pills without specialized counseling.

The Mexican non-governmental association "M de Mujer" directs its work to women in reproductive age who decide to practice a safe abortion in any of the 32 states of the country, providing a variety of resources such as information on safe processes, remote support and access to medicines. In 2018, 2251 women were assisted, of whom 574 performed a safe abortion with the use of mifepristone and/or misoprostol; of this group, 156 chose a post-abortion contraceptive method.

Due to the social stigma surrounding abortion, women may have difficulty accessing objective scientific information and obtaining specialized care,

also drugs. These barriers influence the emotional process that may generate an experience of discomfort, which could be counteracted through access to an integral accompaniment. “M de Mujer” offers such counseling, promoting the free and full exercise of sexual and reproductive rights of women, which contributes to reducing the rate of unsafe abortions.

As a part of the key pending actions by sexual and reproductive health professionals, it is absolutely necessary to tackle the problem of the lack of access to safe abortion processes.

World Health Organization. (2012). Safe abortion: technical and policy guidance for health systems. Uruguay: 2nd edition.

World Health Organization. (2017). Press announcement. Recovered from <https://www.who.int/es/news-room/detail/28-09-2017-worldwide-an-estimated-25-million-unsafe-abortions-occur-each-year>

**Keywords:** safe abortion, integral counseling, sexual and reproductive rights

**Conflict of Interest and Disclosure Statement:** None

## Salud Sexual de Niñas, Niños y Adolescentes

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**Introducción:** El incumplimiento de la Convención de Derechos del Niño (CDN) de parte del Estado mexicano es un problema constante en materia de derechos humanos en nuestro país. Más aún cuando involucra la salud sexual de niñas, niños y adolescentes (NNA), debido al conservadurismo decimonónico que impera en México e influye en las más altas esferas del poder político.

**Objetivos:** Identificar y analizar las Observaciones Finales del Comité de los Derechos del Niño sobre los informes periódicos cuarto y quinto consolidados de México, para agrupar en categorías aquellas que corresponden a la salud sexual y los derechos sexuales.

**Método:** Se analizaron las Observaciones Finales (OF) que el Comité hizo al Estado mexicano, identificando aquellas en las que se involucran aspectos de salud sexual y derechos sexuales y se les agrupó en categorías.

**Hallazgos y discusión:** Se identificaron ocho categorías en las recomendaciones hechas al EM, las

cuales muestran el rezago en materia de salud sexual debido a factores como la visión adultocéntrica de la sociedad mexicana que considera a NNA objetos de protección y no como sujetos de derechos. También se reflejan en éstas los resultados de las relaciones de poder entre adultos/as y la niñez y adolescencia que son violentadas, muchas veces sin consecuencias para quienes abusan.

**Recomendaciones:** se proponen acciones que desde la sociedad civil se pueden emprender para hacer presión a los gobiernos en los tres niveles para que cumplan con su obligación de velar por los derechos humanos y sexuales de NNA.

**Palabras clave:** salud sexual, niñez y adolescencia, derechos sexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Modelo de Aborto por Telemedicina de Women on Web y su Relación con las Teorías Ciberfeministas como Herramienta de Acción y Lucha Social

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Si pretendemos desarrollar nuevas estrategias efectivas que contribuyan a la transformación social, debemos analizar el impacto y aplicación de las nuevas

tecnologías de la comunicación y la información sobre la sexualidad y las subjetividades de sus actores.

En este sentido, las teorías ciberfeministas proponen posibles cambios sociales y políticos para las mujeres, a través de estrategias subversivas desestabilizadoras de la norma de género dual. Puesto que, la sociedad dividida y categorizada en dos perpetúa la discriminación y desigualdad en derechos humanos. Utilizando el internet como escenario de acción teórica, comunicación e interacción social, a la defensa de la dignidad de las mujeres, así como con el propósito de establecer vínculos y redes de apoyo, información, y lucha entre mujeres. Es decir, el ciberfeminismo pretende crear espacio libres que permitan a las mujeres desarrollar nuevas identidades mediante la tecnología.

La necesidad de pasar a una acción práctica ciberfeminista ha gestado iniciativas como el servicio de aborto por telemedicina de Women on Web. Una organización internacional que brinda un servicio de referencia que remite las consultas médicas realizadas en línea por las mujeres, a través de su portal, a un

médico que prescribe una receta para realizar un aborto con medicamentos, que se surte y envía por una farmacia asociada. Estrategia que subvierte la autoridad médica patriarcal, para cambiar algunas de sus prácticas ginecológicas y obstétricas estándar.

Por consiguiente, el objetivo de este trabajo documental es describir el modelo de aborto por telemedicina de Women on Web y la extensión de su relación con las teorías ciberfeministas. Sosteniendo la hipótesis de que quien pretende habitar internet como un nuevo espacio, entra en diálogo con la praxis feminista en línea (Puente y Jiménez, 2011). Comprobando que el ciberfeminismo es una herramienta útil de acción y lucha social.

**Palabras clave:** Ciberfeminismo, aborto por telemedicina, transformación social

**Conflicto de interés y declaración de divulgación:** Ninguno

## Ethics and Security in Practices of Erotic Power Exchange (BDSM)

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**Introduction:** In the second decade of the 21st century, in Mexico, through social networks and other media, erroneous and biased information has been disseminated about bondage / discipline, domination / submission, sadism / masochism practices (BDSM) in an irresponsible way moving the limits towards the area of violence, covering up predators and with the risk of turning this practices into a dangerous exercise for some people.

**Objective:** Transmit and sustain the practice of BDSM. Show it as an exercise of sexual rights while maintaining it as a safe, healthy and consensual activity.

**Focus:** Respect the norms that direct human behavior in the practice of BDSM according to the Declaration of Sexual Rights of the WAS (2014).

**Findings & discussion:** There is malpractice and misinformation about BDSM, especially among people who teach how to carry out these practices. Although there are no statistics, in the commentaries found in social networks and in personal interviews, a lack of ethics was detected in some cases in which participants

are forced to play games without clear agreements or real consensus This is one of the many risks that exist in the absence of a formal education of the topic since the facilitators do not know the explicit and implicit rules of such practices.

As a conclusion, for those who wish to start in this type of practice, it is recommended that they do so through formal specialized literature as well as consulting sexuality specialists to receive proper guidance.

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**Keywords:** BDSM, Ethics, Safety

**Conflict of Interest and Disclosure Statement:** None

## Cantando Mis Derechos en Universum

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Dentro de la zona cultural de Ciudad Universitaria de la UNAM se encuentra ubicado el Museo de las Ciencias *Universum*, en donde desde septiembre de 2011 se cuenta con la exposición permanente “*Sexualidad, vivirla en plenitud es tu derecho*”. El objetivo de la sala es transmitir al visitante un panorama integral sobre el concepto de sexualidad. Una de sus secciones: el *karaoke*, es un espacio pensado para que el asistente conozca y reflexione sobre la importancia de los derechos sexuales y reproductivos en nuestra vida diaria como seres sexuados. Esta sección está diseñada de tal manera que simula un espacio recreativo para cantar y socializar, como en cualquier *karaoke* urbano, las canciones escritas sobre seis de los derechos sexuales y reproductivos con los 14 que contamos actualmente. Es un espacio que invita a reflexionar y compartir dudas, inquietudes y experiencias sobre dichos derechos con los otros. A lo largo de estos siete años nos hemos dado a la tarea de promover educación para la salud sexual y reproductiva

en los adolescentes y jóvenes primordialmente, y consideramos que el conocimiento y la práctica de sus derechos es vital, sobretudo porque el 70 por ciento de nuestros visitantes los desconocen. El impacto que tenemos es de 5,000 visitantes mensuales en promedio, del cual el 80 por ciento tienen entre 11 y 22 años. De esta manera, buscamos desarrollar experiencias significativas en nuestros visitantes y que se traduzcan en toma de decisiones informadas y reflexionadas en su vida sexual futura. Estamos seguros que el informar a los jóvenes sobre sus derechos sexuales y reproductivos puede prevenir embarazos no deseados, deserción escolar, discriminación y problemas de salud, así como el tener un disfrute pleno de su sexualidad.

**Palabras clave:** derechos sexuales, adolescentes, museo

**Fuente de financiamiento:** Dirección General de Divulgación de la Ciencia de la UNAM

**Conflicto de interés y declaración de divulgación:** Ninguno

## Elementos que Afectan el Proceso de Aborto en Gestantes Diagnosticadas con Malformaciones Fetales Incompatibles con la Vida en Lima, Perú

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**Introducción y Objetivo:** En Perú el aborto está permitido únicamente bajo la causal salud, incluyendo salud mental. Ello ha permitido el acceso al aborto en caso de malformaciones fetales incompatibles con la vida (MFIV). Respecto a estos casos buscamos explorar cualitativamente los elementos que afectan el proceso y su impacto en las mujeres.

**Métodos y muestra:** Entre diciembre del 2017 y enero del 2018 entrevistamos a diez mujeres entre 19 y 39 años, atendidas por el diagnóstico de MFIV en un hospital especializado de Lima.

**Resultados:** Identificamos los siguientes elementos:  
1. *Relacionados a prácticas poco empáticas de los proveedores de salud*, tales como hacer escuchar el latido

fetal durante el procedimiento, brindar trato irrespetuoso y proporcionar información inexacta o falsa; 2. *Relacionados con los procesos administrativos*, procesos burocráticos y falta de orientación en la transferencia desde los centros de salud al hospital especializado; 3. *Relacionados con la infraestructura hospitalaria y la adaptación de los servicios*, que incluyen la ubicación de los servicios que obliga a estas mujeres a compartir espacios físicos con otras cuyos embarazos regularmente o la prestación de servicios de soporte no especializados, generando su rechazo y perdiendo un recurso necesario.

**Discusión:** Los elementos presentados afectaron en diferente medida el bienestar de las mujeres y causaron

demoras. Ello incrementó la angustia y en al menos un caso impidió el procedimiento. Por otro lado, para algunas mujeres, la falta de claridad sobre lo ocurrido dió espacio a la creación de explicaciones en las que se expresan distintas formas de auto culpabilización y daño emocional que persiste.

**Recomendaciones:** Es necesario establecer prácticas y entornos seguros para las mujeres que requieren un aborto debido a MFIV. Son necesarios protocolos de atención y apoyo psicológico que se adapten a sus necesidades. Los proveedores de atención médica deben ser entrenados tratar estos casos.

**Palabras clave:** aborto, violencia obstétrica, malformaciones fetales incompatibles con la vida

**Fuente de financiamiento:** 1. Federación Internacional de Planificación Familiar (International Planned Parenthood Federation). Fondo: Fondo de Acción para el Aborto Seguro (Safe Abortion Action Fund, SAAF). 2. PLANNED PARENTHOOD GLOBAL, Inc. Proyecto: Ampliando el Acceso a la atención de la Salud Sexual y Reproductiva (“Project” / “Proyecto”) Perú 40 M 3. International Women Health Coalition (IWHC). Grant No: PROMSEX 2018-01

**Conflicto de interés y declaración de divulgación:** Ninguno

## Feminicidios: Odio y Quebranto Total a la Autonomía Sexual de las Mujeres

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**Introducción:** *“El odio y desprecio de los hombres hacia las mujeres son plasmados con la saña de los asesinatos, pues ahora se utilizan métodos como el ahogamiento, sofocación, el uso de sustancias y el fuego. Estamos claramente frente al epicentro de la violencia, cuyo centro es el ejercicio de poder que funda un terror sistemático en el cuerpo femenino”.* **Roxana Aguilar** Representante de la ONU.

**Objetivos:** Un panorama del feminicidio, concepto, causas, realidad social, perfil de feminicida, panorama internacional y nacional, cómo se quebranta su libertad sexual de las mujeres.

**El concepto de Feminicidio,** La ONU ya lo reconoce; éste término que nos ocupa hoy es un neologismo creado a través de la traducción del vocablo inglés *femicide* y se refiere al asesinato evitable de mujeres por razones de género.

**Enfoques:**

- Conocer a fondo el problema desde todos los ámbitos
- El Caso que Impacto A Nivel Internacional
- Antecedente: ONU Mujeres Medidas Urgentes Contra El Feminicidio

**Cronología de titulares de los periódicos más alarmantes:**

- México, primer lugar de feminicidios este año, advierte Naciones Unidas 2019
- **Las dramáticas cifras de los feminicidios en México** 19 /02/2019
- **Nueve asesinatos al día (La Jornada)**
- México, Primer lugar en Feminicidios; Saña al asesinar muestra el odio del hombre: Onu 2019
- La ONU llama nuevamente a México a adoptar medidas urgentes para prevenir feminicidios 23 julio 2018
- **Amnistía alerta de 10 feminicidios al día y lanza campaña JuntasHastaLaVida**

**Hallazgos Y Discusiones**

¿Quiénes son los asesinos de las mujeres?, ¿Por qué están libres?, ¿Qué hacen las autoridades?, ¿Cómo se atenta contra la libertad sexual de las mujeres?, Conclusiones.

**Palabras clave:** feminicidios, violacion, derechos sexuales

**Conflicto de interés y declaración de divulgación:** Ninguno



## Sexualidad y Placer de Mujeres Indígenas de México

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En Yaaxil AC, hemos desarrollado programas de educación sexual, desde hace 10 años, para mujeres líderes indígenas de diez estados de la República Mexicana. Con el objetivo de empoderar a las mujeres para el ejercicio pleno de sus derechos sexuales y reproductivos, entre ellos su derecho al placer, con perspectiva de género e interculturalidad. Desafortunadamente existen muy pocos programas de educación sexual dirigidos a mujeres indígenas y los que existen en su mayoría se enfocan a la salud materno infantil o prevención de la violencia de género, retomando muy poco otras áreas de la sexualidad como son el derecho al placer. Cada uno de los programas incluyen diagnóstico situacional y participativo, formación a mujeres líderes, diseño de materiales en conjunto con la población, réplica de los programas, campañas de difusión en lengua y evaluaciones cuantitativas y cualitativas de resultados. Algunos programas cumplen, además objetivos específicos como son la prevención de VIH y sida, prevención de embarazo y prevención de violencia. Teniendo siempre

como eje transversal el derecho al placer. Los resultados que hemos obtenido con los programas es la participación activa de las líderes en cada una de las fases de los programas, lo que facilita la apropiación de los mismos y de manera específica, se han obtenido cambios actitudinales y comportamentales en su propia vida, sirviendo de ejemplo a las mujeres a las cuales ellas atienden. El cambio de creencias hacia una vida sexual placentera y saludable a impactado su vida de manera general manteniéndose en el tiempo. Desafortunadamente hacen falta más investigaciones para evaluar las intervenciones educativas que se realizan en esta población y en población de mujeres no líderes, dados los pocos recursos existentes. Se sugiere a partir de los resultados obtenidos en la Asociación diseñar más programas en los cuales se involucre a las mujeres indígenas.

**Palabras clave:** Derechos, Mujeres, Indígenas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Is the Japanese Penis Different? – The “Third Way” to Circumcision Debate

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**Introduction & objectives:** While the pros and cons of male circumcision is heavily debated, a “third way” to care for the foreskin seems the cultural norm in Japan (Onuki, 1995). What the authors call “circum-retraction” is the peculiar practice of Japanese men to pull back the foreskin and keep it semi-permanently retracted in daily life. As it keeps the foreskin intact and unaltered in childhood, while possibly providing protection from STIs in adulthood, the practice may offer an alternative to parents caught in the circumcision debate. The folk belief behind it, however, is a major source of psychological stress among adolescent boys. Men in Japan are made to believe, “the penis naturally outgrows its foreskin in adulthood”. Un-retracted penises are called by the name of

“pseudo-phimosis” with negative connotations. Is the Japanese penis in fact different? The objectives of the study are to determine how often and at what age the “circum-retraction” takes place among Japanese men and if it is truly a biological process or a culturally-oriented non-surgical alteration of the genitalia.

**Methods & sample:** Results from an interview survey (Onuki, 1995) with 97 respondents and another 2019 online questionnaire survey (currently underway, with 1,000 respondents expected) will be compared.

**Results:** In the 1995 survey, 33% answered their penises are “circum-retracted naturally”, 20% “circum-retracted after intentional training of the foreskin”, 44% “un-circum-retracted” and 2% “circumcised”.

“Circum-retraction” happened during the adolescence (12-18 years of age) in 89% of the cases.

**Conclusion and recommendations:** The results of the interview survey suggest that the “circum-retraction” happens naturally to some and requires intentional “training” of the foreskin for others. To determine if it is a biological process or a culturally-oriented non-surgical alteration of the genitalia, the

process with which the circum-retraction takes place is being identified in detail in the online survey.

**Keywords:** circumcision, pseudo-phimosis, Japan

**Source of Funding:** This work was supported by JSPS KAKENHI Grant Number 18K02070

**Conflict of Interest and Disclosure Statement:** None

## Educación Sexual Accesible: Derecho de Las Personas con Discapacidad

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**Introducción, justificación:** Enfoque positivo en sexualidad y derechos sexuales y reproductivos (DSR) no son realidades cotidianas para personas con discapacidad (PcD), requiriendo herramientas para su visibilización y ejercicio.

La Convención de Derechos de PcD, define la discapacidad como la interacción entre personas con deficiencias y barreras que evitan su participación plena; busca proteger y asegurar el goce en condiciones de igualdad de derechos y libertades señalando importancia de ajustes razonables y diseño universal.

**Proyecto/Población/Entornos:** El trabajo de AVE de México con PcD incluye: creación, validación e implementación de estrategias y recursos didácticos para contrarrestar barreras en ambientes incluyentes; y sensibilización, capacitación y acceso a materiales para familiares y personal de apoyo.

**Resultados:** PcD formadas como promotoras y que participan en actividades de la organización, procesos educativos en distintas instancias y estados del país, modelos de órganos sexuales e información accesibles y visibilización.

**Discusión recomendaciones:** La educación sexual accesible es responsabilidad compartida, su implementación promueve la participación de PcD en espacios diversos y no en grupos especiales. Los recursos accesibles facilitan formas alternas de aprendizaje y comunicación beneficiando a PcD y sin ella.

La principales barreras por tipo de discapacidad son: sensorial el acceso a información y comunicación; intelectual la ambigüedad de normas de regulación sexual; mental el aislamiento y estigma; infraestructura para PcD física.

Algunos recursos frente a estas barreras: volumen, macrotipos, braille, audio, video, web accesibles, lengua de señas, lenguaje sencillo, enseñar convencionalismos y expectativas; responsabilización y plan de autocuidado, involucramiento en comunidad, asistencia sexual, infraestructura accesible.

Una educación accesible y la promoción de DSR exige dejar el “normocentrismo” y aprender nuevos métodos de comunicación.

**Conflicto de interés y declaración de divulgación:** Ninguno

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**Palabras clave:** discapacidad, accesibilidad, DSR

## Educación Sexual Integral: Mirada del Colectivo LGTBIQ

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**Introducción:** La ley de Educación Sexual Integral (ESI) en Argentina, debe cumplirse en todos sus lineamientos. Asegurarnos que aborde la diversidad sexual, permitiría disminuir el bullying hacia personas LGTBIQ (lesbianas, gays, transexual, bisexual, intersex, queer), siendo este, el segundo motivo de hostigamiento escolar.

**Objetivos:** Identificar: \*temas abordados por ESI en escuelas medias con alumnos identificados transexuales (Trans), \*actos de hostigamiento hacia alumnos Trans

**Material y Metodos:** trabajo transversal, observacional. Encuesta auto-administrada a jóvenes Trans ≥14 años. Se recabó a) edad, b) temas abordados por ESI c) comentarios o prácticas discriminatorias hacia alumnos Trans d) derechos y prejuicios. ANALISIS ESTADISTICO: frecuencia.

**Resultados:** se incluyeron 15 jóvenes, 13(%) transvarones, 2(%) trans-mujeres, mediana edad 16 años (14 a 22). El 87%(13) refiere que se aborda la ESI: diversidad sexual (46%(6)), ejercicio de la sexualidad (31%(4)). El 73%(11) refirieron actos de hostigamiento:

45%(5) por docentes, 55%(6) por compañeros. Del total, el 33%(5) reconoce que se hicieron talleres o jornadas de reflexión, el 20%(3) sanción al responsable y el 33%(5) no se hizo nada. En referencia a derechos y prejuicios solo el 20%(3) cree que el colectivo LGTBIQ tiene más posibilidades de contraer enfermedades de transmisión sexual, el 100% considera que tienen el mismo derecho a casarse y que comprendería a un amigo LGTBQ.

**Conclusiones:** si bien la encuesta se realizó en jóvenes Trans, menos del 50% refiere que en sus escuelas se habla de diversidad y ejercicio de sexualidad. Docentes y compañeros, con los que más contacto tienen, son los que más hostigan. Estos jóvenes no presentaron prejuicios y conocen sus derechos. Un amplio abordaje de la ESI que incluya diversidad sexual ayudaría a disminuir situaciones de hostigamiento.

**Palabras clave:** educacion, sexual, diversidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Difusión Educativa como Estrategia Participativa de Transformación Cultural en Materia de Derechos Sexuales

Francisco Javier Pérez Chagollán

Colectivo Ollin, Alternativas para la Comunicación, la Sexualidad y el Desarrollo Comunitario A. C., México

**Introducción & justificación:** Con la intención de impulsar el posicionamiento de la población joven en la promoción y defensa de sus derechos sexuales para fomentar una cultura de equidad, responsabilidad, libertad e inclusión, en Jalisco, México hemos realizado cuatro Campañas de **difusión educativa** de la Cartilla por los derechos sexuales de jóvenes

- 2005–2007
- 2009–2010
- 2011–2012
- 2015–2017

**Proyecto/Población y entornos:** La estrategia “**difusión educativa**” como componente metodológico, propone que se desarrollen acciones educativas creativas para realizar un análisis vivencial de la cartilla como un instrumento de transformación cultural que permite mirar la sexualidad como asunto de derechos y provee herramientas para su ejercicio.

La campaña más reciente, se realizó en municipios Metropolitanos en Guadalajara, consistió en capacitar a 40 jóvenes, 40 personal de salud y 40 de educación para conformar Equipos de Promoción Educativa.

**Resultado:** Los equipos realizaron más de 250 acciones de difusión educativa de la Cartilla con las

cuales promovieron la reflexión de la sexualidad como un asunto de derechos humanos a 8,238 personas, 7,997 en el rango de 13 a 29 años.

**Discusión & recomendaciones:** Se presentan algunas reflexiones de aprendizajes y logros de este ejercicio y de cómo incidir en el proceso de construcción de ciudadanía y compromiso social de la juventud, como referencia para articular un mapa de ruta de políticas públicas en sexualidad para la población juvenil.

Estamos trabajando la quinta campaña, con una nueva versión de la Cartilla en Jalisco, para iniciarla en 2019.

**Conflicto de interés y declaración de divulgación:** Ninguno

### Citas de la literatura de apoyo:

Pérez, Francisco. (2018) Derechos sexuales de los jóvenes. Construcción de ciudadanía y compromiso social: una experiencia en Jalisco. LOS JÓVENES DE HOY: EL DESARROLLO COMO RECURSO Volumen 18 México 2018-2024: Nueva estrategia de desarrollo. José Luis Calva (coordinador) CONSEJO NACIONAL DE UNIVERSITARIOS POR UNA NUEVA ESTRATEGIA DE DESARROLLO CNU

**Palabras clave:** Difusión Educativa, Cartilla de derechos sexuales, sexualidad como asunto de derechos

## Perspectives on Emergency Hormonal Contraception Uptake Among Young Black Caribbean Women in the UK

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**Objectives:** Adolescent pregnancy is a growing public health concern that impacts the lives of women and communities in a range of settings across the globe. Findings from the third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3) revealed that the use of Emergency Hormonal Contraception (EHC) was most commonly reported among Black Caribbean women in the UK. This study aims to examine the literature to identify and summarise qualitative research evidence on attitudes and perspectives that influence EHC uptake among Black Caribbean women in the UK.

**Methods:** A systematic literature review of studies reporting qualitative data on young Black Caribbean women's EHC use was undertaken. Data was then synthesised to develop key themes.

**Results:** Fourteen papers using qualitative or mixed methods were included in this review. A range of

themes emerged, which were then grouped into three key themes, pregnancy and pregnancy prevention, influence on EHC uptake and accessing sexual health services.

**Conclusion:** The review highlights a variation of attitudes, knowledge, behaviour, risk appetites and sexual health outcomes for young black Caribbean women living in the UK concerning EHC uptake. Although this study has provided some insight on EHC uptake, there is a need for further research to understand contraception use and non-use over time and how it impacts sexual risk behaviour and health outcomes for young women in this demographic.

**Keywords:** Black Women, Emergency hormonal contraception, Adolescence

**Conflict of Interest and Disclosure Statement:** None

## Experiências de Trabalhadores/as do Sexo com Clientes com Diversidade Funcional

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A prestação de serviços sexuais comerciais a pessoas com diversidade funcional é uma realidade existente. O trabalho sexual é uma das alternativas mais procuradas, embora seja apontada a dificuldade destes/as profissionais corresponderem aos interesses dos/as clientes com diversidade funcional (CcDF). Um outro serviço sexual emergente é a assistência sexual. Assistentes sexuais são pessoas com formação fundamentada num racional teórico que considera a sexualidade de cada ser humano como única (contemplando múltiplos valores, experiências e preferências), pelo que, além da satisfação sexual, pretendem o desenvolvimento de competências e da auto-estima do/a cliente. Dado o desconhecimento destas figuras em Portugal, a investigação teve como objetivo explorar as vivências de trabalhadores/as do sexo (TS) com CcDF, bem como as suas perceções face à possibilidade de formação.

Através de uma abordagem qualitativa foi conduzido um estudo exploratório que inquiriu treze TS. As entrevistas realizadas foram analisadas com recurso aos procedimentos de análise temática propostos por Braun e Clarke (2006).

Nas narrativas dos/as participantes denotou-se a prevalência de clientes homens, maioritariamente com

incapacidades físicas. O corpo não normativo, a necessidade de mais tempo ou a procura de práticas que privilegiam o toque e a comunicação eram vivenciadas com sentimentos de desconforto por TS, havendo em alguns casos aumento dos valores tarifados. Os dados obtidos apresentam congruência com os descritos na literatura para profissionais sem formação. Apesar disso, os/as TS entrevistados/as referiram frequentemente a importância de formação como forma de melhorar o atendimento prestado a CcDF.

Assim, com base no estudo elaborado recomenda-se a introdução da assistência sexual em Portugal, sendo essencial um investimento na formação de pessoas que pretendem atender CcDF. Ademais, face às diferenças de género encontradas, é também relevante o comprometimento com uma educação sexual empoderante tanto para pessoas com diversidade funcional como para a comunidade, de forma a desconstruir estereótipos.

**Palabras clave:** trabalho sexual, assistência sexual, diversidade funcional

**Conflicto de interés y declaración de divulgación:** Ninguno

## Trans(Gender) People: A Human Rights-Based Approach to Health

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**Introduction & objectives:** The history of (bio-)medical and psychological approaches to transsexualities is not a recent one. Since the 50s decade of the 20th Century, such history has been characterized by classificatory attempts related with persons non-conformed to the attributed sex at their birth (i.e., trans people). Alongside these classificatory processes, institutions, as well as social, political and scientific discourses have

supported violence and discrimination towards trans individuals. Based on a critical feminist trans and intersectional perspective, the proposed poster aims to stress the (de)construction of trans identities, by discussing transsexualities' depathologization as a possibility for the enlargement of human rights to trans people. Particularly, we intend to propose a critical view about trans life trajectories while intersected with

multiple dimensions of oppression. By doing so, this poster will focus on theoretical and political approaches that provide better intelligibility about trans lives.

**Method(s) & Sample:** We conducted thirty-five semi-structured interviews with self-identified persons as trans, transsexuals and travesties in Brazil and Portugal. The collected discourses were systematized according thematic analysis (Braun & Clarke, 2006, 2013) which allows to generate seven major themes.

**Findings & discussion and Recommendations:** Besides, such analysis allowed us to explore some (de)constructive processes related with trans identities that will be presented in order to underline the plurality of gendered (self-) meanings. This way, our poster emphasizes subjectification processes, the affirmation of transsexualities as non-pathological, the relevance

of an enriched knowledge concerning different oppressions and their intersection, the recognition of identities' self-determination and the urgency of transsexualities' depathologization. Engaged with social transformation, this work intends to give a contribute to a deeper critical reflection both on trans people's experiences and the oppressive domains of trans lives. Thus, we invite to think critically about needs and specificities of trans persons by questioning public policies devoted to trans(gender) populations.

**Keywords:** trans(gender), human rights, (de)pathologization

**Source of Funding:** Fundação para a Ciência e a Tecnologia (FCT)

**Conflict of Interest and Disclosure Statement:** None

## Women Looking for Telemedical Abortion Services in Mexico and Chile, A Comparative Analysis

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Women on Web is an international reproductive rights organization which provides information on and referrals for medical abortion to women in countries where women experience legal or access barriers.

In this study, a sample was taken, comparing women from Mexico and Chile who reached out to the telemedical abortion service of Women on Web. Data were collected from online consultations, follow up forms and other emails concerning the process involving in medical abortion. In these 2 countries abortion is more or less restricted by law. It was legalized in Mexico City in 2007, while in the other 32 states it is still a criminal offence and abortion is only legal if the pregnancy is the result of rape. There are other legal indications for abortion in the states, such as genetic malformation of the foetus, but these indications depend on each state's laws and regulations.

In Chile abortion was illegal on all grounds but in 2017 abortion was legalized if the woman's health is at risk and in cases of rape. Next to the illegal status additional stigma surrounding abortion and social, economical and health service barriers prevent access to safe abortion services.

An analysis is being made of demographic data, location where women live and reasons why they are requesting help from an online abortion service. Special attention will be given to the detection of the most important obstacles and differences women face in these 2 countries. It will be related to the country-specific situation of abortion and reproductive health. The results will be shown during the presentation.

**Keywords:** medical abortion, comparative analysis, demographic data

**Conflict of Interest and Disclosure Statement:** None



## Museo Interactivo Virtual en Salud Sexual y Reproductiva

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Un museo interactivo virtual promueve el aprendizaje significativo mediante de estrategias lúdicas, informativas, creativas que permiten ser una red comunitaria social, de conocimiento, prevención y sensibilización, creando conciencias y cambios de comportamientos. Es lo que han demostrado museos de ciencia interactivos en el mundo. Por tal razón, he considerado implementar un museo interactivo virtual sobre Salud Sexual y Reproductiva como medio de información y difusión de derechos reproductivos, salud sexual, además de ser un espacio que coadyuve a la disminución de embarazos adolescentes e infecciones de transmisión sexual (ITS).

**Acción:** Establecer un museo interactivo digital que contenga una interfaz, con la que las y los usuarios mediante el uso de paneles de información, proyectores, y entornos de realidad virtual, puedan interactuar y aprender sobre los temas de cada sala.

**Contará con 8 salas:** 1) elementos básicos de la sexualidad, 2) derechos sexuales y reproductivos en la historia, 3) libre ejercicio de la orientación sexual e identidad de género, 4) vida reproductiva, métodos anticonceptivos 5) ITS, 6) mitos, estigma y discriminación, 7) Ejercicio y goce de derechos y 8)

promoción de productos informativos, educativos y formativos de mercadeo social.

Constará de tres fases; a) investigación, planeación y gestión de alianzas, b) desarrollo del museo y c) difusión y apertura en 3 años.

Público general, mayoría adolescentes.

**Resultado:** primer año, planeación, diseño y gestión de alianzas financieras, metodológicas y tecnológicas. Primer semestre, segundo año, sala muestra a escala y al final del año las primeras tres salas Tercer año conclusión de desarrollo, montaje y apertura.

**Recomendaciones:** Creación de alianzas urgentes a nivel publico y privado local,nacional e internacional.

**Citas:** Declaración de Derechos Humanos, Fondo de Población para las Naciones Unidas, Organización Mundial de la Salud, Organización para la Cooperación y Desarrollo Económicos, creación y desarrollo de muesos, narrativas digitales.

**Palabras clave:** Salud Sexual y reproductiva, Museo interactivo, Derechos humanos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Religiones Protectoras de los Derechos Sexuales y Reproductivos

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**Introducción:** La creciente ola conservadora supone una amenaza para los derechos sexuales y reproductivos (DDSSRR) de las personas, especialmente de las más desatendidas. Con el objetivo de detener esta tendencia, se propone un diálogo constructivo entre organizaciones de la sociedad civil y organizaciones religiosas, para la defensa de los DDSSRR.

**Acción y grupos de interés:** En 2018 se conformó la Coalición de Religiones, Espiritualidades y Creencias en Diálogo con la Sociedad Civil por la defensa del Estado Laico. Se propone un nuevo diálogo con

organizaciones de DDSSRR que buscará alternativas sobre cómo, desde la acción política y el campo programático, se pueden proteger los DDSSRR de las personas en contextos conservadores.

**Resultados:** Se espera que con este diálogo se dejen de percibir las distintas voces de organizaciones religiosas como si fuera una sola que está en contra de la diversidad y los DDSSRR de las personas. Este diálogo pretende construir puentes con avenidas de acción discursivas y programáticas que permitan la garantía del

pleno ejercicio de los DDSSRR de las personas, en armonía con la libertad religiosa.

**Discusión y recomendaciones:** La convergencia de distintos movimientos permite una mirada interseccional en el trabajo por la democracia y los derechos humanos sexuales y reproductivos. En esta oportunidad, la Coalición de Religiones, Espiritualidades y Creencias en Diálogo con la Sociedad Civil por la defensa del Estado Laico se alía con la Federación Internacional para la Planificación de la Familia – Oficina del Hemisferio Occidental para reconocer la

diversidad dentro de los movimientos y, desde allí, establecer avenidas de acción que permitan reenmarcar los mensajes que promueven los DDSSRR y garantizar estos derechos, en las comunidades, de las poblaciones más desatendidas.

**Palabras clave:** religion, sexuality, rights

**Fuente de financiamiento:** Financiación parcial por parte de IPPF-WHR y REDLAD

**Conflicto de interés y declaración de divulgación:** Ninguno

## Therapist as Activist: Supporting Sexual Rights Through the Australian Marriage Equality Debate

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**Introduction & rationale:** In 2017 after a highly divisive campaign, Australia held a postal survey and amended the Marriage Act 1961 to legalise same-sex marriage. Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual (LGBTIQA) counselling services experienced an increase in demand for mental health support as people experienced violence, discrimination, depression, anxiety and stress during the campaign. Therapists who identified as LGBTIQA provided psychological support often whilst personally impacted by a campaign that was fear based and discriminatory. This case study will explore how a therapist at an LGBTIQA counselling service in Melbourne provided therapy, advocacy and activism to support sexual rights during the debate.

**Action and Population group concerned:** A systems-based therapeutical approach was used to address structural inequality and discrimination to alleviate risk to mental health. Therapy and activism were used to foster resilience within the LGBTIQA community which had been negatively impacted by heteronormativity and gender role expectations.

**Outcome, Discussion & recommendations:** Resilience and empowerment within the LGBTIQA community were improved by activism which led to

participation in awareness raising activities including attending rallies, speaking to friends, family and co-workers and maintaining a strong social media presence. The discussion will explore the fine line between activism and therapy and how a client's ability to advocate on their behalf and have their voices heard whilst maintaining personal safety was strengthened. Recommendations discuss how LGBTIQA community members can maintain mental and physical wellness whilst feeling supported and empowered to defend sexual and human rights during a national public debate on marriage equality.

**Conflict of Interest and Disclosure Statement:** None

### Citation of supporting literature:

Ecker S, Riggle E, Scales Rostoskey S, Bynes JM. Impact of the Australian marriage equality postal survey and debate on psychological distress among lesbian, gay, bisexual, transgender, intersex and queer/questioning people and allies. *Aust J Psychol* [Internet]. 2019 Feb 5 [cited 2019 March 7]. Available from: <http://doi.org/10.1111/ajpy.12245>

**Keywords:** LGBTQAI Identities, Minorities and marginalised groups, Human and sexual rights

## Vivencia del Erotismo en Mujeres de 50 o Más Años

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El climaterio, desde una visión heteropatriarcal, ha significado en las sociedades occidentales el fin de múltiples funciones y actividades para las mujeres, de manera particular las relacionadas a su vida erótica. Es por ello que el objetivo de la presente investigación fue explorar cómo ha sido y qué factores han influido en la vivencia del erotismo en mujeres de 50 años o más. Se realizó un estudio cuantitativo, no experimental y transversal en donde se aplicó un cuestionario de 88 preguntas relacionadas con la historia sexual, presencia de síntomas relacionados al climaterio, opinión ante la sexualidad de las mujeres y un inventario sobre prácticas sexuales, que fue validado por jueceo y pilotado con 20 personas. La muestra estuvo conformada por 37 mujeres en etapa de climaterio con una media de 57 años. La información se analizó por medio del SPSS aplicando estadística descriptiva y coeficiente de correlación R de Pearson. Si bien se sabe que la llegada del climaterio no condiciona una disminución del deseo sexual, se identificó una alta correlación entre el número de síntomas relacionados al climaterio y la

disminución del deseo sexual (0.639) e inversamente con la escolaridad (-0.358) y la ocupación (-.406); una actitud más liberal hacia la sexualidad de las mujeres está relacionada con la vivencia del orgasmo en algún momento de su vida (0.404) así como con la práctica del autoerotismo (0.468). Se discute la necesidad de atender las actitudes hacia la sexualidad en mujeres añosas como una estrategia para favorecer un envejecimiento más satisfactorio en el área del erotismo. Metodológicamente se sugiere emplear instrumentos validados estadísticamente para esta población, o incluso desarrollar alguno que permita tener una visión más integral de los factores que favorecen u obstaculizan su vivencia, además de desarrollar investigación cualitativa que permita escuchar la voz de las participantes.

**Palabras clave:** Erotismo, Climaterio, Mujeres

**Conflicto de interés y declaración de divulgación:** Ninguno

## Aging, Sexuality and Loving Relationships – Elder and Professional's Perceptions and Practices

Duarte Vilar

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Old age is not precepted anymore as a short period before death, but as an extended period of life where professional, political and intimate lives continue. This reflected in the recognition of their specific rights, as well in the promotion of policies and services directed to their different needs.

In many countries, sexual issues integrate public policies and services however, sexuality of the elderly continues to be frequently, ignored, misunderstood and sometimes repressed in institutions and by professionals that work with them.

This research aimed to understand the diversity of the elderly sexual life, as well their wishes, existent barriers, and problems and needs.

Secondly, we wished to understand the representations of professionals of the institutions that work with elderly on the sexuality of this age group.

The research was developed in the Lisbon region. 25 interviews and 9 focal groups were done, involving 25 institutions and 63 professionals, and the data were object of content analysis.

Elder people perceive love and sexuality as a positive thing in their lives. A part of them experience sexual desire and are involved in sexual practices. Others, namely the widowed women (more than men) don't wish to be involved in these practices. No guidelines and no training for the professionals exist and often,

they r to ignore or to criticize elderly sexual expressions rather to answer positively on this.

It is important to develop guidelines for institutions and training programs for professionals and educational debates should be part of institutional activities.

**Keywords:** Sexuality, Aging, Sexual rights

**Source of Funding:** This project was supported by FCT – The Foundation for Science and Technology/Ministry of Science and Universities of Portugal

**Conflict of Interest and Disclosure Statement:** None

## Track: 2. Social & Behavioral Sciences

### Gender Perspective In Sexual Psychotherapy

Alma Aldana García

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**Objective:** Participants will acquire new tools for education and sexual therapy.

**Introduction:** Eroticism is a term typically used to denote the search for sexual arousal; but it is also a way of living through all senses, allowing and building pleasure, well-being, feelings and health.

**Method and sample:** Evidence was collected from testimonies obtained during individual, couples and group therapy sessions. Eroticism takes place on the stage of symbolic repression resulting from the gender perspective of a culture and a time, and displays its powers on both, the private and public domains. It depends on the economic, social, political, cultural and psychological factors of each period, within each country, group, family or person.

**Findings and discussion:** From courses as well as individual, couples and group therapy.

It was found that sexual dysfunctions in women were based on their lack of self-esteem and their concern for being “good women”. heir learning experiences involved blaming themselves for wanting, seeing,

touching, requesting pleasure and renouncing one’s eroticism, full of myths, fears and guilt. On the other hand, men were found to be disembodied and genitalized. Also, their bodies were either very ill-treated or emotionally castrated, unable to perceive their own sensations.

**Recommendations:** To open up to sexual therapy from a gender point of view means to be oneself, either as a man or as a woman; that is to say, having the freedom to express oneself as one is and not as others say it should be. Sexual dysfunctions are related to the internalized gender role, so treating them without the gender point of view is repeating what corporations tell us to buy, think, represent or be. Controlling sexual *non-pleasure* is transformed into consumerism in order to form two main dichotomous groups: “feminine-masculine “and turned into erotic desire built from each perspective.

**Keywords:** sexualidad, terapia, genero

**Conflict of Interest and Disclosure Statement:** None

### Eficacia de Una Intervención para el Uso del Condón en Hombres Homosexuales

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**Introducción:** Las intervenciones por Internet y telefonía móvil han mostrado un impacto favorable

para promover cambios en la conducta sexual de riesgo.

**El objetivo** fue evaluar el efecto de un programa diseñado bajo el modelo de creencias en salud, dirigido hacia la intención y uso del condón en hombres auto-identificados como homosexuales (HH).

**Métodos:** Estudio cuasi experimental de mediciones repetidas con aleatorización a dos grupos, experimental y control. El muestreo fue dirigido con múltiples técnicas de reclutamiento.

**La muestra** se calculó con un nivel de significancia de .05, un poder estadístico de 90% y un tamaño del efecto de .50, obteniendo una  $n = 55$  para cada uno de los grupos. Se utilizó una cédula de datos generales, tres escalas y cinco sub escalas para medir las variables de estudio. El análisis estadístico se realizó mediante el análisis factorial de mediciones repetidas, así como las pruebas de Wilcoxon y U de Mann Whitney.

**Resultados:** La muestra final estuvo conformada por 85 HH, con un promedio de edad de 25.60 años ( $DE = 5.53$ ) y una media de relaciones sexuales en el último mes de 5.12 ( $DE = 6.79$ ). De estos, el 47.1% refirieron

no haber usado condón. Al comparar la intención del condón entre los grupos que manifestaron haber tenido relaciones sexuales con una pareja casual, se encontraron diferencias significativas ( $p < .005$ ).

**Conclusiones y Recomendaciones:** Los hallazgos coinciden con estudios previos, al revelar conductas sexuales de riesgo. Además, muestra un incipiente efecto de la intervención, sobre los procesos cognitivos y reflexivos, que se encuentran relacionados con el uso del condón. Se recomienda ampliar el objetivo de la intervención hacia la realización de la prueba de VIH e incluir a la pareja. Además de realizar la evaluación del programa mediante un método mixto e incorporar sesiones presenciales.

**Palabras clave:** Ensayo Clínico, Uso del Condón, Homosexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiences of Employees of the Swinger World, Without Being a Swinger

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In Mexico, as in other countries, many people venture into the experience of the swinger world every year. However, few studies are interested in exploring these experiences and even less in exploring the role of employees who participate in this lifestyle without being properly involved with it.

The objective of this research was to explore the opinions and perceptions of a group of employees of three swinger meeting centers about the work they do and the customers they serve. This is a qualitative study based on a phenomenological framework for which a questionnaire with open questions was used, the former was applied to 21 employees (14 men and 7 women) aged between 21 and 51 years old.

The findings show that among the participants, the idea that the meeting places in which they work are for “free” and “open-minded” people prevails, and that these places are suitable for those who want to have fun and inhibit themselves. The majority perceive their

clients as kind and respectful of the rules established in these places, although there were a couple of mentions about considering them “elitist” and “promiscuous”.

Some employees feel that their opinion is not important given that they only provide a service, although some mentioned feeling that this work had helped them to “open up” to new ideas and to view their own sexuality in a more positive way. In terms of dealing with customers, the general rule is discretion towards what they see, and few people talk about their job to their family or friends.

The need to continue providing information about people living in the swinger world is discussed, which will be useful for guidance and clinical and educational work of different health professionals.

**Keywords:** swinger, employees

**Conflict of Interest and Disclosure Statement:** None

## Sexual Fluidity: A Brief Study Review

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The article surveys recent English-language research literature on sexual fluidity, focusing on two different approaches: 1) research based on interviews and questionnaires, and 2) works employing evolutionary psychology hypothesis. Studies from 2012 on were selected from online scientific database. Seven interview/questionnaire-based sources, some where participants used daily journals to compare their daily patterns of attraction and some based on online interviews. And six evolutionary Psychology papers, each one proposing a theory on the phenomenon. Research based on interviews and questionnaires indicate sexual fluidity seems to be more common in women. There is however some indication that this may be more related to gender than biological sex as one study with a small trans population suggests that trans men demonstrate more fluidity in attraction than trans women. The results seem to confirm Kinsey's theory on orientation being a continuum and not category based. The findings could spark the discussion of how socially built is our sexual orientation. None of the reviewed

sources employing evolutionary psychology hypothesis adequately explains either the origins of or the fitness value of fluidity. Apostolous suggest fluidity has neutral fitness value because it doesn't present a threat to reproduction. This take on the subject is challenged by the work of Radtke, who points out that science is predominantly male driven and suggests sexual fluidity is a valuable evolutionary tool for survival because it would promote strong pair bonding between females that for some reason are without a male partner and need to protect their young. Although the subject is relevant, studies on sexual fluidity are few. Extant studies suggest the phenomenon has strong cultural and socially constructed components and that it has far more complexity than binary models. However, more studies on the matter are needed.

**Keywords:** Sexual Fluidity, Sexual continuum, Sexual Behavior

**Conflict of Interest and Disclosure Statement:** None

## Estudio Comparativo Entre Hombres Jóvenes Homosexuales, Heterosexuales y Bisexuales de la Ciudad de México

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A pesar de que existen diversos estudios que exploran conductas sexuales en hombres, son pocas las investigaciones que han comparado, con instrumentos iguales o equiparables, a hombres heterosexuales, homosexuales y bisexuales. Debido a lo anterior, el objetivo del presente estudio fue explorar algunas conductas sexuales, de consumo de alcohol y drogas, prácticas de ligue y lugares de encuentro en una muestra de 120 hombres (40 hombres homosexuales, 40 bisexuales y 40 heterosexuales) de entre 18 y 29 años y determinar si existen diferencias estadísticas entre los tres grupos. Se trata de un estudio no experimental, descriptivo y correlacional con muestras no probabilísticas recabadas mediante una plataforma digital. Los resultados

muestran que existen diferencias estadísticas en el número de parejas sexuales, uso de condón en la primera relación sexual, número de parejas ocasionales, consumo de algunas drogas, sexo por pago y uso de *apps* para ligar (aunque las razones para usarlas parecen generalizadas en los tres grupos). Por otro lado, aunque todos los hombres de la muestra prefieren tener relaciones sexuales en una casa, los lugares de encuentro son más frecuentados por el grupo de hombres homosexuales. Se discuten los resultados desde la perspectiva de género y la construcción de la masculinidad, que en hombres de distintas orientaciones resulta en distintos modos de relacionarse con otros hombres. Se discute también la importancia de



conocer estas para que el trabajo en aspectos como la salud, la educación, prevención de riesgos, entre otras, sea más asertivo a las necesidades de acuerdo con las preferencias de género.

**Palabras clave:** Conductas sexuales, hombres, orientación sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Actitudes de Estudiantes de Secundaria Ante Prácticas Sexuales Seguras

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**Introducción & objetivos:** En la *ENSANUT 2012*, se puntualiza que “23% de los adolescentes, de 12 a 19 años de edad, ya [ha] iniciado su vida sexual”, y la *ENADID 2014* reportó que 77 de cada 1,000 nacimientos corresponden a mujeres de 15-19 años en México. Estos antecedentes llevaron a conocer las actitudes que tienen estudiantes de secundaria ante algunas prácticas sexuales seguras para el diseño de programas de prevención.

**Método(s) & muestra:** En ocho escuelas de la CDMX y dos del Estado de México, se aplicó un cuestionario a 2,418 adolescentes para identificar actitudes hacia el embarazo y algunas prácticas sexuales seguras. Mediante una serie de enunciados en una escala *Likert*, se identificaron las actitudes que tiene este grupo.

**Resultados:** Mientras que el 89.8% de las y los adolescentes está de acuerdo que el embarazo debe ser planeado, y el 89.5%, que utilizar condón es una decisión de pareja; el 37.5%, está de acuerdo que se puede tener una relación sexual placentera sin llegar a

la penetración, y el 18.37%, que se siente igual con y sin condón. Por otra parte, el 40.3%, está de acuerdo que la abstinencia es el mejor método para prevenir el embarazo y las infecciones de transmisión sexual.

**Conclusiones & recomendaciones:** Los resultados reflejan que la mayoría de jóvenes pueden decidir en pareja, pero en relación con el uso de prácticas sexuales seguras, la proporción de jóvenes que tiene una postura de mayor aceptación baja.

La revisión de temas de igualdad y género en asignaturas como formación cívica y ética y tutoría, así como las campañas en medios de comunicación, pueden explicar la apertura hacia las decisiones en pareja. Sin embargo, el abordaje del placer como parte de la sexualidad y la prevención, requiere mayor atención en los sectores educativo y de salud.

**Palabras clave:** Actitudes, Adolescentes, Prácticas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Social Versus Personal Values: Which are Related with Attitudes Towards Pornography?

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The consumption of pornography is increasingly common. Literature has focused, mostly, on its negative effects. This study, with a different approach, aimed to know the relation between Basic Human Values and attitudes towards pornography. Participated 665 Portuguese adults, mostly female ( $N = 406$ ). The participants' average age was 25.7 ( $SD = 8.85$ ) years old. All answered, voluntarily, to an online survey with

following measures: (1) Scale of Attitudes Towards the Use of Pornographic Materials, (2) Basic Values Questionnaire (BVQ), and (3) sociodemographic questions. We assured the confidentiality and anonymity of all participants, that agreed with informed consent forms. The data analyses were performed in SPSS. We conducted stepwise multiple linear regressions for both genders. All the 18 values from BVQ were taken as

predictive variables. In females, we found that personal values, as Sexuality and Pleasure, explained positive attitudes towards pornography and agreement with positive effects of pornography. In opposition, social values, as Support, explained agreement with negative effects of pornography. Moving on to males, we also found that personal values, as Pleasure, explained positive attitudes towards pornography and agreement with positive effects of pornography. In opposition, social values, as Support and Religiosity, explained agreement with negative effects of pornography. We concluded that the values that predict attitudes

towards pornography were different among gender. Although, we had saw a similar pattern with differences between those who prioritize social or personal values. This means that values are important predictors of attitudes towards pornography, with individuals who prioritize personal values presenting positive attitudes towards pornography and a higher and lower agreement, respectively, with its positive and negative effects.

**Keywords:** pornography, social values, Portugal

**Conflict of Interest and Disclosure Statement:** None

## When the Individual Responsible for the Female Orgasmic Dysfunction is the Male

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Depending on the population investigated, the methodology used, the definition of the orgasmic dysfunction and the time and place of the investigation, the percentage of women with orgasmic dysfunction hovers between 12% to 45% and the percentage of those who have this trait due to the male sexual dysfunction of premature ejaculation is around 35% to 45%. We present the analysis of more than 1000 clinical charts seen in our Center in Miami in which we demonstrated how the female sexual dysfunction due to her partner's premature ejaculation is seen in more than 80% of the Latin-American women affected in South Florida, USA. This high prevalence hasn't been described in the literature up to now. We analyze and discuss the conditions that could explain this high

prevalence and the correlation between the frequency and intensity of the premature ejaculatory issues and anorgasmic condition of the partner.

The adaptation's mechanism in both members generally deteriorating the relationship is discussed. We propose simple techniques of education, orientation, counseling & sexual therapy to have in account in the offices of the general practitioner, gynecologist, urologist, psychologist and sex therapist. In complex cases the appropriate referral is recommended.

**Keywords:** Orgasmic Dysfunction, Premature Ejaculation

**Conflict of Interest and Disclosure Statement:** None

## Eva Norvind's Legacy: From Mexican Film Star to New York Dominatrix, Filmmaker and Sex Therapist

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**Introduction and objectives:** This historical study seeks to examine the life and contributions of Eva Norvind (1944 – 2006), who over the course of her life was a celebrated stage and film actress, a sexual

rights activist, a professional dominatrix and an influential documentary film maker. She was a person of resilience who overcame obstacles to live her values as they evolved over time, and sought to enter and touch

the lives of those whom she encountered even when their experiences were vastly different from her own. A fighter and a lover, Norvind championed the rights of people with different abilities, and generously mentored other women and men in her orbit.

**Approach:** Material from Norvind's life is examined in the lens of Historian Donna Haraway's framework of *Situated Knowledges*, giving voice to the power of a unique individual woman's engagement with the issues of her time. This story is at once personal, embodied and mundane, yet it reaches toward a larger and more holistic human perspective that is enriching and instructive to all.

**Sources:** The author interviewed and worked together with Ms. Norvind in New York and Mexico over two years during the mid-1980's and collected oral history on the meanings and functions of

Dominant Feminine Sexuality in the larger world. These direct communications are triangulated with archival digital and Film sources, print and online interviews and reviews.

**Findings & Discussions:** Eva Norvind was a lifelong learner and teacher, exemplifying an open and curious intelligence and a courageous capacity for loving humanity. Norvind was also a complex woman who thrived in the midst of controversy as an activist at the cutting edge of birth control activism and what is now called the BDSM subculture. Despite an untimely demise at the age of 62, her legacy lives on.

**Keywords:** Female Dominance, Feminist History, BDSM activism

**Conflict of Interest and Disclosure Statement:** None

## The Effects of Smartphone Technology on Attachment Style

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**Introduction & Objectives:** Smartphone technology and Social media, particularly dating applications, allow access to a larger and more diverse pool of possible romantic and sexual partners. Yet current research shows there is an upswing in individuals reporting loneliness and isolation. While smartphones are intended to ease communication and bring people together, it seems they may be having an opposite effect by contributing to the development of anxious and avoidant attachment style traits.

**Method & Sample:** The author conducted a qualitative case study of 5 adult males, age 20 to 33, seeking psychotherapy to address dissatisfaction in their romantic relationships. He uses observation and patient self-report to highlight emerging themes. The study examined salient behaviors, including texting, participation in dating applications and other social media, to draw theoretical conclusions about the way technology influences attachment style.

**Findings & Discussion:** The results found a correlation between smartphone use and traits associated with anxious and avoidant attachment styles. Observable patterns that emerged include: a cultural

shift from commitment to freedom and optimization; increased tendency to cancel social engagements; a breakdown in face-to-face communication; a belief that there is an endless supply of potential dating partners; a paradigm shift from "building secure relationships" to "finding the perfect soulmate"; social comparisons that lead to feelings of inadequacy; unrealistic expectations about sex and romantic relationships; decreased attention spans; and FOMO, or the "fear of missing out."

**Recommendations:** Habitual use of smartphones and social media seem to lead to a breakdown in secure attachments. Psychoeducation about the pitfalls of technology, behavior modification, such as reduced use or abstinence, and more time spent in face-to-face interactions will help counter negative effects. The study calls for further quantitative studies to verify conclusions.

**Keywords:** Technology, Attachment Style, Smartphones

**Conflict of Interest and Disclosure Statement:** None

## Prácticas Sexuales de Estudiantes Universitarios de La Generación Millennial

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**Introducción:** El comportamiento sexual de los jóvenes es de gran importancia para diferentes problemas de salud pública y es por esto que se ha intensificado la investigación de la sexualidad en la cultura de los millennials. El estudio de estos comportamientos y de las actitudes sexuales es importante ya que son factores críticos debido a su papel en una variedad de resultados, incluyendo las enfermedades de transmisión sexual, el abuso y la prevención de la violencia, la salud mental y el éxito en las relaciones.

**Objetivos:** Conocer cuál es la percepción de los estudiantes sobre las actitudes y prácticas sexuales de la generación Millennial.

**Método(s) & muestra:** Entrevistas a profundidad a siete estudiantes universitarios (3 hombres y 4 mujeres) de entre 20 y 22 años de edad.

**Hallazgos & discusión:** En cuanto al discurso, las actitudes hacia la sexualidad son flexibles. Hay una mayor aceptación de expresiones sexo genéricas no heteronormativas y del ejercicio libre de la sexualidad.

Se valora el compromiso, las uniones formales (noviazgo) y el vínculo. En cuanto a las experiencias, sigue habiendo diferencias entre lo permitido para hombres y mujeres, si bien se reconoce la igualdad de derechos para ambos, sigue habiendo juicios sociales negativos y condenatorios de la sexualidad de ellas. Si bien se aplaude la libertad en la vivencia de la sexualidad, se reconoce que la mayoría de los actos de sexo sin compromiso se dan bajo la influencia del alcohol.

**Recomendaciones:** Se identificó la necesidad de conocer cómo es que los jóvenes viven y perciben sus prácticas sexuales, así como los riesgos que éstas representan para su salud física y emocional, por lo que actualmente se está desarrollando un cuestionario para aplicarlo a una población representativa de estudiantes.

**Palabras clave:** Experiencias sexuales, Percepción, Universitarios

**Conflicto de interés y declaración de divulgación:** Ninguno

## Parenting Styles Perceived by Transsexuals Attended at Hospital in Southern Brazil

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Family models are generally established according to the educational practices adopted by the parents. Positive and/or negative effects of parenting style can be identified during a child's development.

**Objective:** categorize family relationships, with the aim of mapping patterns of behavior developed by parents and/or caregivers during the education of their children from the perspective of patients seen through the Gender Identity Transdisciplinary Program; PROTIG at the *Hospital de Clínicas de Porto Alegre*.

**Method:** The Parenting Style Inventory (PSI) was used to conduct this quantitative research. 82 patients completed a 42-item questionnaire divided into seven

different practices, 2 positive practices: (A) Positive monitoring and (B) moral behavior and 5 negative practices: (C) inconsistent punishment, (D) negligence, (E) relaxed discipline, (F) negative monitoring, and (G) physical abuse, regarding the family model adopted by their parents and/or caregivers.

**Results:** 145 protocols were completed – 65 fathers and 80 mothers. The transsexual women's perceptions of their mothers were significantly different from those concerning their fathers. The transsexual women had on average a positive perception of their relationship with their mothers and a negative perception of their relationship with their fathers. The transsexual men

and women had a positive perception of their relationship with their mothers and negative mean perception of their fathers.

**Conclusion:** the women felt that their mothers exhibited more positive practices A and B, than their fathers. And the negligence(D) alone was considered the worst parental pattern by both transsexual men and women. This finding may mean that, for our

patients, even “physical abuse” is preferable to neglect, as negligence suggests a lack of consideration, a lack of love and disinterest on the part of parents, which results in suffering through parental absence (“better to be treated badly than ignored”).

**Keywords:** Transsexual, Parenting Style, Family

**Conflict of Interest and Disclosure Statement:** None

## Poliamor: Una Aproximación a la Experiencia Desde la Virtualidad

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Dentro de las múltiples variantes de la no-monogamia, el poliamor describe una forma de vincularse en la que es posible crear y mantener – usualmente a largo plazo – relaciones íntimas, es decir, afectivas y sexuales con varias personas de manera simultánea y consensuada (Barker, 2008). El poliamor está ganando visibilidad en múltiples espacios (por ej. medios masivos, academia, activismo), al mismo tiempo que crece como forma de vinculación alrededor del mundo y en México. Se estima que en la Zona Metropolitana del Valle de México hay entre 800 y 7,000 personas poliamorosas (Crail, 2016).

El objetivo de esta investigación fue brindar un panorama de los usuarios y los intercambios que ocurren dentro de un grupo de interés en torno al poliamor, en el contexto de las redes sociales. Se trata de una investigación cualitativa, que consistió en revisar las publicaciones –de los últimos seis meses– de una comunidad poliamorosa en Facebook, que tiene

alrededor de 1,500 miembros, y realizar un análisis de contenido de éstas.

Los resultados muestran que los intercambios que ocurren entre los diversos perfiles de usuarios atañen a cuatro dimensiones: (a) las relaciones erótico-afectivas que se buscan, crean y/o mantienen; (b) las inquietudes, problemas y retos que enfrentan al vincularse desde el poliamor; (c) los beneficios o ganancias que se derivan de esto; y (d) los valores y dinámicas de poder que subyacen. Finalmente, en las conclusiones se habla de la función que cumple esta comunidad, tanto a nivel personal como a nivel sociocultural, incluyendo una reflexión sobre la forma en que las Tecnologías de la Información y la Comunicación están construyendo experiencias, prácticas, estilos de relación, identidades y comunidades.

**Palabras clave:** Poliamor, Redes sociales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Jóvenes Gay, VIH y Ritos de Paso en la Atención Médica

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México

**Introducción y objetivos:** Este trabajo surgió para aportar un análisis desde la antropología a la crisis del diagnóstico de VIH y una serie de ritos de paso desencadenados desde el mismo así como el paso por los servicios de salud públicos en hombres gay jóvenes. Al inicio pensaba que el diagnóstico detonaba una crisis

que impactaba por supuesto en la vida sexual y que representaría un retroceso en la relación con el propio cuerpo y la sexualidad. El proceso no fue tan lineal como lo supuse al inicio.

**Métodos y muestra:** Se realizó observación de campo, etnografía y entrevistas semi estructuradas con

jóvenes asumidos como gays en los servicios de salud púnicos de VIH en la ciudad de Puebla, México.

**Hallazgos y discusión:** Se utilizó el modelo teórico de corte antropológico del Drama Social para poder estructurar la crisis del diagnóstico, los ritos de paso y el carácter simbólico de un nuevo régimen corporal dentro y fuera de la clínica. Al realizar el análisis fueron claras las divisiones de los momentos clave dentro del modelo del drama social (Crisis, brecha, acciones reparadoras y por último la posibilidad de la escisión definitiva o la reintegración) sin embargo, al enfrentarme a los casos, me pareció necesario descomponer la estructura lineal de la postura del drama pues lo desencadenado por un diagnóstico de VIH no puede ser ordenado de manera lineal, sino

que más bien tiene forma de bucles que se trazan y ramifican y que en su trazado pueden llevarse al mismo punto de inicio.

**Recomendaciones:** Al saber que el VIH impacta social y culturalmente, me parece importante reconocer la necesidad de integrar saberes de corte más social que complementen el saber médico en estos temas.

**Palabras clave:** VIH, Jóvenes gay, antropología

**Fuente de financiamiento:** Fue una tesis de maestría con apoyo de CONACYT

**Conflicto de interés y declaración de divulgación:** Ninguno

## Fantasías, Imaginerías y Experiencias Sexuales en Estudiantes de Medicina

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**Introducción y objetivos:** El ser humano vive su sexualidad de diferentes maneras tanto física, emocional, social y psicológicamente, donde el futuro personal de salud no se encuentra excepto, por lo que este artículo se enfoca en estudiar el último ámbito mencionado, siendo más específicos en la conducta sexual relacionada con fantasías, imaginerías y experiencias sexuales de estudiantes de medicina de una universidad pública en el sur del estado de Jalisco. Se optó como población a estudiantes de medicina debido a que se considera el grupo estudiantil con mayor carga académica siendo el principal objetivo responder la hipótesis de que a pesar de la cantidad de carga aun hay cavidad para ejercer una conducta sexual por lo menos imaginaria además de encontrar la relación de frecuencia de fantasía con cantidad de tiempo libre, presencia de una pareja sentimental y antecedentes de experiencia sexuales.

**Método(s) y muestra:** Se trabajó con una muestra de 300 estudiantes con los que se aplicó una encuesta que contenía 7 secciones: aviso de privacidad, datos sociodemográficos, carga laboral, sexualidad, fantasías e imaginerías sexuales, experiencias sexuales y actitudes

ante situaciones. Elaborada por los investigadores tomando como base el cuestionario propuesto por Wilson para fantasías sexuales, modificado por los investigadores e instrumentos propios y adaptados para medir otros parámetros.

**Hallazgos y discusión:** Se identificó que la totalidad del género masculino y el 95% de las mujeres presentan fantasías sexuales predominando tener relaciones sexuales convencionales y dar-recibir sexo oral-genital, en promedio la mayor parte de las fantasías ocurrían mientras la persona duerme, además, se logro establecer que entre mayor carga laboral disminuye la frecuencia de fantasías a una o dos veces por mes y con mayor tiempo libre existe mayor frecuencia.

**Recomendaciones:** Se debe correlacionar la frecuencia de las fantasías sexuales con el tipo de personalidad de las personas.

**Palabras clave:** Fantasías sexuales, Estudiantes de medicina, Experiencias sexuales

**Conflicto de interés y declaración de divulgación:** Ninguno



## Avances Teóricos en la Comprensión de la Satisfacción Sexual

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**Introducción & objetivos:** En la actualidad se reconoce que la sexualidad es parte integral de todas las personas y que el acceso a la salud sexual es un derecho humano y en tanto una responsabilidad del Estado; así mismo que la satisfacción sexual (SS) es un factor intrínseco a la sexualidad humana y definitorio del bienestar en la vida de hombres y mujeres. (García, 2007). Sobre este tema se han realizado diversos estudios cuyas aportaciones han brindado luz a la comprensión de los factores que influyen positiva y negativamente en la SS, pero en su mayoría centran su interés en unas pocas variables y regularmente en el nivel de lo que Bronfenbrenner (1987) denomina microsistema, es decir, en características personales y del entorno inmediato.

Este trabajo se analiza y reflexiona sobre las conceptualizaciones, los modelos teóricos, instrumentos y resultados de las investigaciones sobre la SS en las últimas dos décadas y que son la base de la comprensión que actualmente se tienen de ella

Enfoques: Hemerográfico. mediante una búsqueda bibliográfica en repositorios de artículos científicos,

principalmente a través de las plataformas de la Biblioteca Digital de la UNAM, Conricyt, Mendeley y Redalyc

**Fuentes:** Se revisaron artículos de investigación, tesis de grado y posgrado que tuvieron como objetivo principal a la SS. Los términos de búsqueda utilizados fueron “satisfaction”, “satisfacción” y “sexual”.

**Hallazgos & discusiones:** Si bien existen diversos enfoques, son tres las teorías que ofrecen modelo explicativos sobre la SS. Estas son la del intercambio social, la teoría ecológica y los modelos psicosociales. Actualmente se cuenta con diversos instrumentos para medir la SS pero pocos están validados para la población hispana y mexicana en particular. Existe una clara tendencia a explicar la SS como una percepción favorable de la vida sexual en la que confluyen aspectos individuales, relaciones y culturales.

**Palabras clave:** Satisfacción Sexual, Avances teóricos, Modelos predictivos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Shame, Fear, Ignorance? Barriers to Older Adults' Help-Seeking Behavior Related to Sexual Difficulties

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**Introduction & objectives:** There is a growing body of evidence demonstrating older adults' reluctance to seek professional help when experiencing sexual difficulties. This reluctance to engage in the intimate issues related discussions with a specialist has been associated with embarrassment, shame and a feeling of „inappropriateness”. The aim of this study was to investigate whether the same set of help-seeking barriers applies to older adults in Poland.

**Method & sample:** Semi-structured interviews were conducted with 27 Polish residents over the age of 65 (65-89, mean = 74) focusing on participants' attitudes

towards sexuality, their past and present sexual activity and the exploration of their sexual history. The interview transcripts were analyzed using a thematic analysis within an inductive approach.

**Finding & discussion:** As expected, most of the participants have never sought professional help either medical or psychological regarding sexual difficulties. Two main types of rationale for not seeking help, inconsistent with previous findings, prevailed in participants' statements. Firstly, an ignorance on where to find the relevant information and/or support, accompanied by a feeling of helplessness. Secondly, not

considering the difficulties as requiring any professional intervention. Excluding pregnancy or procreation context in the past, almost all the participants reported never being asked by a clinician about their sex life or existing sexual difficulties.

**Recommendations:** These findings suggest that the anticipated discomfort during a professional consultation as well as a lack of basic knowledge regarding the nature of sexual difficulties and the access to relevant help may have caused neglecting sexual

difficulties in the case of most participants. If this study is further supported, it should indicate a need to implement educational campaigns promoting adequate information and targeted at older adults.

**Keywords:** help-seeking, sexual difficulties, older adults

**Source of Funding:** DSC Funding, Jagiellonian University

**Conflict of Interest and Disclosure Statement:** None

## Sexual Victimhood among Japanese Students

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This paper was aimed at clarifying the correlation between sexual victimhood among Japanese young people and the victims' surrounding environments. We analyzed quantitative data collected from the 12,925 respondents to the 8th National Survey of the Sexual Behavior of Japanese Youth in 2017.

**Our findings were as follows:** 1) Eight percent of Japanese students have been stared at by someone other than the person they are dating. Verbal harassment was reported by 10.8% of the respondents, and molestation by 10.5%, while 7.3% reported having been shown a stranger's naked body or genitals; 9.5% reported having been seduced while 2.6% had experienced rape or other unwanted sexual contact; 2) Students who experience sexual victimization tend to participate in a wider range of activities: they visit many places, meet various people, and engage in multiple activities; 3) Regarding victims of dating violence, 13.3% reported having been checked up on or controlled within a relationship; 9.9% had been subjected

to emotional violence, belittled, verbally abused, or neglected; 3.3% had been forced into unwanted sexual acts; 2.4% had experienced physical violence (e.g., were punched and kicked); and 1.4% had been harassed by their partner; 4) These experiences and the victims' intimate relationships are correlated: victims tend to have poor communication with their parents and negative perceptions of their family; and furthermore, 5) they tend to suffer from sexual problems and cope best in peer groups that adhere to gender codes.

To promote sexual health among Japan's young people, it is crucial to understand the mechanisms by which gender norms, codes, and peer attitudes influence adolescents' decisions to become sexually active or to engage in risky sexual behavior.

**Keywords:** sexual victimhood, Japanese students

**Source of Funding:** This study is supported by JASE and JSPS (15H03423).

**Conflict of Interest and Disclosure Statement:** None

## The Sexuality of Young Adults in Japan, Austria, Germany, Poland and USA with the Focus on Sexual Function

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In the age of liquid modernity and virtual reality when globalization and IT are progressing in all the societies

of the world, sexuality is also changing drastically. On the other hand these changes are largely different

among societies. The team of researchers decided to investigate multidimensional sexuality of young adults in various countries. The objective is to describe with comparative perspectives overall sexuality with the aspects of sexual lifestyles, norms, behaviors, values, knowledge, body functions, and gender roles of young adults in the countries including Japan, Austria, German, Poland and USA.

The survey is questionnaire-based, consisted with 142 questions and predominately Likert scale. The targets are the persons of any gender aged 18-30. The Survey is conducted from March to August 2019. Approximately 900-1000 participants are expected in total, mainly solicited in the universities (convenient sampling).

This survey includes FSFI and MSFI questions. Considering sexual function, preliminary results suggest Japanese women ( $n = 23$ ) have lower FSFI scores than USA women ( $n = 15$ ), comparing averages, in all the domains including desire, arousal, lubrication, orgasm, satisfaction and pain. In the domain of

lubrication the difference between the two groups is the biggest. On the other hand, Japanese men ( $n = 16$ ) have higher MSFI scores than USA men ( $n = 10$ ) in most of the domains. Which factors impact this gender differentiated result 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.

This project offers unique insights into very complex reality of sexuality in several countries. The analysis will clarify how modern changes as to gender equality, fluidization of sexual relations, and virtual sexuality are advanced among youth in each country, and how they relate to their sexual function. This study provides an important empirical basis for considering contemporary sexual well-being.

**Keywords:** young adult, sexual function, cross-cultural comparison

**Conflict of Interest and Disclosure Statement:** None

## Estigma y Discriminación de Profesionales de la Salud Hacia Personas Trans

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**Introducción:** la población trans es uno de los grupos dentro de la diversidad de género que más vulneración de sus derechos humanos experimentan como consecuencia de representaciones sociales patriarcales, hegemónicas y tradicionalistas.

**Objetivo:** describir estigma y discriminación que tiene los profesionales de la salud sobre las personas trans y las necesidades, y retos que ellos encuentran para esta trabajar con esta población.

**Método:** estudio cualitativo, fenomenológico-interpretativo. Participaron 45 profesionales de las ciencias sociales y de la salud. Los datos se recogieron por medio de redes semánticas naturales y grupos de discusión, y se usó análisis temático. Esta investigación se clasificó con Riesgo Mínimo según las regulaciones de Colombia.

**Resultados:** la mayoría de los profesionales de la salud tienen representaciones sociales respecto a la población trans, asociadas a aspectos negativos y

estigmatizantes, las cuales pueden transformarse positivamente en la interacción cercana con ellas. Ellos consideran que es una necesidad para el abordaje con esta población iniciar un trabajo personal y aplicado a sus contextos en donde se fomente una educación inclusiva y consciente en la diversidad.

**Conclusiones:** las representaciones sociales incluyen de manera directa en la atención en salud que los profesionales realizan y ello puede generar prácticas discriminatorias. Esto resalta la necesidad de realizar formación para la sexualidad desde los diferentes escenarios educativos con un enfoque diferencial, de género y de derechos.

**Palabras clave:** Género, Estereotipo sexual, Identidad

**Fuente de financiamiento:** Proyecto financiado por la Pontificia Universidad Javeriana Seccional Cali.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Factores de Riesgo Psicosociales del Embarazo Adolescente

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**Introducción:** Según la OMS, 3 de cada 10 adolescentes sufren violencia en el noviazgo. El Banco Mundial en el año 2003 señala que: “en América Latina, al igual que en el resto del mundo, el comportamiento violento es mucho más común entre los hombres jóvenes que las mujeres”. La violencia en una relación de pareja se entiende por cualquier agresión física, psicológica, mental y sexual con el fin de dominar y mantener el control sobre la otra persona.

**Objetivo:** Identificar los factores de riesgos psicológicos que influyen en el embarazo de las adolescentes para generar estilos de vida protectores con una red de apoyo que propicie la disminución de estos.

**Método:** Cuantitativo, descriptivo tipo transversal. La población la constituyeron todas las adolescentes embarazadas que acudieron al servicio de psicología de la Clínica de la Adolescente Embarazada del HRAEM, ubicado en la ciudad de Villahermosa, Tabasco.

El tamaño de la muestra fue de 667 adolescentes embarazadas. La selección de los sujetos fue estratificada en menores de 13 a 19 años ubicadas en el área de la consulta externa.

**Resultados:** La población que acude a la Clínica comprende 9 de los 17 municipios del estado y Chiapas, siendo la mayoría del municipio del centro.

De las 667 atenciones dadas, 122 registraron violencia psicológica, 35 por abandono, 32 física, 3 trata de blancas, 1 prostitución; donde 468 se encuentran relacionadas sentimentalmente con parejas que van de los 18 a los 50 años, por lo que debido a su inmadurez cognitiva, se le considera violencia.

**Conclusiones:** Los factores de riesgo asociados al embarazo adolescente, se agrupan en 3 categorías: Individuales, familiares y sociales. La adolescente madre además debe asumir una multiplicidad de roles adultos, especialmente la maternidad, para lo que no está cognitiva, afectiva y económicamente madura.

**Palabras clave:** psicología, hraem, embarazo adolescente

**Conflicto de interés y declaración de divulgación:** Ninguno

## Exploring the Effect of Early Childbearing on Socioeconomic Outcomes in Mothers and Children

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This paper explores the impact of teenage pregnancy on mothers and children. First, it examines whether children born to teen mothers experienced disadvantages in their health outcomes such as stunting and school performance. Second, it describes the consequences of early childbearing on mothers by looking at educational attainment, employment status, marital situation and family living arrangement.

The analysis is based on the baseline data of the Longitudinal Cohort Study on Filipino Children conducted in 2016. The survey interviewed both mother/caregiver and their 10-year children. A total of 4,952 mother/caregiver and 4,927 10-year old children across the three

main regions, namely Luzon, Visayas and Mindanao were interviewed for the study. The analysis for this study however is limited to 4,070 mother-child dyads.

Preliminary results show that compared to children whose mother's maternal age is 20 and above, children born to teenage mothers are likely to be stunted and perform poorly in school. Similarly, women who experienced early childbearing are at risk of unemployment, dropping out of school and being in an unstable marital relationship.

**Keywords:** teenage pregnancy, stunting, women's health

**Conflict of Interest and Disclosure Statement:** None

## Exploring Awareness, Access and Uptake of Sexual and Reproductive Health Information Online in a Global Survey

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**Introduction and objectives:** Online sources for sexual and reproductive health (SRH) information are growing. Yet little is known about the global usage of online SRH information. We conducted a global web-based survey to examine awareness, access and uptake of online SRH information.

**Method and sample:** Building on World Health Organization (WHO) consultations on guidance for SRH self-care interventions, we used web-based convenience sampling approaches to conduct an online survey in English, French and Spanish. We conducted descriptive analyses to examine online SRH information awareness, access, and uptake.

**Results:** Of 825 respondents (mean age: 34.6), participants were from Africa (26.1%), Asia (17.6%), Europe (27.2%), Latin America and the Caribbean (15%), Northern America (13.3%), and Oceania (0.8%). The most common source of SRH knowledge was the internet (74.4%), with preferred internet resources including trustworthy websites (e.g. WHO) (83.3%), online web searches (57.4%), and mobile apps (36.5%). Respondents were asked about their awareness of online reproductive health information; 90.4%

knew what this was and where to access, 6.5% knew what this was but not how to access, and 3.2% didn't know what this was. Over half (60.9%) reported using online reproductive health information (with 11.1% using in the past 3 months), one-fifth (22%) had not used, and 17.1% reported no need for this. With regard to sexual health information online, 88.8% stated they knew what this was and how to access, 7.7% reported knowing what it was but not how to access, and 3.5% didn't know what it was. More than half (60.0%) reported using online sexual health information (10.9% in the past 3 months), one-quarter (24.3%) never using, and 15.7% stating it was not relevant.

**Conclusions and recommendations:** Accessing and using online sources for SRH information is widespread. Online programs can be explored for advancing SRH across global contexts.

**Keywords:** sexual and reproductive health, online, web-based, access

**Source of Funding:** Canada Research Chairs program.

**Conflict of Interest and Disclosure Statement:** None

## Young and Pregnant Again: Prevalence and Correlates of Repeat Teenage Pregnancies in the Philippines

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Adolescent pregnancy rates have declined in the past two decades in the Asia Pacific Region except in the Philippines. Teenage pregnancy is a pressing issue in the Philippines given that it is associated with a host of adverse social, economic, psychological, and maternal and perinatal health problems. Repeat teen child-bearing poses an even higher risk of such outcomes. The study aimed to determine the extent of repeat teenage pregnancies in the Philippines and to examine

the socioeconomic, family, and fertility-related factors associated with such pregnancies.

The study employed data from the sample of ever-pregnant women 15-19 years old (n = 666) drawn from the Young Adult Fertility and Sexuality Survey. Crosstabulations, Chi-square test, t-test, and binary logistic regression were used to assess the associations between women's characteristics and repeat teenage pregnancies.

About one in five teenage mothers has been pregnant again during their teen years. Women with no education or have reached only the elementary level are 6.4 times more likely (CI =1.05 to 39.16) to experience repeat childbearing during their teen years compared to college-educated women. Lower odds of repeat teen pregnancies were found among women who were not married (OR =0.33, CI =0.15 to 0.73), those who were raised by both parents (OR =0.64, CI =0.04 to 1.02), and those who have used a modern contraceptive method (OR =0.50, CI =0.31 to 0.83) compared to their counterparts. Increasing age at sexual initiation is associated with a lower likelihood of

repeat teenage pregnancy (OR =0.64, CI =0.53 to 0.77).

The findings suggest the need to strengthen Philippine's sexuality education program that emphasizes delayed entry to sexual activity, and programs to delay subsequent childbearing among teenage mothers such as the provision of postpartum family planning counseling and services.

**Keywords:** Repeat teenage pregnancy, Teenage pregnancy, Philippines

**Conflict of Interest and Disclosure Statement:** None

## Sexual Market Value: Economic Metaphor in "Pickup Artist" Handbooks

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**Introduction & objectives:** This work explores how heterosexual men in the seduction community understand and conceptualise sexual and relational life through the lens of economic metaphor. It asks two main questions: what economic metaphors are present and what concepts can be explained using economic metaphor.

**Method(s) & Sample:** The primary research for this work was a qualitative content analysis of a corpus of four texts: *The Game*, *The Rational Male*, *Bang*, and *The Natural*. Data was derived from reading and coding the texts. Each text was reviewed twice: first consumed as a normal reader and second close read including coding and memoing.

**Findings & discussion:** This analysis of economic metaphor in pickup artist handbooks shows a metaphorical construct of sexual sociality as a market. Men and women are individual actors as well as commodity-producing-commodities within this marketplace. Man-as-commodity begins with no inherent value and gains value over time by acquiring skills and characteristics like social status, confidence, power, charisma, and success. Woman-as-commodity begins with

inherent value that degrades over time and is based on attributes like physical beauty, thinness, youth, breast size, and (potentially) race. The value of woman-as-commodity is not influenced by acquired skills or characteristics like social status, confidence, charisma, or success. This analysis suggests that the value of woman-as-commodity is lowered by taking on high-power roles within this metaphorical marketplace.

**Recommendations:** Economic metaphor was used to describe the process of men attracting women with the objective of initiating sexual interaction. The emergent metaphorical structure of the sexual market place was coherent across the corpus and exemplifies an Anglophonic, heterosexual male understanding of sexual sociality. This matters because market metaphor both influences research into sexual sociality, which risks findings that reproduce and consolidate this metaphor rather than reflect reality, and guides normative socio-sexual action.

**Keywords:** Economic sociology, pickup artists, masculinity

**Conflict of Interest and Disclosure Statement:** None



## ¿Incide la Autoestima en la Función Sexual?

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La Rebelión del Cuerpo, Chile

**Introducción & objetivos:** La sexualidad femenina es un fenómeno complejo que refleja el bienestar físico, psicológico y social de la mujer (Blümel et al, 2004). Por ello, se ha trabajado recurrentemente con la hipótesis de que existe una relación entre autoestima y una función social sexual satisfactoria mas no existen estudios disponibles que aborden esta perspectiva a nivel de población general, con un enfoque biopsicosocial, en Latinoamérica.

**Método & muestra:** Por ello, desde La Rebelión del Cuerpo, desarrollamos un estudio cuantitativo, transversal, y descriptivo, que consistió en una encuesta en línea en abril de 2018. El cuestionario incluyó la Escala de Autoestima de Rosenberg (1965), una selección de preguntas del Test de Sexualidad Femenina (Rosen et al, 2000) y el Índice de Bienestar Personal para Adultos (PWI-A) (International Well-being Group, 2013; adaptado por Mella et al, 2014). La muestra se compuso por 4.914 mujeres, mayores de 18 años, con

un promedio de edad de 26,4 años (mín: 18; máx: 72, DE: 7,4).

**Resultados:** Los resultados muestran que las mujeres que declaran mayores niveles de autoestima son quienes tienen una respuesta sexual más satisfactoria en todas las fases de la función sexual, y en todos los tramos etarios. Además, se evidencia que mayores niveles de autoestima se presentan en mujeres que reportan mayores niveles de satisfacción con su apariencia física, atractivo sexual, y vida sexual.

**Conclusión & Recomendaciones:** Estos hallazgos respaldan la hipótesis que autoestima incide en la respuesta sexual, entregando insumos para apoyar intervenciones clínicas y psicosociales en esta área; junto con sentar las bases para análisis más profundos.

**Palabras clave:** Autoestima, Sexualidad, Bienestar personal

**Conflicto de interés y declaración de divulgación:** Ninguno

## Encuentros Sororos: De la Experiencia Personal a lo Colectivo

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La Rebelión del Cuerpo, Chile

**Introducción & justificación:** Los Encuentros Sororos nacen en el contexto de La Rebelión del Cuerpo, colectivo social fundado en Chile el año 2017 que busca visibilizar, concientizar y educar sobre el impacto de estereotipos de género en la construcción de la identidad de las mujeres. Lo que nace como un colectivo que se mostraba principalmente a través de redes sociales, creció exponencialmente cuando miles de mujeres de todo el mundo comenzaron a enviar sus experiencias respecto a su cuerpo.

A esto, se suma la investigación que hemos realizado. Una de las encuestas levantadas por nuestro colectivo arrojó que 86% de las encuestadas dejaron de hacer alguna actividad durante su vida por cómo se sentían respecto a su cuerpo.

**Acción & población referida:** Tras un año de activismo, creamos los Encuentros Sororos: talleres de trabajo y conversación dirigidos a mujeres de todas las edades, que tienen el objetivo de ser un espacio donde puedan encontrarse en persona y compartir sus experiencias y las creencias limitantes (Albert Ellis, 1990) en relación con su cuerpo.

**Resultado:** Los encuentros dan cuenta del poder de compartir la experiencia. Las asistentes van relatando el proceso que vivieron, al ir contando las cosas que han dejado de hacer y cómo se dan cuenta de que han vivido lo mismo. Que no es un hecho aislado o algo ridículo que les pase solo a ellas por alguna falencia personal. La mayoría son vivencias comunes que les han traído dolor.

**Discusión:** Los Encuentros Sororos nos reafirman la necesidad de construir relaciones entre mujeres basadas en la empatía. Da cuenta de la necesidad de las mujeres de ser escuchadas y ser vistas por otras, como iguales. Las temáticas son transversales, pero la única manera de saberlo es compartirlo.

**Cita de la literatura de apoyo:** Albert Ellis (1990). Manual de terapia racional-emotiva.

**Palabras clave:** Feminismo, Sororidad, Creencias limitantes

**Conflicto de interés y declaración de divulgación:** Ninguno

## How Men Who Have Sex With Men Use Social Networking Apps to Engage in Chemsex: A Scoping Review

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**Background:** Virtual space has come to dominate the way gay, bisexual and other men who have sex with men (GBMSM) meet for sexual encounters. At the same time, sex is often fuelled by various “chemical” influences such as steroids (shaping the idealized male body), HIV medications (treatment and prevention), recreational drugs (enhancing/facilitating sexual encounters), erectile dysfunction drugs, SSRIs (managing the effects of recreational drugs) and more. The landscape within which prevention and risk management of HIV and other sexually transmitted & blood borne infections (STBBI) must take place has never been so complex.

Our research objectives are to: examine the ways in which social networking apps (SNAs) and chemicals are reshaping the gay community; explore how chemicals contribute to how GBMSM understand their bodies and sexual subjectivities; and, inform public health and HIV prevention efforts aimed at HIV prevention and treatment and stigma reduction.

**Methods:** We conducted an online survey and in-depth semi-structured interviews with 50 GBMSM (20

in Halifax, 20 in Ottawa, 10 in Vancouver). Recruitment took place through online and in-person community venues.

**Results:** The results of this study will be presented. At present, the preliminary analysis suggests several key themes may emerge regarding: how SNAs simultaneously facilitate and complicate discussions of sexual boundaries, HIV/STI prevention and types of chemical use, and tensions surrounding consent. Other themes are likely to include: struggles with addiction and sexual anxiety; how SNAs and substances simultaneously facilitate and erode meaningful connections; and, how SNAs perpetuate and serve to challenge various manifestations of stigma.

**Conclusion:** Our study highlights the ways SNAs facilitate/inhibit risk-taking behaviours, and the role of chemsex in the construction GBMSM’s sexuality.

**Keywords:** chemsex, men who have sex with men, Canada

**Source of Funding:** CIHR

**Conflict of Interest and Disclosure Statement:** None

## Familias con Hijos Gays e Hijas Lesbianas: Más Allá de la Revelación

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Diversas investigaciones han encontrado que posteriormente a la revelación de la orientación sexual de hijos gays e hijas lesbianas se generan transformaciones familiares, especialmente en la comunicación, apoyo emocional, material e informacional desde las relaciones de género. Actualmente se plantea que el 1,2% de la población mundial se autodenomina como personas homosexuales, de ellas un gran porcentaje vivencia vulneraciones asociadas a su orientación sexual y expresión de género, especialmente a nivel familiar. Lo anterior permitió indagar las dinámicas de 15 familias con hijos gays e hijas lesbianas entre los 18 y 25 años después del proceso de revelación. Se utilizó una metodología cualitativa con diseño narrativo. Los resultados evidencian que al inicio algunas familias expresan reacciones de shock, miedo e incertidumbre por sus hijos e hijas, así como creencias y mitos sobre las personas homosexuales que se caracterizan por tener múltiples parejas sexuales y transmisión de VIH. Mientras otras familias tomaron con naturalidad la orientación sexual de sus hijos e hijas, dado que expresaron haber sospechado por llamadas telefónicas, amistades entre otros o porque tenían algún familiar homosexual, lo cual les favoreció para la apertura y brindar apoyo social. Posteriormente, se generan transformaciones en sus dinámicas familiares, como mayor

cercanía entre la madre-hijo(a), comunicación, confianza y apoyo emocional, aunque manifiestan lejanía con la figura paterna por las posibles reacciones. Los hijos(as) expresan que este proceso les favoreció para sentirse libres y genuinos consigo mismos, mientras los padres y madres expresan que les ha ayudado para comprender y resignificar sus creencias sobre las personas homosexuales, así como que sus hijos e hijas son más allá de una orientación sexual. Se recomienda generar estrategias para el acompañamiento a las familias desde sus propios recursos y vivencias, lo cual les puede aportar frente a la aceptación de orientaciones sexuales diversas.

**Palabras clave:** familias, proceso de revelación, orientación sexual

**Fuente de financiamiento:** La presente ponencia se deriva del proyecto “Dinámicas familiares frente al proceso de revelación y aceptación de la orientación sexual de hijos gays e hijas lesbianas de la ciudad de Cali-Colombia” (Código 020100594), financiado por la Oficina de Investigación, Desarrollo e Innovación de la Pontificia Universidad Javeriana Cali.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Rethinking Sexlessness in Contemporary Japan

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Couples who do not desire any sexual intercourse with their spouses (sexless couples) are defining the characteristics of couple relationships in contemporary Japanese society. Recent survey data reveal an increase of sexlessness among men and women since the 2000s. The most publicly discussed reasons for not having sex in the relationship are tiredness from work, a lack of sexual desire post childbirth and the perceived

onerosity of sex. Academic research on sexuality has especially focused on the root causes of sexlessness, but an effective solution to increase the rate of sexless couples has still not been found in contemporary Japan.

Drawing upon qualitative interviews with 45 Japanese men and women in their 20s to 40s, this presentation explores how sexual awareness among

Japanese men and women changed after having conducted the interview. In particular, it also discusses five interview cases in depth to understand how sexlessness was influenced before and after marriage, before and after childbirth, and before and after divorce. These cases are then put into context with the changes that have partly occurred in the sexless relationships after the initial interview research.

It got clear that despite a given tiredness from work, a lack of sexual desire post-childbirth and sex perceived onerosity of sex, other factors are also important which cause sexlessness. Namely, the interviewees

argued to have an image of taboo to talk about or to share their own sexual desire within the relationship.

It is seen that some interviewees have started to cope with the sexless situation and had learned to re-define their own sexuality and sexual life in the relationship. The goal of this presentation is to challenge the strong idea of not having any solution to change the sexless situation and to rethink the concept of sexlessness through a micro-perspective.

**Keywords:** Sexless couples, Sexuality in contemporary Japan, Sexual intimacy

**Conflict of Interest and Disclosure Statement:** None

## Perceptions on Masculinity and its Relationship with Verbal Sexual Harassment

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**Introduction and Objectives:** Throughout history, masculinity and its development have been linked with violence. Various studies have focused on physical aggression but few explore micro-aggressions such as cat-calling as a means to assert power over others. This study aims to explore the perceptions of Portuguese youth on the meaning of masculinity and its relationship with such actions. The study was based on masculinity theories, its evolution throughout history, and its relationship with violence.

**Methods & Sample:** 17 individual interviews to male and female students between the ages of 18 and 25 were conducted. A semi-structured guide along with videos having content related to the theme were used for the realization of the interviews. A deductive thematic analysis of the interviews gave rise to two general themes: perception of masculinity and verbal sexual harassment.

**Findings and Discussion:** The vision of masculinity, its definition and its characteristics are in a process of transformation. A less deterministic concept gives way to a more fluid one. Personal individuality and

acceptance of male actions and attitudes is longed for. Diverse opinions regarding how masculinity is linked to cat-calling were observed: from acceptance and rejection; considered both violent and not; but, still deeply connected to the traditional concept of masculinity and its demonstration. Masculinity as a concept continues to prove difficult to pinpoint accurately, having its definitions perceived differently by people. Moreover, it was perceived that cat-calling's acceptance is also polarized within society by both men and women, this may largely depend on the victim's experience as well as the words uttered. Overall, cat-calling is described as a tool to demonstrate masculinity within a group, a normalized mechanism to exert dominance and power over someone.

**Recommendations:** Further investigation in other contexts should be made to confirm and/or deny the perceptions revealed in this work.

**Keywords:** Masculinity, Sexual Harassment, Adolescence

**Conflict of Interest and Disclosure Statement:** None

## Self-Efficacy in Early Adolescent Period: A Possible Direction to Promoting Healthy Sexual Development?

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Early adolescence (10-14 years old) is recognized as a second [AP1] windows of opportunity to determine life long sexual health and wellbeing. However many studies to date focus on risk factors rather than exploring determinants for positive outcomes. This study aims to assess self-efficacy related to relationships among young adolescents in Indonesia, and explore social-ecological predictors. Data were collected as part of the Global Early Adolescent Study in Indonesia, a quasi-experimental study to explore gender norms and health in early adolescence. The current analysis included 2,477 girls and 2,207 boys aged 12-13 from three sites. Chi-square and logistic regression analysis were conducted followed by multivariable models to examine how individual, family and peer level predictors determine self-efficacy. Finding suggests 50.4% respondents reported at least one yes from 5 questions about self-efficacy. Full yes response only reported by 1.9% respondents. There were significant associations between individual level predictors (such as being girl, have freedom of voice and decision making, knowledgeable about pregnancy, use social media and not often involved in religious community activities) and

self-efficacy. The strongest one is pregnancy knowledge (adjusted OR1.50; 95%CI 1.27-1.78;  $p < 0.001$ ). Family level predictors for self-efficacy include middle and upper economic status, living with one or both parents, strong parent-child relationship and communication, and parental awareness. Multivariable analysis shows significant association for parental awareness only (OR1.19; 95%CI 1.01-1.41;  $p < 0.05$ ). At a peer level, adolescents who are confident to discuss SRH issues with their friends and/or have peers who believe having boy/girlfriend is important are more likely to demonstrate self-efficacy. Full model on multivariable analysis suggests that individual level predictors have a consistent significant influence while family and peer level predictors vary. This paper provides evidence of the potential predictors that could be addressed by intervention program to improve self-efficacy and support healthy sexual development in early adolescence.

**Keywords:** Healthy Sexual Development, early adolescent, self-efficacy

**Conflict of Interest and Disclosure Statement:** None

## Gender Differences in Spanish BDSM Practitioners

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**Introduction & objectives:** Gender uses to be a characteristic that settle a basis for distinction among humans, from sexual experience to social possibilities. As we now have quantitative data about the BDSM Spanish community, there's a good opportunity to see if those differences due to gender also appear in this sexual minority.

**Method(s) & Sample:** I've used the previous work of Puig-Rodas (2014): a questionnaire elaborated ad hoc and sprouted to the Spanish BDSM community.

Different scalar and ordinal variables were analysed using IBM SPSS Statistics 25, taking the gender as independent variable. Depending of the type of variables it was performed mean comparisons (with Anova) or contingency table.

**Results:** The sample had 828 high validity answers, 428 women, 374 women and 24 others. Due to his small size, the group others has been excluded from analyses. After using a mean comparison, significative differences appear in: the age of each group (women

were a mean of 6.34 year younger); age of their first sexual intercourse (women done it a mean of 1.42 years earlier); age at what they identify their BDSM preferences (women identified a mean of 2.30 years later); attraction to persons from the same sex (higher in women); and political trend (women were more left winged). Contingency tables show qualitative differences in variables as the usual D/s role performed (the 73.9% of submissive were women (n = 253) while the 66.6% of Dominant were men (n = 255)) and the practice the prefer the most (active and aggressive roles

were performed by men while passive ones were chosen by women in bondage, spanking, verbal humiliation, and anal sex).

**Conclusion & recommendations:** The high significance of the results confirm that there're gender differences between Spanish BDSM practitioners. The qualitative differences show a replay of patriarchal stereotypes that can be observed in the society.

**Keywords:** BDSM, gender, Spain

**Conflict of Interest and Disclosure Statement:** None

## History and Evolution of the BDSM Sexualities in Spain (1970–2010)

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**Introduction & objectives:** The BDSM sexualities have been long expressed in some countries such as UK, Netherlands, Germany or USA (Steele 1996; Bauer 2014). Because of that, most investigations have been realized focused on those countries. But that doesn't mean that there's no BDSM out of them. In the case of Spain, BDSM pornography has been recorded since the end of XIX Century (Zubiaurre 2015). With the exception of works as Sáez & Viñuales (2007), no other studies have been done to know how people lives their BDSM sexualities in Spain. For this work, I've focused a time lapse between the last years of Franco's Dictatorship and 2010 to know how has evolved the social living of the BDSM sexualities in Spain.

**Approach:** The aim of this investigation is purely descriptive, without any concrete hypothesis.

**Sources:** the information has been obtained through qualitative interviews with different members of the Spanish BDSM community, text and graphic analyse (articles, books, porno magazines, websites and flyers)

and participative observation in BDSM social encounters.

**Findings & discussions:** After Franco's Dictatorship repression, the BDSM practitioners started the 70' without the possibility of having BDSM intercourses and with years of disadvantage with other European countries how has leaved most part of the XX Century in democracy. In the 70' the first information about how to do BDSM came from outside the borders and practices were performed mostly through payment services at gabinetes (whorehouses). During the 80', the BDSM communities were organized around the professional dominatrices and started to acquire the usual aesthetic of black leather and latex. The Internet arrival marked the 90' and helped to let appear the first organized groups such as Rubbtied and the first parties. At the 2000, Spain lived a BDSM golden age with international recognition of events and public figures.

**Keywords:** BDSM, history, sexual minority

**Conflict of Interest and Disclosure Statement:** None



## Expresión de Género Esperado para Hombres y Mujeres Adolescentes

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Las sociedades estructuran su cultura en torno a la diferencia sexual de los individuos que la conforman, a través del género, se determina el destino de las personas atribuyéndoles ciertas características y significados a las acciones que se espera desempeñen, en función del sexo al que pertenecen. Los significados que se derivan de las formas de ser de hombres y mujeres están caracterizados por la diversidad y la heterogeneidad y, son transmitidos y reforzados en las personas como parte de su proceso de identidad. Este proceso tiene una especial influencia en la etapa en donde los jóvenes estructuran su subjetividad y se preparan para la vida adulta cobrando crucial importancia temas como las relaciones afectivas y la sexualidad. Otras investigaciones han evidenciado múltiples formas de desigualdad en las relaciones de los géneros, contexto donde se reproducen conductas y actitudes que limitan las potencialidades de los jóvenes. Ampliar nuestra comprensión de la sexualidad adolescente con el objetivo de conocer cuáles son las percepciones y opiniones con respecto a la expresión de género que esperan para mujeres y hombres, así como sus

opiniones con respecto a aquellos comportamientos que, desde su mirada, no corresponden para cada uno en función de su sexo, este estudio de corte cualitativo, exploró un grupo de 169 adolescentes de 13 a 19 años en cuatro entidades federativas en México. Los resultados demuestran que algunos componentes relacionados al género se han ampliado, reconocen la violencia de género, continúan con estereotipos vinculados a diferencias anatomofisiológicas, identifican prácticas por género, establecen nuevos estereotipos y confunden definiciones de los conceptos: 'expresión de género' y 'orientación sexual'. Estos resultados son evidencia de que la educación para la sexualidad no debe limitarse a aspectos biofisiológicos sino ampliarse a contextos socioculturales para seguir estudiando la importancia que la expresión de género tiene en la adolescencia.

**Palabras clave:** Género, Adolescencia, Estereotipos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Impacto do Estresse de Minoria em Sintomas Depressivos, Ideação Suicida e Tentativa de Suicídio em Pessoas Trans

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**Introdução e objetivos:** O preconceito é um importante conceito para compreender a saúde da população trans, que sofre com alta prevalência dessa vitimização. O estresse de minoria compreende a relação entre preconceito e saúde mental e é dividido em três componentes: preconceito percebido, antecipado e internalizado. O apoio social e o apoio à identidade trans são indicados como fatores de proteção a esses estressores. Este trabalho avaliou prevalência de

sintomas depressivos, ideação suicida e tentativa de suicídio em pessoas trans brasileiras, e a relação com estresse de minoria e apoio social.

**Método e Amostra:** Os dados foram coletados em dois serviços hospitalares de atendimento às pessoas trans, bem como através de survey online. Os instrumentos utilizados foram o CES-D para sintomas depressivos; questão sobre presença de ideação suicida e de tentativa de suicídio em algum momento da vida,

e associação com o fato de ser trans; Escala de Preconceito Autorrelatado contra Transexualidade para preconceito internalizado; questões sobre presença de vitimização de tipos de agressão para preconceito percebido, presença de evitação de situações para preconceito antecipado e de passabilidade; escala de apoio à identidade trans e escala de apoio social.

**Resultados e Discussão:** Entre os 378 participantes, 67,20% apresentaram sintomas depressivos, 67,72% ideação suicida e 43,12% tentativa de suicídio. Foram considerados três análises de regressão logística, conforme os desfechos. Destacaram-se, da três análises, uma associação com preconceito interno e o apoio social. O preconceito antecipado associou-se aos sintomas depressivos, somado às variáveis passabilidade,

apoio à identidade trans e apoio social, como também se associaram à ideação suicida.

**Conclusão e Recomendações:** Perder-se uma vulnerabilidade das pessoas para combater os riscos de saúde mental e a importância de enfrentar o preconceito individual e social, assim como aumentar o apoio social e o apoio à identidade trans.

**Palabras clave:** Estresse de minoria, Saúde mental, Pessoas trans

**Fuente de financiamiento:** Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Antiretroviral Therapy (ART) and Feminizing Hormone Therapy (FHT) Decisions among Filipina Transgender Women: A Framework for Gender Affirming HIV Care

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**Background:** Integration of feminizing hormone therapy (FHT) and antiretroviral therapy (ART) is critical in providing HIV care that is gender affirming for transgender women living with HIV (TWLHIV). Yet, concerns regarding negative drug-interaction side-effects exist and may affect uptake and adherence to both medications. We describe a gender affirmative HIV Care framework to understand FHT-ART decisions among TWLHIV in Manila, Philippines.

**Methods:** We conducted semi-structured interviews with TWLHIV (n=9) recruited from community-based venues (e.g., clinics, support groups) in Manila, Philippines. We asked participants about their experiences taking HT and ART. Analyses were conducted using Dedoose.

**Results:** Five key themes emerged from our qualitative data analysis: (1) provider's concerns; (2) patient's goals; (3) affirmative vs. non-affirmative rhetoric; (4) alignment vs. misalignment of rhetoric to patient goals; and (5) FHT and ART-related decisions. Our

framework shows that provider-patient communications regarding ART and FHT consists primarily of provider concerns and patient goals regarding FHT. These communications can take on a gender affirmative or non-affirmative rhetoric that either aligns or misaligns with patient goals and may lead to differences in ART and FHT related decisions among TWLHIV.

**Conclusion:** There exist mixed regimens and beliefs about taking HT and ART among this sample of TWLHIV. While participants' main source of health information is their HIV provider, providers are likely to communicate non-affirmative rhetoric that negatively impacts TWLHIV's decision to take FHT and ART. Research is needed to elucidate co-prescriptions of gender affirmative services with HIV care among this group.

**Keywords:** Transgender women, Feminizing hormone therapy, Gender affirmative HIV care

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## Instrumentos de Medición de Actitudes Hacia la Sexualidad en Población Mexicana

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**Introducción:** En México, cada nueve minutos se violenta sexualmente a una persona. La violencia sexual se define como el intento, amenaza o acto real de contacto sexual con una persona que no ha dado su consentimiento o no es capaz de otorgarlo. Investigaciones antropológicas ha reconocido la existencia de factores socioculturales que las propician.

**Objetivo:** El objetivo del estudio es el de realizar una búsqueda bibliográfica sistemática de artículos que utilicen instrumentos de medida de actitudes hacia la sexualidad en población mexicana; mostrando el fundamento para la construcción de estos, las dimensiones o contenidos incluidos; características tales como población objetivo, contexto de aplicación, número y formato de ítems.

**Método y Muestra:** Se ha llevado a cabo una búsqueda bibliográfica sistemática de los documentos en los que se mencionan instrumentos del tipo considerado en las bases de datos Lylacs, PubMed, PsycINFO. Los criterios de búsqueda utilizados han sido: estudios realizados solo en México, redactados en español o inglés; sin restricción temporal, con términos que corresponden a: "attitud toward

sexuality", "attitud to sexuality", "sexual attitud", "actitud hacia la sexualidad" y "actitud sexual".

**Hallazgos y Discusión:** La búsqueda arrojó resultados de 253 artículos, se encontraron 48 artículos que aplicaron alguna escala clinimetría. Posterior a la revisión y al análisis de estos últimos, se constató que son instrumentos heterogéneos que miden las actitudes hacia la sexualidad en diversos rubros.

**Recomendaciones:** Es imprescindible la homogeneidad en las definiciones al evaluar las actitudes hacia la sexualidad. Se considera pertinente el tomar en cuenta el contexto social en el constructo, adaptación y/o análisis de ciertas escalas. Es necesario que el instrumento evolucione en la medida que existan cambios en la sociedad respecto a las actitudes hacia la sexualidad. Es adecuado la construcción de instrumentos más específicos para la evaluación de las actitudes hacia la sexualidad en población mexicana.

**Palabras clave:** Actitud hacia la sexualidad, México, Violencia Sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Family Diversity: Resistances and Transgressions to the Sex-Gender Binomial Model

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The diversity in the configuration of families have aroused new ideas and practices that are manifested in the dynamics and discourses inside and outside of the families (See Contreras-García & Pons Bonal, 2015; Rodríguez del Toro & Padilla Díaz, 2009). The traditional image of heterosexual family with the father serving as the provider and the mother as the homemaker is no longer the norm. Instead, most mothers pursue jobs outside of the home and many fathers are involved in childcare. In addition, many children are raised by single parents and by lesbian/gay parents (Campbell, 2014). However, many of the research about the topic become a double-edged weapon because they focus on the ability to exercise parenting and the effects on well-being of children, reproducing a normative point of view (Goldberg & Allen, 2013). Because of that, in the present research, we look under a qualitative research with pluralist methodological approach (Frost & Nolas, 2011)

and with a critical-feminist perspective to explore the practices of care, nurturing and coexistence in homosexual families, lesbian families, single parent families, families with some trans member and heterosexual families in the Mexican context, analyzing the forms of resistance and transgression to the sex-gender binomial without normative and pathological perspective. We present the findings of different qualitative research techniques (focus group, multi-semi structured interviews, narratives and visual methods) of around 40 Mexican families. The contributions of this research underpin the visibility of everyday and emerging practices that dismantle the order of gender and sexuality in families.

**Keywords:** Family Diversity, Resistances, Sex-Gender Binomial

**Source of Funding:** PAPIIT-UNAM

**Conflict of Interest and Disclosure Statement:** None

## Salud Sexual y Reproductiva de Adolescentes y Jóvenes Cubanos

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La ponencia que se propone muestra algunos resultados obtenidos durante la segunda etapa del proyecto: “Adolescentes y jóvenes cubanos en los ámbitos de familia y pareja”, que desarrolla un equipo de investigadoras del Centro de Estudios Sobre la Juventud (CESJ). Los objetivos trazados son caracterizar algunos modos de interacción de adolescentes y jóvenes cubanos en el ámbito de la pareja, relacionados con su salud sexual y reproductiva. Además, compararlos atendiendo a sexo, grupos etarios y zonas de residencia. El estudio tiene carácter nacional y se empleó un enfoque mixto.

Se exponen elementos en torno al inicio de las relaciones sexuales y el empleo de métodos anticonceptivos; se abordan sus percepciones sobre la terminación

voluntaria del embarazo, la toma de decisiones reproductivas y la planificación familiar. Se patentiza la necesidad de continuar potenciando espacios que promuevan acciones efectivas para la educación integral de la sexualidad de adolescentes y jóvenes; así como fomentar una mejor salud sexual y reproductiva, esenciales en los modos de interacción en sus relaciones de pareja.

**Palabras clave:** adolescentes y jóvenes, sexualidad, salud sexual y reproductiva

**Fuente de financiamiento:** En proceso de gestión institucional

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiencia Orgásmica Subjetiva en el Contexto de Masturbación

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**Introducción & objetivo:** La experiencia orgásmica subjetiva constituye la valoración subjetiva de las sensaciones ocasionadas por el orgasmo, siendo cualitativamente diferente entre los contextos de masturbación y relaciones sexuales. Los objetivos de este estudio son analizar la experiencia subjetiva del orgasmo en la masturbación en función del sexo y de la edad, y comparar la experiencia subjetiva orgásmica entre el contexto de la masturbación y el de las relaciones sexuales.

**Método & muestra:** Participaron ochocientos setenta y cuatro adultos heterosexuales (mitad hombres y mitad mujeres) divididos en dos grupos de edad. Todos tenían experiencia en masturbación y en relaciones sexuales de pareja. Respondieron a un Cuestionario Sociodemográfico y de la Historia Sexual y a la versión española de la Orgasm Rating Scale (ORS), que evalúa mediante veinticinco adjetivos la experiencia subjetiva del orgasmo, tanto en relaciones sexuales como en masturbación. La evaluación incluía un consentimiento informado que garantizaba el anonimato y la confidencialidad de los datos.

**Resultados:** En el contexto de la masturbación se obtuvieron diferencias significativas en la experiencia

subjetiva del orgasmo en función del sexo y de la edad, obteniendo mayores puntuaciones las mujeres y las personas más jóvenes, no resultando significativa la interacción entre ambas variables. Al comparar las puntuaciones de los adjetivos de la ORS entre masturbación y relaciones sexuales, se obtuvieron diferencias estadísticamente significativas en todos ellos, a excepción de tranquilizante y relajante, siendo más elevadas en el contexto de las relaciones sexuales.

**Conclusión & recomendaciones:** Este estudio evidencia que la experiencia orgásmica subjetiva en el contexto de la masturbación es diferente en hombres y mujeres, y cambia con la edad. Además, es más intensa en el contexto de las relaciones sexuales, en comparación con la masturbación. Futuras investigaciones deberían indagar en la causa de estas diferencias y en su aplicabilidad al contexto clínico.

**Palabras clave:** Orgasmo, Masturbación, Relaciones sexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Australian Healthcare and Support Service Access at the Time of Miscarriage

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**Introduction & objectives:** Miscarriage is a very common pregnancy complication and is estimated to occur in up to one in four pregnancies. The frequency with which miscarriage occurs has meant it is often viewed as a common, routine pregnancy complication, which is easily managed medically. However this medicalised view of miscarriage has failed to recognise the significant psychological impact miscarriage has on many women. Past research has found the support women

receive and the interactions they have with healthcare professionals in the event of miscarriage can play an important role in how their experience of miscarriage is shaped and the associated psychological impact. The aim of this research is to explore Australian women's access to healthcare and support services at the time of miscarriage.

**Method(s) & sample:** An online survey was undertaken with Australian women aged over 18 years who

had experienced a miscarriage in the previous two years. The survey was administered through REDCap, a secure web-based application to support data collection for research studies, and advertised through The Pink Elephants Support Network, one of Australia's leading miscarriage support charities.

**Results:** The survey was launched on the 26th February 2019. At the time of submission, over 250 women had completed the survey. The survey will cease at the end of April 2019 and full survey results will be available for presentation at the conference.

**Conclusion & recommendations:** This is the first Australian survey we are aware of to explore women's pathways of care following miscarriage, including the

healthcare services they access at the time of miscarriage and the extent to which support services are available or offered. The results from this study will provide the necessary information to support increased and targeted funding for improved support services for women experiencing miscarriage.

**Keywords:** miscarriage, healthcare services, support services

**Source of Funding:** Dr Jade Bilardi is in receipt of a National Health and Medical Research Council Early Career Fellowship, No 1013135

**Conflict of Interest and Disclosure Statement:** None

## Minority Stress, Stigma, and Resilience in a Group of Transgender People: A Qualitative Investigation

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**Introduction & objectives:** A great amount of quantitative research has largely demonstrated that transgender people experience high rates of minority stress against which they exercise resilience using adaptive strategies which buffer the negative effects of stress on health. Notwithstanding, qualitative investigations on how transgender people subjectively experience minority stress are still scarce. The current study was aimed at exploring the subjective experiences of minority stress.

**Methods & sample:** One semi-structured focus group with 8 Italian transgender individuals (5 male-to-female, 2 female-to-male, and 1 genderqueer; M = 25; SD = 5) was performed by a clinical psychologist expert in gender studies. Narratives were analyzed through the deductive thematic analysis. Informed by the minority stress theory, the focus group included four semi-structured questions: (1) What kind of stressors, such as discrimination, violence, abuse, did you experience in your life due to your gender nonconformity?; (2) How do you think these experiences influenced the perception you have of yourself as a transgender person?; (3) What effect do you feel that these experiences have had on your wellbeing as a

transgender person?; (4) How did you cope with these experiences?.

**Findings & discussion:** The analysis generated four main categories: (1) family rejection, (2) visibility of the body, (3) negative effects of family violence on health, and (4) integration of transgender identity. Although differentiated, the themes should be seen as interrelated dimensions of a psycho-social process (i.e., minority stress), which postulates that stress mediates the relationship between social status and health. Thus, results offered an in-depth exploration of minority stress processes in transgender people.

**Recommendations:** This study showed that transgender individuals, although representing a resilient community, still experience rejection due to their gender nonconformity. This should lead to implementing psycho-social interventions and social policies aimed at changing the negative socio-cultural views on gender nonconformity.

**Keywords:** Transgender, Minority Stress, Health

**Conflict of Interest and Disclosure Statement:** None



## Polyamory's Three Waves

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**Introduction:** This presentation examines historical and cultural shifts in the practice of consensual multiple partner practice. It offers a broad sweep beginning with traditional cultural practices onto the 19th century Oneidans and the late 20th century Kerista Commune of San Francisco. The Second Wave is discussed as Polyamory is named and promulgated via publications, conferences and the Internet. The Third Wave emergence becomes the centerpiece of discussion as Millennial adopters deal with the influx of social media and mass media commentary. Suddenly what was a relatively unknown and private practice becomes part of a very public discussion.

**Approach and Sources:** Examination of writings and images from early practitioners coupled with anthropological assessment of cultural and ideological shifts.

**Findings and Discussion:** The earliest practices of polyamory were largely promulgated by charismatic

male patriarchs and their groups were economically self-sustaining. The second wave featured female relationship visionaries including Deborah Anapol, Ryam Nearing, Dossie Easton and Janet Hardy. These women were professionals who wrote books, organized conferences and created vibrant online communities. The Third Wave has featured web saavy Millennials, a Showtime Television Series, "Married and Dating" and has attracted practitioners who often have little or not contact with organized polyamory culture. Several male third wave popularizers have been accused of sexual misconduct, tell-all blogs emerge as traditional notions of privacy wane and "Solo Polyamory" and "Relationship Anarchy" emerge as relationship approaches.

**Keywords:** Polyamory, Millennial Practices, Relationship Anarchy

**Conflict of Interest and Disclosure Statement:** None

## The Emotional Responses of Men and Women to Opposite-Sex and Same-Sex Infidelity

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**Background:** Previous research that has considered the emotional responses of men and women to a partner's opposite-sex infidelity and a partner's same-sex infidelity has produced inconsistent findings.

**Objective:** The aim of the present study was to explore men's and women's levels of distress in response to a partner's opposite-sex and same-sex sexual infidelity. First and foremost, the study intended to identify which type of infidelity is experienced as more distressing by men and women. Additionally, it intended to explore the infidelity activity a partner engaged in with an extra-pair partner, as potentially influencing the levels of distress reported by men and women. To remain consistent with the previously

conducted research, the study exclusively focused on the experience of heterosexual identifying individuals.

**Method:** Two-hundred and twenty-six cisgender men and women completed an online survey. The respondents were presented with two hypothetical infidelity scenarios that described a partner's opposite-sex infidelity and a partner's same-sex infidelity in a counterbalanced order. These hypothetical scenarios included a range of sexual activities and the participants were asked to rate their emotional distress in response to each individual situation.

**Results:** The findings suggest that both men and women experienced a partner's opposite-sex infidelity as more distressing than a partner's same-sex infidelity.

Additionally, the research results demonstrate that, regardless of the sex of the extra-pair partner, men and women were more distressed by a partner engaging in sexual intercourse, compared to a partner having oral sex with or kissing an extra-pair partner.

**Conclusion:** The present study advances the understanding of men's and women's emotional responses to opposite-sex and same-sex sexual infidelity in heterosexual romantic relationships. Also, it adds to the

previously published literature by suggesting that the infidelity activity a partner engaged in, influences the levels of distress experienced by men and women following a partner's sexual infidelity.

**Keywords:** Emotional distress, Opposite-sex infidelity, Same-sex infidelity

**Conflict of Interest and Disclosure Statement:** None

## Opportunities for HIV Healthy Sexuality Programming for LGBT Adults Living in Eastern Africa

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**Introduction and objectives:** There is a considerable dearth of targeted prevention programming for sexual and gender minority (SGM) adults living in eastern Africa because of legal and social prohibitions in these countries. Identifying opportunities for safe and scalable intervention delivery is an important first step in addressing this resource gap.

**Methods:** Data were collected online in 2018 from 2,010 SGM adults who were 18 years of age and older; living in Uganda, Kenya, Rwanda, South Sudan, or Tanzania; and had consented to participate. Participants were recruited online via Facebook (n = 1,034), and through mobile carriers in Kenya and Tanzania (n = 976).

**Results:** Respondents were, on average, 26.2 years of age (Range: 18-65 years). Sixty-eight percent (n = 1,368) identified as lesbian, gay, and/or bisexual; a similar percentage (68%, n = 1,368) reported having sex with a same-sex partner. Twelve percent identified as transgender or non-binary; 34% were assigned female sex at birth.

When asked how likely they would be to attend an HIV prevention program for SGM adults if it were offered at various places, most people said they would be somewhat or very likely to attend if it was online (73%). Similar enthusiasm was noted for email (70%)

and text messaging (67%). When asked which place would be safest, the most common answer was online (28%).

Self-appraised likelihood of program attendance was generally similar by age, sex assigned at birth, gender identity, and same sex behavioral experiences. Those who took on an LGB identity were significantly more likely to say that they would attend a program however, then those who did not take on an LGB identity.

**Conclusions:** Technology-based HIV prevention programming, particularly web-based programs, are of interest to the eastern African SGM adults surveyed. Given patterns of appraisal, these programs may be especially amenable to reaching and engaging adults with an LGB identity.

**Keywords:** eastern Africa, sexual and gender minority, HIV prevention programming

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**Conflict of Interest and Disclosure Statement:** None

## Economic Evaluation for Behavioural Interventions to Prevent STIs/HIV Among Youth: A Systematic Review

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**Introduction:** Behavioural interventions can be an alternative strategy to prevent STIs/HIV among youth. Although there is a review of economic evaluation for behavioural intervention, it only includes 5 studies in school-aged students before February 2008. Moreover, economic evaluation research has gradually increased in recent 10 years and the optimal analysis ways vary. Hence, this study aims to conduct a systematic review to update the characteristics and analysis methods in this field.

**Method:** A total of 4 databases, including Pubmed, Embase, Econlit, CENTRAL were searched (from 1974 to 2018) using a predefined searching strategy. The inclusion criteria were economic evaluations for behavioural interventions in youth under the age of 25 years and total costs of the program, costs averted, costs per STI/HIV averted, and costs per QALY gained as study outcomes.

**Result:** In 1698 potentially relevant citations, 13 studies were included in this review. The majority of studies (69.2%) were conducted in high-income countries, while 4 (30.8%) studies in low-income or middle-income countries. There were 4 (30.8%) cost

analyses while 9 (69.2%) studies explored cost-benefit/cost-effectiveness/cost-utility analysis where only 1 study reported the effect was limited from an economic perspective. The total cost varied significantly from \$550 to \$457674 and a substantial difference was detected in the incremental cost-effectiveness ratios which may be lower when the intervention was implemented in high-risk people. A total of 8 (61.5%) studies used a model-based economic evaluation in which the Bernoulli process model was the most popular model to estimate the number of STIs/HIV averted, taking 75%. There were 6 studies (46.2%) reporting the cost per QALY saved ranged from \$6810 to \$222852 per QALY saved.

**Conclusion:** The model-based economic evaluation is the most common used for behavioural interventions to prevent STIs/HIV among youth and further evidence concerning low-income and middle-income countries will be needed.

**Keywords:** economic evaluation, behavioral interventions, STIs/HIV

**Conflict of Interest and Disclosure Statement:** None

### Track: 3. Clinical Sciences & Therapy

## Sexual Fantasy in Cisgender, Transgender and Non-Binary People

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**Introduction & objective:** Object of desire self-consciousness (ODSC) is described as the perception of one's own sexual and romantic desirability, and emerged as more relevant in women compared to men (Bogaert & Brotto, 2014). The construct reflect how we believe others view us and not necessarily an accurate representation of another's view, but it is still relevant in terms of sexual functioning. The following study is aimed to investigate differences in ODSC themes in the sexual fantasies of individuals with different gender identities.

**Method & sample:** A total of 228 self-identified cisgender (147 women and 81 men) and 65 transgender (20 binary and 45 non-binary) participants completed a sexual fantasies questionnaire (SFQ; Bogaert, VIsser, Pozzebon, 2015) that include a subscale of ODSC themed fantasies. A measure of objectified body consciousness was also included (McKinley & Hyde, 1996).

**Results:** Gender differences in ODSC themes are at odds with previous studies. No significant difference in the endorsement of ODSC fantasies was found between cisgender men and women in our sample. Cisgender

and nonbinary identified people showed differences and a significant higher endorsement of ODSC fantasies was found in the former. Objectified body consciousness showed a correlation with ODSC themes in sexual fantasies, without any gender identity differences.

**Conclusions & recommendations:** ODSC themes in sexual fantasies appeared not to be characteristic exclusively

of women's sexual functioning. In our sample, no significant differences emerged in sexual fantasies between cis-gender men and women and binary transgender people.

**Keywords:** sexual fantasy, object of desire self-consciousness, trans non-binary

**Conflict of Interest and Disclosure Statement:** None

## Does the Uro-Gynecological Procedures that Include the G-Spot Affect the Females Sexual Response?

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During the last 10 years, local investigations in the USA have reported that surgeries in which the G-Spot area is included, altered, posteriorly, the patient sexual response. These studies have been supported by international prestigious societies such as, The International Society for the study of Women's Sexual Health (ISSWSH). Multiple procedures of such types are done weekly in our Center in Miami at Hialeah Hospital (Miami Center for Obstetrics, Gynecology and human Sexuality). Our experience is exactly the opposite. We review the medical charts of patients who had uro-gynecological surgeries such as, transobturator tapes, single incision slings (SIS), or transvaginal tapes for the correction of urinary incontinence, as well as patients who had anterior vaginal wall repair with the use of mesh or not

for the correction of genital prolapse (uterine prolapse, cystocele, total procidentia or vaginal cuff prolapse). In all of them, the G-Spot area was included in the dissection, repair and/or placement of different types of mesh. We compare the sexual histories before and after the procedure and with the exception of those cases in which the surgery was ineffective, the sexual function was notoriously improved. We want to clarify that the majority of uro-gynecological procedures don't produce female sexual dysfunction, which really is found in many of the pathologies corrected with these surgeries.

**Keywords:** G-Spot Surgeries, Uro-gynecological Procedures

**Conflict of Interest and Disclosure Statement:** None

## Aplicación de la Psicoterapia Gestalt en Mujeres Sobrevivientes de Abuso Sexual

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En la presente investigación se llevó a cabo un estudio para conocer sobre la dinámica del abuso sexual que vivieron mujeres adultas en diferentes etapas de la vida, tanto en la infancia, la adolescencia y la adultez. Para ello se aplicó primero una encuesta a 500 mujeres adultas de distintos escenarios educativos de nivel profesional, para detectar si vivieron abuso sexual, de las cuales 16 mencionaron haber sido abusadas sexualmente, siendo al final 6 las que aceptaron colaborar como sujetos de investigación en dicho trabajo.

Se aplicó antes y después de la intervención psicoterapéutica el test SCL 90 de Derogatis para

valorar las respectivas dimensiones sintomáticas, además de aplicar una entrevista a profundidad para conocer más a fondo sobre la experiencia de vida de dichas personas. Cabe señalar que en base a los datos obtenidos se construyeron categorías apoyados por el Software Atlas T, el cual favorece para el análisis cualitativo de datos, construyendo categorías como Características del Abuso sexual, Factores asociados al abuso sexual, Consecuencias del abuso sexual y Recursos de apoyo.

Con respecto a la aplicación del SCL 90, antes de la intervención terapéutica se encontró que en algunas

dimensiones sintomáticas se elevaban significativamente con respecto a otras, tales como Fobia, Obsesión, Hostilidad, Depresión, Psicoticismo e Ideación Paranoide, mismas que al final disminuyeron considerablemente después del proceso de intervención con la aplicación de la terapia Gestalt, principalmente en base a un formato individual y en menor medida mediante la estrategia de Grupo de Encuentro. Al final, dichas participantes pudieron desbloquear sus emociones y expresarlas, resignificar sus experiencias

de abuso y contemplar una forma más sana de relacionarse con ellas mismas y, como consecuencia, con el mundo, centrándose en sus recursos de apoyo para generar un proyecto de vida con mayor bienestar físico, cognitivo, emocional e interpersonal.

**Palabras clave:** Abuso sexual, Psicoterapia Gestalt, Sobrevivientes de abuso sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Role of the Family Context in Sexual Development

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**Introduction:** The aim of the present study was to examine how parents in Poland describe sexual behaviors of their children and to identify factors related to these descriptions. This study was conducted as a part of a broader research project on sexual behaviors of children in Poland.

**Group:** Our sample were parents of healthy, 3 and 4 year-old children, who live with them and take everyday care of the children. The study contains analyzed data obtained from 160 parental dyads – mothers and fathers.

**Method:** The participants were asked to independently answer The Inventory of Sexual Behavior – the method based on Child Sexual Behavior Inventory (Friedrich et al., 1992) and extra items added by the authors. They included items on child masturbation, sexual plays and sexual interest.

**Results:** In general parents reported few sexual behaviors of their children that not frequently occur.

Significantly more sexual behaviors of children were reported by: mothers (in comparison to fathers), among fathers – these better educated (no difference among mothers) and parents of multiple children. Differences were also identified in descriptions of boys' and girls' behaviors.

**Discussion:** Parents' perception of sexual behaviors of their children is an important determinant of interactions related to sexuality of children. Although difficult to study, it needs to be identified for projecting evidence-based and culturally-sensitive support for parents who engage in sexual education of their children.

**Keywords:** sexual development, sexual behaviors of children, Parents' perception of sexual behaviors of their children

**Conflict of Interest and Disclosure Statement:** None

## In this Together: Group Therapy for Transgender/Gender Non-Conforming Adolescents and their Parents

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**Introduction/Rationale:** Transgender/Gender Non-conforming (TGNC) adolescents face significant

mental health disparities compared to their cisgender counterparts (Eisenberg et al, 2017). These disparities,



based in stigma, minority stress, and lack of access to care, can be mitigated, with the most robust protective factor being communication with and perceived support from parents (Simons et al, 2013). Thus, interventions for gender diverse adolescents that are inclusive of parents are strongly recommended.

**Project/Population/Outcome:** Presenters will describe a psychotherapy group intervention designed for parent/adolescent dyads to attend together. This intervention is based in the therapeutic components of the Gender Affirmative Lifespan Approach (GALA; Rider et al, 2019) which include a) building gender literacy b) embracing gender as a spectrum, c) promoting resilience, d) envisioning positive sexuality, and e) effectively navigating medical interventions. Discussion will focus on the specifics of the group intervention including how to best facilitate beneficial interactions about gender concerns within the dyad. Lastly, as part of an evaluative process, the parent/adolescent dyads were asked a set of qualitative questions regarding their experiences in the group. We will review the two themes that emerged: a) sense of connectedness and b) improved communication.

## Rethinking Sex Addiction: A Sexual Health Pathway Model for Treating out of Control Sexual Behavior (OCSB)

Douglas Braun-Harvey

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The heterogeneity and complexity of out of control sexual behavior dampens the likelihood for a consensus construct, disorder or pathology emerging from any one of the current putative disorders of sexual addiction, sexual compulsivity, sexual impulsivity or hypersexual behavior. There is a significant gap for a conceptual model theorizing etiology and treatment of out of control sexual behavior understood as a variation on the extreme end of the bell curve for normative behavior. (Bancroft & Vukadinovic, 2004)

Braun-Harvey & Vigorito (2016) define OCSB as a sexual health problem in which cisgender men's consensual sexual urges, thoughts and behaviors feel out of their control. Out of control sexual behavior problems are irreconcilable when men align their lives within the six fundamental principles of sexual health and maintain their personal vision for sexual health (Braun-Harvey & Vigorito, 2016).

**Discussion/Recommendations:** Based on example outlines from each of the group sessions, example discussion questions, and descriptions of the GALA-based psychoeducational gender-related activities, participants will be able to move toward implementing a parent/adolescent dyad group intervention.

**Conflict of Interest and Disclosure Statement:** None

### Citations:

- Eisenberg, et al (2017). Risk and protective factors in the lives of transgender/gender nonconforming adolescents. *Journal of Adolescent Health, 61*(4), 521–526.
- Simons, et al (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health, 53*(6), 791–793.
- Rider, et al (2019) The Gender Affirmative Lifespan Approach (GALA™): A model for competent clinical care with genderqueer and nonbinary clients. [Special Issue]. *International Journal of Transgenderism*, online ahead of print January 16, 2019. doi:10.1080/15532739.2018.1485069

**Keywords:** transgender, adolescents, group therapy

Over 300 cisgender men of all sexual orientations have been treated at a San Diego (USA) outpatient OCSB individual and group sexual health psychotherapy program.

OCSB assessment and treatment is an evidence informed pathway model to modify thinking, feelings and sexual behavior within a sexual health framework. OCSB treatment assimilates client "OCSB Unique Clinical Picture" while utilizing a range of empirically validated psychotherapy practices to change client intra- and interpersonal patterns. (Braun-Harvey & Vigorito, 2016). Clinical outcomes support the efficacy of a sexual health behavior change model for cisgender men to improve sexual behavior regulation, enhance sexual and non-sexual relationship attachment styles and resolve avoided erotic conflicts or unintegrated dimensions of their sexual orientation.

The OCSB pathway model rethinks the notion of sexual behavior as an addiction or disease. OCSB



theory and therapy fills the current gap in conceptualizing sexual behavior problem assessment and treatment methods independent of a yet to be established sexual behavior clinical disorder.

**Keywords:** OCSB, sexual health, hypersexuality

**Conflict of Interest and Disclosure Statement:** Presenter receives publisher royalties for book “Treating Out of Control Sexual Behavior: Rethinking Sex Addiction”; Springer Publishing Company, New York.

## Male Sexual Menu Techniques: To Activate Sexual Desire

Jaqueline Brendler

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**Introduction:** Sexual desire is multifactorial. Authors point out that the “lack of erotic thoughts” in the sexual context is common among men who have Hypoactive Sexual Desire (HSDD) as well as “cognitive distractions”. Other research mentions vision as one of the main triggers for male sexual desire. We propose a technique for men with HSDD within the Behavioral Cognitive Line.

**Methods and Sample:** For 58 heterosexual men with HSDD complaint a new technique was proposed, for whom coital abstinence was recommended. The patients gave their consent. The Technique consists of 5 steps: 1) Identify which videos / photos with sexual context have erotic potential; 2) Memorize photos and videos and save them to smartphone, creating his sexual scenes personal menu; 3) Think three times a day in the sexual scenes and imagine himself as a “participant of the scene” or review the erotic material. This step creates the habit of thinking positively about sexuality and eroticizes the mind of man; 4) Think about the memorized

images (his personal sexual menu) before to meet the sexual partner, without any sexual commitment. When there is improvement of sexual desire: 5) Within the sexual context, think of memorized sexual images, avoiding non-erotic distraction.

**Findings and Discussion:** The rescue of the sexual desire occurred between 9 to 12 weeks. A The technique of the Male Sexual Menu is easy to execute and cheap, mainly using the smartphone and erotic material sent by friends. The men who lived in more conservative groups did search for sexual images / videos on the Internet.

**Recommendations:** The technique can be used for men with HSDD and quantitative research should be conducted to prove the effectiveness of the technique.

**Keywords:** Hypoactive Sexual Desire, Sex drive, Men

**Conflict of Interest and Disclosure Statement:** None

## Is Internet Pornography Use Associated with Sexual Difficulties in Heterosexual Males?

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Pornography has been advocated as a treatment tool for men’s sexual problems. However the change in the way heterosexual men consume Internet Pornography (IP) over the last decade has resulted in increased number of men presenting with perceived Internet pornography addiction and associated sexual problems. The majority of evidence has been derived from

clinical cases studies and qualitative research rather than empirical studies.

This study explores whether there is an association between frequency and duration of IP use and self-defined sexual addiction and sexual problems

An online survey of 942 heterosexual men aged 18-44 years were surveyed on a range of instruments related to sexual internet pornography use and

perceived addiction (PIPA), erectile problems (EP), early ejaculation (EE) and sexual satisfaction (SS). There was no evidence for an association between frequency and duration of IP use with EP, EE, or individual or partner SS. However, there were small to moderate correlations between PIPA and negative sexual outcomes; that is men with higher levels of PIPA demonstrated increased EP, EE and sexual dissatisfaction. Further, after accounting for IP use, co-occurring

sexual problems and the psychological variables of depression, anxiety and stress, PIPA uniquely predicted EP, EE and individual sexual dissatisfaction, but contrary to expectations, PIPA did not predict sexual dissatisfaction with one's sexual partner.

**Keywords:** Internet Pornography Addiction, Erectile Dysfunction, Early Ejaculation

**Conflict of Interest and Disclosure Statement:** None

## Compulsive Sexual Behavior and Personality Profiles: Clinical Case Series

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**Introduction and Objective:** Recent studies have pointed out the importance of personality profiles in the development and treatment of Compulsive Sexual Behaviour (CSB). In particular, some aspects of personality such as impulsivity and neuroticism may play a relevant role in the course and maintenance of CSB symptoms. The aim of this study is to offer a description of the personality profile in patients with CSB and its implications in the therapeutic approach.

**Method & Sample:** A Clinical Case Series of 77 participants diagnosed with CSB (91% men 9% women), completed the Cloninger Temperament and Character Inventory (TCI-R), the Hypersexual Behaviour Inventory, the Hypersexual Disorder Screening Inventory, the Pornography Consumption Inventory and underwent a psychiatric and socio-demographic interview.

**Results:** Correlations were found between CSB, High Risk Avoidance ( $R=0,665$ ;  $pvalue: 0,036$ ) and Low Persistence ( $R=-0,592$ ;  $pvalue: 0,008$ ) Results also show a

direct correlation between a Low Self-Direction and CSB ( $R=-0,478$ ;  $pvalue: 0,038$ ), favouring a character with projection of guilt, absence of goals, inertia, competitiveness and bad habits, in these subjects. 56% of the participants had comorbid psychiatric pathology (highlighting ADHD in 37.50% and depression in 25%)

**Conclusions:** Patients with CSB may be predisposed to addictive behaviours, due to their difficulty in managing their emotional distress and their low persistence (subscales: effort, strength in work, ambition, perfectionism). It is necessary to deepen the low self-direction to understand if it is a predisposing factor or a consequence of the CSB. It would be interesting to take into consideration the comorbid pathology for the design of the treatment of patients with CSB.

**Keywords:** Compulsive Sexual Behaviour, Personality, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## Demostración de Principio de Bioimpedanciometría por Espectroscopía en Piso Pélvico

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Las afecciones de piso pélvico en mujeres derivan en problemas urinarios, sexuales y del tracto gastrointestinal. Actualmente, las ayudas diagnósticas para patologías del piso pélvico son invasivas. La bioimpedanciometría por espectroscopía (EBIE) es una

técnica actualmente utilizada para determinar las características de los tejidos biológicos a partir de su resistencia al paso de corriente eléctrica. En este proyecto, se propone la demostración de principio de EBIE en la detección de la contracción muscular

voluntaria del piso pélvico mediante ejercicios de Kegel en mujeres sanas nulíparas, con el objetivo de caracterizar el piso pélvico a un bajo costo, de forma no invasiva y sencilla de aplicar e interpretar, de modo que a futuro esta técnica pueda ser utilizada como prueba diagnóstica.

**Objetivo general:** Identificar a partir de mediciones de bioimpedanciometría el comportamiento del piso pélvico en relajación y realizando ejercicios de Kegel, en una muestra de mujeres adultas en edad reproductiva nulíparas y sanas de piso pélvico, y determinar su grado de equivalencia con la perineometría. **Métodos y Muestra:** Se colocarán electrodos de corriente y voltaje sobre la piel. Se espera identificar la posibilidad de demostrar la relajación y la contracción muscular

voluntaria del piso pélvico mediante dos condiciones: relajación y ejercicios de Kegel, mediante un estudio cuantitativo, descriptivo, prospectivo, transversal, observacional, tipo prueba diagnóstica, las pacientes serán captadas por los investigadores. Se requiere la realización de EBIE en un solo grupo de pacientes, y a partir de allí se extraerán los datos a procesar por parte los mismos.

**Palabras clave:** Pelvic Floor Dysfunction, Electrical Impedanciometry

**Fuente de financiamiento:** Universidad de Caldas.

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Sexual History in Medicine and Psychology: No Way to Make the Change?

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For decades, multiple professionals in the area of Human Sexuality such as, Sexologist Dr. Eli Coleman, have written and spoken about the immense importance of the sexual history in the care of the medical and or psychological history of the patient. The practice of medicine and psychology continue being negatively affected by the influence of factors such as, religion, culture, money, politics, legal aspects or personal interests and misleading sexual education to the point that medical schools, psychology programs, post-graduate studies in gynecology, urology and psychology lack hours dedicated to the preparation of all these professionals in the areas of human sexuality and the intake of the sexual history. Sexuality is not important! However, the incidence and prevalence of sexual dysfunctions triplicate or quadruplicate disorders such as, chronic hypertension, diabetes, asthma or cardiac diseases to which there is no doubt of the need for these to be investigated, diagnosed and treated. Still, the medical, psychological and sociological programs refuse to give importance in their curriculum's

to the sexual aspects. The percentage of physicians and psychologists that approach the sexuality of the patient's history remains minimal, while the number of patients in need of education, orientation, counseling, diagnosis and treatment is excessively high. The sexologists have the obligation to exert pressure regarding the development of the sexual history for these specialties. We provide an example of a simple one, practical and quick and analyze the reasons why physicians, psychologists and their schools reject to go into this area.

**Conflict of Interest and Disclosure Statement:** None

### Reference:

Pakpreo, P. (2005). Why do we take a sexual history; *AMA Journal of Ethics*: <https://journalofethics.ama-assn.org/article/why-do-we-take-sexual-history/2005-10>

**Keywords:** Sexual History, Sex Evaluation, Sex Therapy

## Vaginal Estrogen and Testosterone Use for Prevention and Treatment of Genito-Urinary Syndrome of Menopause and its Repercussion in the Sexual Response

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The Genitourinary Syndrome of Menopause (GSM) has been up to recently described as vaginal atrophy, dryness and dyspareunia. Affecting 80% of post-menopausal women in their first five years of menopause and almost 100% of those with more than 10 years, it's characterized by vaginal atrophy and dryness, dyspareunia, orgasmic dysfunction, recurrent urinary tract infections, urinary incontinence, increased sensibility to vaginal infections, false cervical dysplasias, fecal incontinence and it is a co-adjutant in the production of genital prolapse. The extreme of its action is the total disappearance of the vaginal introitus due to medial fusion of the labia majora when the atrophy is severe and sex has stopped. The vaginal itching secondary to the dryness is a very common reason for medical doctor visits. The main reason for this pathology is the frank decrease in the production of

estrogens. Part of the Hormone Replacement Therapy (HRT) advised in the menopausal women is specifically directed to the prevention and treatment of the multiple signs and symptoms produced by this syndrome. The clinical histories (charts) of patients with this syndrome were reviewed as well as their responses to the application of vaginal estrogens (3 times per week, indefinitely). The sexual activity, frequency and satisfaction improved in all cases except in those which the patient developed allergic reaction to one of the components of the preparation (generally the alcohol used as part of the medication).

**Keywords:** Genito-urinary Syndrome of Menopause, Estrogens, Testosterone

**Conflict of Interest and Disclosure Statement:** None

## Exploring the Experiences of Biracial, Bisexual, and Non-Binary Students

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**Introduction & Rationale:** In conceptualizing race, gender, and sexuality, there has been exciting movement towards considering these identities as intersecting. However, these discussions continue to perpetuate monoracial, monosexual, and binary ideas of identity, excluding those who straddle multiple communities. This exclusion is very much apparent in the lack of research, media, resources, and representation of folks who are multiracial, bisexual, and/or non-binary. For such individuals, mental health and physical health outcomes are more dire and underserved compared to monoracial, monosexual, and cisgender peers.

**Project/population & settings:** As such, we collaborated with a residence hall to provide psychoeducation, discussion, and support to students who identify with

these communities. An identity development presentation was integrated with a discussion on the experiences of participants, connecting over common struggles, reflecting on differences, and rejoicing in messages of hope and community.

**Outcome:** Forty students attended, providing personal narratives and commenting on each other's disclosures. Major themes included feeling policed and not "enough" of their identities, feeling the need to prove their group membership, and the importance of a validating support network that affirmed their intersecting identities. These themes highlight the specific needs of these communities.

**Discussion & recommendations:** Due to the overwhelming success of the event, an ongoing discussion

series will continue to be held in this residence hall to continue to give much needed space and voice to this community and inform future clinical services and programming.

#### Citation of supporting literature:

Bilge, S. (2010). Recent Feminist Outlooks on Intersectionality. *Diogenes*, 57(1), 58.

Collins, J. F. (2000). Biracial-bisexual individuals: Identity coming of age. *International Journal of Sexuality and Gender Studies*, 5(3), 221–253.

Root, M., & Comas-Díaz, Lillian. (1998). Experiences and Processes Affecting Racial Identity Development: Preliminary Results from the Biracial Sibling Project. *Cultural Diversity and Mental Health*, 4(3), 237–247.

**Keywords:** biracial, bisexual, non-binary

**Conflict of Interest and Disclosure Statement:** None

## Embodied Attunement: Teaching Clients Mindful Touch

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Private practice Santa Cruz CA, director of Trauma-Informed Sex Positive Therapy Certification, USA

Developed by Holistic Sex Therapist & Certified Mindfulness Meditation Teacher this experiential approach to therapy or coaching sessions invites clients to tune in to their body sensations, their partner's cues, and the collaborative dance between them. Mindfulness practices build compassionate awareness as a foundation for non-sexual touch exercises that clients can be guided through in session. This trauma-informed sex positive therapy practice helps clients heal attachment wounds, trauma patterns, and to enjoy more sensual connected sex.

Identify why attuned touch is an important part of healing for attachment & trauma wounds

Describe bridge between mindfulness practices and attunement with others

Learn 3 practices to introduce non-sexual touch to a couple's session

Four types of beneficial touch homework for clients between sessions

Citations available upon request

**Keywords:** attachment, couples, clinical skills

**Conflict of Interest and Disclosure Statement:** None

## Psychosocial and Lifestyle Interventions to Improve Sexual Health for Patients with Cardiovascular Disease: What Exists and What's Needed

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**Introduction & objectives:** Certain cardiovascular diseases (CVD) and sexual dysfunction share common risk factors, and many people with CVD experience negative sexual health outcomes attributable to both physiological and psychosocial factors. There is a clear need for improved sexual health counselling and interventions for CVD patients; however patients and

healthcare providers alike may not be comfortable discussing sexual health implications and many cardiac rehabilitation programs do not address sexual health in detail. We conducted a systematic review to identify psychosocial and lifestyle interventions to improve sexual health for patients with CVD.

**Approach and Sources:** We systematically searched the databases PubMed, PsychINFO, CINAHL, and EMBASE for peer-reviewed articles published between January 1, 2000 and August 22<sup>nd</sup>, 2017. After double-screening all retrieved records, we extracted data for those studies that met review criteria, including: study design; participant characteristics; outcomes examined; type of intervention and delivery method; and key findings. We assessed study quality using an adapted version of the Effective Public Health Practice quality assessment tool.

**Findings & Discussion:** We identified 12 articles covering 10 studies for patients who had experienced stroke (3), myocardial infarction (4), or some other cardiovascular event (3). Six studies incorporated sexual counselling interventions, while three used an exercise intervention and one used a combination of exercise and sexual counselling. The evidence from these articles suggests that exercise interventions have

a positive effect on sexual functioning, as does sexual counselling.

Further research is needed examining interventions in non-Western contexts, examining patient demographic factors that may determine ability to adhere to interventions, and examining sexual health interventions of all types for women with cardiovascular disease. Written information and in-person counselling both show promise for sexual counselling; additional research might determine which combination of counselling techniques is most effective and feasible.

**Keywords:** non-communicable disease, sexual dysfunction

**Source of Funding:** This work was supported by the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

**Conflict of Interest and Disclosure Statement:** None

## Psychosocial and Lifestyle Interventions to Improve Sexual Health for Patients with Diabetes: What Exists and What's Needed

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**Introduction & objectives:** Diabetes patients frequently experience negative sexual health outcomes attributable to both physiological and psychosocial factors. Pharmacological interventions are well-established but may not address sexual dysfunction holistically or sustainably. Understanding the range of available interventions is a necessary first step for enabling practitioners improve their patients' sexual health. As such, we conducted a systematic review of psychosocial and lifestyle interventions to improve sexual health for patients with diabetes.

**Approach and Sources:** We systematically searched the databases PubMed, PsychINFO, CINAHL, and EMBASE for peer-reviewed articles published between January 1, 2000 and August 22<sup>nd</sup>, 2017. After double-screening all retrieved records, we extracted data for those studies that met review criteria, including: study design; participant characteristics; outcomes examined;

type of intervention and delivery method; and key findings. We assessed study quality using an adapted version of the Effective Public Health Practice quality assessment tool.

**Findings & Discussion:** We identified four articles covering three studies for inclusion in the review. Of the five interventions described, three involved both diet change and exercise promotion, and two involved only diet change. The evidence from these articles suggests that lifestyle interventions that promote healthier diets or healthier diets in combination with increased physical activity can have positive and protective effects on sexual function for both men and women with diabetes.

Further research is needed examining lifestyle interventions in non-Western contexts, examining patient demographic factors that may determine ability to adhere to lifestyle interventions, and examining sexual



health interventions of all types for women with diabetes. Most notably, there is an urgent need for research on psychosocial interventions for people with diabetes, and more broadly to ensure that intervention options align with a holistic understanding of the sexual health needs of male and female patients with diabetes.

**Keywords:** sexual dysfunction, non-communicable disease, diabetes

**Source of Funding:** This work was supported by the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

**Conflict of Interest and Disclosure Statement:** None

## Roles Proyectivos con la Pareja y su Relación con las Disfunciones Sexuales

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**Introducción y Objetivo:** En el espacio psicoterapéutico y sexoterapéutico, el acompañamiento se vincula en gran parte a la comprensión de las dinámicas relacionales, especialmente de pareja. En estas dinámicas, es observable el rol que cada persona tiene, entendido como un conjunto de comportamientos específicos con el que se dispone en relación y que tienen que ver con su historia de vida, necesidades personales y estrategias para satisfacerlas. En esta investigación, el objetivo es explorar la relación existente entre los roles proyectivos -Padre/Madre, Hijo/Hija, Adulto/Adulta- y las disfunciones sexuales.

**Método y Muestra:** Se realizó un estudio cuantitativo, no experimental y transversal, un diseño por conveniencia con N de cuatrocientos pacientes que llegaron a proceso sexoterapéutico por vivir alguna disfunción sexual, y ésta se correlacionó con el rol proyectivo que cada uno(a) vivía en relación de pareja, identificado en conjunto con su terapeuta.

**Conclusión y Recomendaciones:** Se encontró que no hay relación entre el rol Padre/Madre, Hijo/Hija con las disfunciones, es decir, no hay una diferencia significativa entre la cantidad de personas con el

primer rol y que viven alguna disfunción sexual, en relación con personas del segundo rol. En ambos roles se presentaron todas las disfunciones sexuales, siendo las de mayor consulta la disfunción eréctil y la eyaculación precoz, seguidas de la apatía sexual.

Por otro lado, los datos muestran que ambos roles (Padre/Madre, Hijo/Hija) están vinculados con la aparición y mantenimiento de las disfunciones sexuales, a diferencia del rol Adulto/Adulta, que no se presenta en ninguno de los casos. Se recomienda ampliar esta investigación, especialmente con la vinculación del rol de la pareja de los(as) pacientes y su influencia en la construcción y mantenimiento de las disfunciones sexuales, a favor de estrategias terapéuticas para disfunciones sexuales y dinámicas de pareja.

**Palabras clave:** Roles proyectivos, Disfunciones sexuales, Dinámicas relacionales

**Fuente de financiamiento:** Unidad Especializada en Salud Sexual UNESEX

**Conflicto de interés y declaración de divulgación:** Ninguno

## Consensual Nonmonogamy through the Eyes of Psychologists

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**Introduction & objectives:** The present study examined future and current psychotherapists' attitudes towards different types of relationships (monogamy, polyamory, swinging, and cheating).

**Method(s) & Sample:** 324 participants were presented with hypothetical vignettes of couples involved in each type of relationship and seeking the help of a psychologist with problems such as depressive disorders, alcohol abuse, erection disorders or frequent marital conflicts. The participants rated relationship satisfaction, morality- and competence-related abilities of the protagonists, assessed the chances of solving the problem in therapy and hypothesized about the source of each couple's problem and its possible solutions.

**Results:** The participants rated the people in non-monogamous relationships lower than the monogamous ones in relationship satisfaction and morality-related abilities. Moreover, the participants more often associated the source of a couple's problem with their relationship model in the case of nonmonogamous relationships than the monogamous ones. A qualitative analysis of the hypotheses and suggested solutions

points to strong pathologization of consensual nonmonogamy and the assumption that it is harmful to the relationship, as well as to attribution of numerous psychologically negative traits to people who engage in it. There is also a distinct tendency by psychologists to persuade their clients to resign from the open relationship format.

**Conclusion & recommendations:** The research is an empirical evidence for psychologists' strong distrust towards CNM and them attributing personality problems to people in this relationship model. Professional training regarding CNM for therapists, equivalent to the affirmative therapeutic approach towards non-heterosexual persons, can result in a reduction of negative assessments of both the relationships and the traits of CNM people, as well as in an improvement of the quality of the therapeutic services offered.

**Keywords:** sex therapy, consensual non-monogamy, therapists' attitudes

**Conflict of Interest and Disclosure Statement:** None

## El Trabajo Terapéutico en la Violencia Sexual a Través de Arquetipos

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**Introducción/Justificación:** Todos los eventos que vivimos nos van generando emociones. Haber vivido un evento de violencia sexual deja huellas en la memoria corporal y muchas veces se traduce en emociones contenidas. El enojo es una de las más presentes, la cual tiene la función de poner límites y ante un evento que ha vulnerado a la persona y pueden aparecer las polaridades emocionales<sup>1</sup>, es decir, que puede haber amor y enojo a la vez o miedo y enojo, etc.

**Proyecto/Proyecto/Población/Ajustes:** El trabajo terapéutico requiere de diferentes herramientas. Algunas películas del cine comercial y algunos

arquetipos de la mitología pueden ser utilizados como un instrumento de trabajo terapéutico en personas que han vivido violencia sexual.

**Resultado:** En el área clínica de la Asociación Mexicana para la Salud Sexual A. C. (AMSSAC), llegan pacientes para atenderse alguna disfunción sexual. Un porcentaje de estas personas tiene el antecedente de haber vivido algún tipo de violencia sexual, que en gran medida es uno de los principales bloqueos del erotismo y que impide que la persona tenga una vida sexual satisfactoria. Abordar el tema directamente es complejo. El uso de películas y arquetipos es un

trabajo proyectivo en conjunto de la psicoterapia gestalt es un recurso significativo para coadyuvar en el acompañamiento terapéutico.

**Discusión/Recomendaciones:** Como resultado de esta intervención se observa que es un recurso que coadyuva a en el tratamiento psicológico.

Las y los consultantes refieren pueden reflejarse a través de los arquetipos y películas para actualizar a lo largo del proceso terapéutico su experiencia sobre la vivencia de abuso y en diferentes planos de su vida.

#### Citas:

1. Guerrero Figueroa, O. (2014). Impacto de la violencia sexual en la salud. En E. Rubio Auriolles, Lo que todo clínico debe saber de sexología (Vol. 1). Distrito Federal, México: Edición y Farmacia SA de CV

**Palabras clave:** violencia sexual, Terapia para el abuso sexual, arquetipos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Queering as a Tool of Resilience

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**Intro & Rationale:** The term “queer”, once a pejorative, has become a label of choice amongst younger generations who reject normative expectations of gender and sexuality. Queer now describes a range of identities and politics which are non-binary, non-normative, and consciously intersectional. Moving queer into verb form gives us the term queering, which connotes breaking convention and pushing boundaries, especially around sex and gender, often with an embedded social critique.

The social critique aspect of queering is a vital tool because many of us have conflicted relationships with how our gender or sexuality interfaces with our other social identities. For instance, our Catholic upbringing may clash with our gay identity; our feminist beliefs may be at odds with the machismo aspects of the Latinx culture we were raised in. Queering is a creative tool to get out of a stuck place culturally: embracing an aspect of your culture and turning it on its head at the same time. Whether or not we personally identify as queer, the act of queering can be therapeutic and affirming of a wide range of cultures and identities.

**Project/Population and Settings:** Queering was utilized as a therapeutic tool in counseling work with a

diverse range of Stanford University students who presented with identity/cultural conflicts in which gender or sexuality was a factor.

**Outcome:** Learning queering as a tool allowed participants to move past stuck places culturally. Clients were able to reclaim and decolonize important parts of their identity and history rather than feeling they had to continue to struggle with conflicts between different areas of their being.

**Discussion & Recommendations:** Applications for using queering as a tool in a variety of therapeutic and activist contexts will be explored. Vignettes will be used to illustrate clinical applications.

#### Citations:

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[https://www.cjr.org/language\\_corner/queer.php](https://www.cjr.org/language_corner/queer.php)

**Keywords:** Queer, LGBTQAI, Identity

**Conflict of Interest and Disclosure Statement:** None

## The Impact of Healthy Relationships on Sexual Satisfaction

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While considerable efforts have been made to improve people's sexual health, which includes sexual satisfaction, today in the USA such topics are still relatively suppressed. The need for exploring in deep what is happening in the sex lives of American couples and why so many are unsatisfied, exhibiting inhibition and poor sexual expression, has led this study. Newsweek magazine estimates that 30 percent of couples are in a sexless relationship. Studies show that 10 percent or more of married couples below age 50 have no sex in the past year. Research on sexual behavior and relationships is not highly intertwined (Dewitte, 2012). In addition to this fact, objective data and research on sexual satisfaction in America and the impact that it has on relationships are lacking. Specifically, it is not well known if healthy relationships correlate with high levels of intense pleasure and sexual satisfaction. Or the contrary, if sexual satisfaction does not bring positive outcomes to relationships. This project explores the impact of healthy relationships, open or closed, on sexual satisfaction. Central to this study is a short questionnaire that deals with sexual attitudes, health, emotions, and feelings as well as sexual abilities, eroticism, and capacity to explore pleasure. Self-reported data were obtained from 120 couples, in new and long-term marriages, mostly American white (70%), committed to open or closed heterosexual relationships, ranging in age from 30 to 70 years old. Primary attention was focused on how female and male in open or closed relationships interact and feel and the impact that it had on their sex life and sexual satisfaction. The findings led to the conclusion that, overall,

healthy relationships where intimacy, positive feelings, positive sexual beliefs, and overall well-being have an extremely positive impact on long-term sexual satisfaction of heterosexual committed couples in the USA.

**Neuroloveology:** The Power to Mindful Love & Sex” by Ava Cadell, Ph.D. “Younger (Thinner) You Diet” by Eric R. Braverman, MD. “Elite Minds” by Dr. Stan Beecham. “The Practical Encyclopedia of Sex and Health” by Stefan Bechtel. Journal of Sex & Marital Therapy. “Anti-Aging & Health Benefits of Sex” by Dr. Shelley “The 5 Love Languages: The Secret to Love that Lasts” by Chapman, Gary. “Are You Making Love or Just Having Sex?” by Elliot D. Cohen, for Psychology Today. “Anatomy of Love: A Natural History of Mating, Marriage, and Why We Stray” by Dr. Helen Fisher. “Why We Love: The Nature and Chemistry of Romantic Love” by Dr. Helen Fisher. “Liberated: The New Sexual Revolution” by Dir. and Writ. Benjamin Nolot. “The State of Affairs: Rethinking Infidelity” by Esther Perel.

**Keywords:** Sexual Satisfaction, Relationships, Sex Life

**Conflict of Interest and Disclosure Statement:** The authors Drs. Aleida Heinz and Pedro Briceno specifically disclaim any responsibility for liability, loss, or risk, personal or otherwise, which is incurred as a consequence, direct or indirectly, of the use and application of any of the contents of this study. The study is intended to provide helpful and informative material on the subject matter covered. The authors Drs. Aleida Heinz and Pedro Briceno are not engaged in rendering professional services in this study.

## Psychosocial Characteristics and Needs of People with Mayer- Rokitansky- Küster- Hauser Syndrome (MRKH), Disorders of Sex Development (DSDS) in Japan

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**Introduction & objectives:** Mayer- Rokitansky- Küster- Hauser Syndrome (MRKH) is a congenital condition in which those is born with vaginal agenesis and a rudimentary to absent uterus. In recent years, when news of reproductive medicine such as uterine transplantation is reported, those with MRKH was considered appropriate candidates. No researches have ever been conducted on the psychological aspects of MRKH in Japan; this study demonstrates a first step to develop an appropriate framework for psychological supports. The purpose of this study is to investigate psychological health of women with MRKH, and to compare it to counterparts overseas.

**Method & Samples:** In February 2019, a self-administered questionnaire survey on somatic symptoms, QOL, parental bonding, and interpersonal problems was conducted at the MRKH self-help group meeting in Tokyo, Japan. In addition, they responded questions on their family-relationships and any relevant issues that they may have. This study was performed after approval by the review board of the Ochanomizu University.

**Results:** Twenty-five participants with a mean age of  $31.2 \pm 7.4$  (mean  $\pm$  SD) years responded to the questionnaires. They had better scores on somatic symptoms and QOL, compared to women with MRKH in the previous studies in the UK and Austria. On the other hand, interpersonal relationships measured by IIP-32, was  $1.76 \pm 0.61$ , which was worse compared to general population in the UK. Seven out of 25 persons answered that they had specialists who could consult mentally and physically, and only 9 persons answered that they could talk about MRKH with their families.

**Conclusion & recommendations:** Women with MRKH are suggested to be vulnerable to interpersonal problems. Some forms of psychological supports are needed for their difficulties in talking and sharing their conditions.

**Keywords:** Mayer-Rokitansky-Küster-Hauser Syndrome, Disorders of sex development, Psychological health

**Conflict of Interest and Disclosure Statement:** None

## Características de los Hombres y su Percepción Ante la Falta de Control de Eyaculación o Eyaculación Precoz

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**Objetivo:** Conocer las características de los hombres y su percepción ante la falta de control de eyaculación o eyaculación precoz (EP).

**Metodología, Muestra y Resultados:** Se llevó a cabo un estudio cuantitativo de tipo exploratorio, transversal, no experimental. Los participantes respondieron una encuesta en la plataforma en línea Survey Monkey

con 19 preguntas cerradas en escala Likert. Los criterios de inclusión fueron ser hombre y tener falta de control de eyaculación / eyaculación precoz (EP) y los de exclusión ser mujer o no haber experimentado falta de control de eyaculación.

Los resultados obtenidos fueron comparados a través de un análisis estadístico simple. El número de

encuestas contestadas fue de 244, de los cuales 108 cumplían los criterios de inclusión. El grupo de edad de mayor prevalencia fue el de 26 a 35 años, casados, con estudios a nivel licenciatura. Dentro de los resultados obtenidos se encontró que un 51% se encuentra satisfecho con su vida sexual y que su falta de control eyaculatorio les ha afectado poco o medianamente en su relación de pareja. Las principales emociones reportadas fueron frustración (59%), seguida de angustia (27%) y es importante que estas emociones sean comprendidas por sus parejas para más de la mitad de los participantes. Poco menos de la mitad de los encuestados han acudido a buscar ayuda para esta falta de control de eyaculación siendo la terapia sexológica y el

tratamiento farmacológico los principales pero sin que se reporte una mejoría en la percepción de satisfacción en su vida sexual.

**Conclusión y Recomendaciones:** Los resultados obtenidos son similares a otros estudios lo cual nos habla del entendimiento del problema desde una perspectiva fisiopatológica más que del contexto multidisciplinario e integral biopsicosocial siendo un área de investigación sugerida a futuro.

**Palabras clave:** Eyaculación precoz, Pareja, Emociones  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Paraphilias: Contrasting Perspectives

Desa Markovic

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**Introduction:** The concept of 'paraphilias' has been subject to much controversy within the fields of psychiatry, sexology, psychology, psychotherapy and sexual therapy, triggering strong reactions and extreme opposing viewpoints.

**Objectives:** The presentation will address some of this controversy, outlining a wide range of different – in many ways contrasting – theoretical perspectives, such as: psychoanalytic, psychiatric, biological, personality theory perspective, trauma theory, CBT, social learning theory, social constructionism, and so on.

**Discussion:** Discussion will address the difficulties of achieving consensus on the definitions and clinical implications of this phenomenon, including the difficulty of defining 'normal' sexuality, and defining the criteria for determining 'normality'. Psychiatric diagnostic criteria including DSM categorisation will be critiqued.

**Conclusion & Recommendations:** The lack of consensus in this field creates problems with creating a clinical diagnosis and determining the relevant treatment options; however, it is also a reflection of diversity of views and the richness of thought within post-modern epistemology, appreciating multicontextual and multidimensional nature of sexuality.

**Source of Funding:** Regent's University London (UK) Research Committee

### Supporting literature:

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**Keywords:** paraphilias

**Conflict of Interest and Disclosure Statement:** None



## Debunking 'Lesbian Bed Death': Sexual Activity Frequency, Sexual Function, Cognitive-Affective Factors, and Sexual Satisfaction in Australian Lesbians

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**Introduction and Objectives:** Sexual activity frequency (SAF) has been found to differ between lesbian, gay male and mixed-sex couples. Previous studies conducted in lesbian couples have demonstrated that partnered lesbian females have significantly less sex than any other type of couple, a phenomenon known as 'lesbian bed death'. Furthermore, several studies have investigated what cognitive and affective factors predict sexual satisfaction, however, studies within partnered lesbians are limited. This study aimed to determine the SAF in Australian lesbian females compared to heterosexual females. Additionally, it aimed to identify if SAF, sexual function, automatic thoughts, sexual esteem, and sexual anxiety were significant predictors of sexual satisfaction.

**Population Sample:** A purposive and snowballing sampling technique was used to recruit lesbian and heterosexual female participants, as the population studied was specific and hard-to-reach.

**Methodology:** A maximum of 112 participants completed an online survey measuring SAF, sexual function, automatic thoughts, sexual esteem, sexual anxiety, and sexual satisfaction.

**Results and Discussion:** There were no significant differences in SAF (both genital and non-genital) between the lesbian and heterosexual females. In

addition, SAF in both lesbian and heterosexual females reduced as relationship duration extended; however, differences between lesbian and heterosexual females were insignificant. Furthermore, negative automatic thoughts and sexual anxiety were significant predictors of sexual satisfaction.

The results showed that lesbian sexuality was experienced positively and comparable SAF offers support for the debunking of lesbian bed death in Australian lesbians. Furthermore, cognition and affect are factors that hinder the experience of high sexual satisfaction and require consideration when evaluating clients' sexual difficulties.

**Recommendations:** Clinicians and educators need to be cognisant of the disempowering impact of the myths regarding lesbian sexuality. Furthermore, they need to address cognitive and affective factors that may influence a clients' presentation of low SAF, low sexual satisfaction, and other sexual difficulties.

**Keywords:** Lesbian bed death, Sexual satisfaction

**Conflict of Interest and Disclosure Statement:** This study was completed as part of the requirements for the award of Master in Sexology, Curtin University, Perth, Australia.

## Association between Menopausal Status and Risk of Sexual Dysfunction in Sexually Active Women Infected With HIV Infection: Analysis of a Peruvian Series

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**Background:** Highly active antiretroviral therapy (HAART) has contributed to increase survival in women infected with human immunodeficiency virus (HIV) infection. Thus, an important proportion of these women are able to reach mid-age. However, current available information regarding different outcomes of interest during the climacteric stage in this type of patients is limited.

**Objective:** To evaluate the association between menopausal status and risk of sexual dysfunction (RSD) in sexually active mid-aged women infected with HIV controlled by clinical and demographic variables.

**Methods:** We carried out a secondary analysis to a cross-sectional study conducted in Lima, Peru. We evaluated 221 sexually active women infected with HIV (40 to 59 years). Menopausal status was classified according to *Stages of Reproductive Aging Workshop* criteria in premenopausal, perimenopausal, and postmenopausal women. RSD was assessed with the “Female Sexual Function Index”. In addition, other socio-demographic and clinical variables were measured such as age, HAART scheme, time of disease and comorbidities. We performed generalized linear models

LOGIT using a binomial model with robust variance to estimate 95% CI, Crude Odds ratio (ORc) and Adjusted Odds ratio (ORa) according to levels of epidemiology study.

**Results:** The mean age of women studied was  $47.0 \pm 5.2$  years, including 25.3% premenopausal and 48.9% postmenopausal women. Frequencies of RSD were 64.3%, 53.6% and 75% for all premenopausal and menopausal women, respectively. Compared to premenopausal women, postmenopausal women were associated with RSD at crude (ORc = 2.60, 95%CI = 1.31–5.2,  $p = 0.006$ ) and adjusted (ORa = 2.73, 95% CI = 1.31–5.67,  $p=0.007$ ) models.

**Conclusion:** Our findings suggest that the postmenopausal status in sexually active women infected with HIV showed higher odd ratios for RSD. The study of the sexual sphere should be included in the comprehensive evaluation of middle-age women infected with HIV. Further research is warranted in this regard.

**Keywords:** Menopause, Female Sexual Dysfunction, HIV Seropositivity

**Conflict of Interest and Disclosure Statement:** None

## Efficacy and Safety of Dapoxetine in the Treatment of Early Ejaculation: A Synopsis of Systematic Reviews

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**Introduction:** Premature ejaculation (PE) is a frequent condition for which there are several pharmacological therapies at present.

**Objective:** To evaluate the available scientific evidence regarding the efficacy and safety of Dapoxetine in the treatment of PE.

**Methods and objective:** We developed a synopsis of systematic reviews (SR) of randomized clinical trials (RCTs) that included male patients with the diagnosis of PE. We carried out a primary search without any language restriction in Pubmed-Medline, WOS, EMBASE, SCOPUS and Cochrane Library until March, 2019. R-AMSTAR was used for quality assessment. Selection, quality assessment and extraction were carried out blindly and independently by two authors and resolved by discussion of referral to a third author.

**Results:** We identified 16 SR: five network meta-analyses (NMA), ten traditional meta-analyses (TMA), and a SR without meta-analysis. In the NMA, Dapoxetine was compared with other pharmacological and non-pharmacological therapies such as placebo; in two of them, it was concluded that the use of Dapoxetine, at a dose of 30 mg, was as effective as

other alternatives, but with a better safety profile, mainly when it was used as a needed therapy. In the seven (TMA), in which Dapoxetine was compared with placebo, it was reported that, at different doses (60mg or 30 mg), the effect of Dapoxetine was higher in the latent period of intravaginal ejaculation. In the three remaining meta-analyses, other medicines were included as comparators, where Dapoxetine demonstrated to have good efficacy profile and to be one of the highest safety profiles. A potential advantage of Dapoxetine identified in SR is its use as needed therapy.

**Conclusion & recommendation:** The evidence discussed shows that dapoxetine is efficacious and has a good safety profile in the treatment of PE in adults. This evidence should be considered for the implementation of clinical practical guides on PE and its management update.

**Keywords:** Dapoxetine, Treatment, Premature ejaculation

**Conflict of Interest and Disclosure Statement:** None

## Extremes of Asexual Life: Vaginal Disappearance and Obliteration

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**Introduction:** Genitourinary syndrome of menopause (GSM) comprises the vulvovaginal and urinary changes associated to decreased estrogen. An uncommon manifestation of GSM is vulvar fusion, with very few cases reported in English literature. Two of the most prevalent etiologic factors include low estrogen levels and cessation of sexual activity.

**Objectives:** The primary objective of the study was to describe two cases of labial agglutination in women of elderly age, which presented with complaints of urinary incontinence due to urethral outlet obstruction.

**Methods:** This study reports two cases of females aged 93 and 96 years old presenting clinical

manifestations of vulvar fusion using patient interviews as well as documentation of the interventions performed.

**Findings:** Both patients in this case series presented initially with complaints of urinary outlet obstruction, and reported a history of sexual inactivity for a prolonged period of time. Physical examination in both revealed severe genital atrophy and fusion of the labia minora. Conservative management using estrogen analogs was initially prescribed but due to lack of improvement, surgical intervention was considered. One of the study subjects opted for surgical intervention with dissection of fused tissue, which resulted in immediate resolution of symptoms, while the second

study subject opted to continue with the conservative management previously described.

**Recommendations:** After describing the findings and interventions in these study subjects, we concur with the medical community on the importance and benefits of having periodic gynecologic check-ups. In addition, we conclude that continuing sexual intercourse beyond reproductive years may play a role in preventing the development of conditions that may cause significant morbidity related to the genitourinary tract.

**Keywords:** menopause, vulvar fusion, genitourinary syndrome

**Conflict of Interest and Disclosure Statement:** None

## Acompañamiento Psicoterapéutico en Violencia para la Reinserción Psicosocial

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En el Programa de Sexualidad Humana -PROSEXHUM- de la Facultad de Psicología de la UNAM, se ha creado un modelo de acompañamiento terapéutico desde una perspectiva psicosocial cuyo objetivo es la reestructuración personal y la reinserción funcional de las personas objeto de violencias sexuales a la vida cotidiana.

El abordaje terapéutico tiene como sustento teórico el humanismo de C. Rogers, el modelo ecológico de la violencia de J. Corsi, la teoría de crisis de Slaikeu y la teoría de campo de K. Lewin; el sustento metodológico retoma modelos terapéuticos psico-corporales de W. Reich y M. Feldenkrais, la terapia de reencuentro de F. Sanz, la terapia Hakomi de R. Kurtz y la resolución NoViolenta de conflictos de Papadimitrou.

El proceso de intervención psicosocial se realiza en tres niveles evaluación, intervención y seguimiento de cada caso. El servicio es otorgado por psicólogos capacitados en el Programa de Formación Profesional "Psicoterapia en violencia de género: reinserción psicosocial".

Durante 2018 se atendieron a 35 personas (22 mujeres y 13 hombres) de la comunidad universitaria

por violencia en el noviazgo, violencia en la pareja, ansiedad y depresión por sobrevivencia de abuso sexual, hostigamiento laboral y acoso sexual, y abuso sexual de un menor de 11 años de edad y un adolescente de 16 años. Se atendió también a 3 generadores de violencia (2 hombres y 1 mujer).

Aún faltan equipos multidisciplinarios y de colaboración interinstitucional que brinden atención integral médica, psicológica y jurídica.

**Fuente de financiamiento:** Universidad Nacional Autónoma de México - UNAM.

**Conflicto de interés y declaración de divulgación:** Ninguno

- a. Corsi, (1995) *Violencia familiar: Una mirada interdisciplinaria sobre un grave problema social*. España: Paidós.
- b. Sanz (2000) *Los laberintos de la vida cotidiana* Barcelona: Kairós

**Palabras clave:** Violencia sexual, Psicoterapia, reinsercion psicosocial

## “Does This Mean I Wanted it?": Victim Arousal in Sexualized Violence

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**Education Introduction:** Arousal during sexualized violence is the “final taboo,” the most devastating aspect for the survivor. Rarely discussed in the literature and often unaddressed clinically, it results in reduced help-seeking due to myths of what it means to orgasm during rape.

Misunderstanding by the public, the judicial system, and trained trauma psychotherapists, creates further barriers to empathy, treatment, and prosecution for survivors. This topic raises many treatment implications.

**Population:** This phenomenon crosses all populations, genders, cultures, and races, potentially touching anyone who has been sexually abused or assaulted.

**Outcome:** The only existing study spoke to a 20% orgasm rate. The speaker will present as yet unpublished data demonstrating a 40+% arousal rate. The Arousal Response in Sexual Assault survey, a self-report 7-item design, will be shared along with current results. Also discussed will be the first formal study currently being conducted in the U.S. based on the presenter's prior work.

Symptom sequelae, including dissociation, guilt, shame, depression, anxiety, distorted cognitions,

distortive cultural views of the self, partner rejection, and self-injury up to and including suicide, will be reviewed.

**Discussion:** The neuro-biology and psychology that drives the arousal response event, and treatment tools to address arousal trauma will be presented. Also discussed is repetition compulsion leading survivors towards dangerous sexual choices increasing vulnerability to further sexual violence. Treatment focus utilizes existing trauma techniques along with the presenter's own clinical work.

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Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation – a review. Levin, Roy J. and Van Berlo, W. *Journal of Clinical Forensic Medicine* 11 (2004) 82–88

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The endocrinology of sexual arousal. Bancroft, J. *J Endocrinol* September 1, 2005 186 411–427.

**Keywords:** sexual assault, treatment, orgasm

**Conflict of Interest and Disclosure Statement:** None

## Breast Cancer and Sexual Female Dysfunction: An Exploratory Analysis in a Sample of Adult Peruvian Women

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**Introduction:** Sexuality is a complex area in women, especially in those who have been diagnosed with breast cancer (BC).

**Objective:** To evaluate whether there is an association between breast cancer (BC) and sexual dysfunction (SD) in adult women in a national reference hospital of Social Security in Peru.

**Method and sample:** We carried out an analysis in 167 women under 60 years of age, which were divided

into two groups: with BC (after mastectomy and without mastectomy), and without cancer. We used the validation of the Spanish version of the Female Sexual Dysfunction Index. We made a comparison among women with BC and without cancer (A). Additionally, we carried out two exploratory comparisons: among women with BC after mastectomy and without mastectomy (B); and another among women without BC, with BC after mastectomy, and with BC without mastectomy

(C). We estimated crude prevalence ratios (cPR) and adjusted prevalence ratios (aPR) with 95% CI using generalized linear Poisson regression models with a non-parametric bias-corrected and accelerated bootstrap.

**Results:** The frequencies of SD were 95,7%; 43,8% and 35,1% in women with BC after mastectomy; with BC without undergoing mastectomy and without cancer, respectively. In A, it was observed that women with BC presented a higher probability of SD than those without cancer (cPR:1,86; CI95%:1,27–2,72/ aPR:1,51; CI95%:1,06–2,15). In B, it was evidenced that, among women with BC, those after mastectomy had a higher probability of SD (cPR:2,19; CI95%:

1,63–2,92/ aPR:1,62; CI95%: 1,26–2,08). In C, a higher probability of SD was identified in women with BC after mastectomy versus women without cancer (cPR 2,73; CI 95%: 1,88–3,94/ aPR:1,93; CI 95%: 1,32–2,80).

**Conclusion and recommendation:** The frequency of SD is higher in women with breast cancer and, in this group, the probability is higher in women with mastectomy antecedents. In this group of women, the sexual sphere should be explored in the clinical practice.

**Keywords:** Breast cancer, Sexual dysfunction, Mastectomy

**Conflict of Interest and Disclosure Statement:** None

## Transtorno Panparafilico e Deficiência Visual

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**Introdução:** A atividade sexual da pessoa com deficiência visual é um assunto permeado de preconceitos. É frequente o entendimento dessa pessoa como assexuada e deserotizada. De acordo com o DSM-5, o Transtorno Exibicionista ocorre quando há excitação recorrente e intensa, decorrente da exposição dos próprios genitais a alguém que não espera nem autoriza. O Transtorno Frotteurista ocorre, quando há excitação sexual recorrente e intensa, resultante de tocar ou esfregar-se em outros sem consentimento. Ambos os transtornos devem ocorrer por pelo menos seis meses, com sofrimento clinicamente significativo, prejuízo social, profissional ou em outras áreas.

**Objetivo:** Descrever acompanhamento de caso raro de transtorno panparafilico em deficiente visual.

**Método:** Caso de panparafilia, no qual se somam dois ou mais transtornos parafilicos, com flutuação entre ambos. Acompanhamento psicoterapêutico em grupo de frequência semanal e medicação, visando redirecionar a preferência sexual do paciente.

**Resultados:** Redução dos episódios parafilicos e entendimento da relação da deficiência visual com o

comportamento parafilico (paciente desvalorizado por sua família encontrou nas práticas parafilicas uma maneira de ser notado, mesmo que sem consentimento). Os inibidores seletivos da recaptação da serotonina (ISRS) contiveram o impulso parafilico, enquanto a terapia era desenvolvida e a atividade sexual redirecionada.

**Discussão:** Acolher esses pacientes tem grande importância, visto que as parafilias causam significativo impacto no indivíduo, família, parceiros e pessoas vítimas desse comportamento. Atitude da equipe terapêutica, isenta de julgamento, é essencial para o paciente trazer suas questões e angústias.

**Recomendações:** Mais profissionais capacitados para o cuidado com essa população, cuja prevalência parece maior que anteriormente suposta. Na atualidade, a visibilidade nas redes sociais, aponta para uma necessidade de estatística mais fidedigna e equipes mais preparadas.

**Palabras clave:** Exibicionismo, Frotteurismo, Deficiência Visual

**Conflicto de interés y declaración de divulgación:** Ninguno



## Tratamientos Farmacológicos que Afectan la Salud Sexual

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**Introducción:** Soy Química Farmacéutica Bióloga y Terapeuta Sexual, conmigo acuden personas con disfunciones sexuales secundarias por fármacos que les prescriben médicos por otros padecimientos sin informar efectos secundarios, en relación con su Salud Sexual.

Iatrogenia y reacciones adversas por fármacos con principios activos: Tamsulosina, Paroxetina y Risperidona; beneficio en Salud Sexual de personas que ingieren: Tadalafil, Sildenafil y Tibolona.

### Objetivos:

- Presentar testimonios de consultantes y tratamientos farmacológicos que afectan su salud sexual
- Estudiar desde el concepto “erótica”, el “habla sexual” de consultantes respecto a su respuesta sexual en presencia de medicamentos que la modifican
- Mencionar efectos positivos de medicamentos desde la farmacología.

### Métodos:

 Etnográficos

**Muestra:** Consultantes sexualmente activos en busca de asesoría sexológica; ingieren fármacos afectando sin saberlo su Salud Sexual, cursan disfunción sexual secundaria, con una posible iatrogenia por fármacos que les prescriben en otras especialidades médicas.

Casos clínicos:

1. Mariana, 54 años, anorgasmia secundaria por medicamentos psiquiátricos.
2. Rafael, 84 años, problemas de eyaculación por Tamsulosina.
3. Henri, 67 años, acude al urólogo, le receta dos medicamentos, él se automedica; llega a consulta sexológica para aclarar dudas que su médico no supo resolver.
4. Saraí, 30 años, dudas acerca de su conducta sexual.

**Hallazgos & discusión:** En 2 testimonios, se ve claramente iatrogenia provocada por Paroxetina. Descenso de libido y falla en orgasmo.

40-60 % de pacientes que toman Risperidona, informan efectos indeseables sexuales.

En 2 casos, efectos por Tamsulosina.

Beneficios farmacológicos positivos con Tadalafil, Sildenafil y Tibolona.

### Conclusiones:

- Consultantes toman medicamentos prescritos por diversos especialistas, de manera indisciplinada, suspendiéndolos, modificándolos o automedicándose consultan INTERNET.
- El “habla sexual” importante en la parte emocional.
- La RSH es multifactorial y se puede afectar con medicamentos.

**Recomendaciones:** Comprometámonos (Sexólogo-Médico) para que nuestros consultantes gocen de Salud Sexual plena promoviéndola como Derecho Humano

**Palabras clave:** Fármaco, Respuesta sexual, Disfunción  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Shah Stem Cell Shot for Erectile Dysfunction

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**Introduction & objectives:** Platelet Rich Plasma (PRP) is prepared by centrifugation of the patients own blood to remove red blood cell. The plasma obtain is rich in platelets which contain various growth factor. During the last fifteen years PRP is used to encourage the brisk healing response across several specialties. We tried using PRP along with the stem cells (which have the property for regeneration of damage tissues, immunoprotective) in patients suffering from erectile dysfunction.

**Method(s) & Sample:** We used autologous PRP and mesenchymal stem cell (MSCs) injections in 157 male patients having erectile dysfunction not responding to standard medical therapy. These patients were followed three months, six month and twelve months post therapy. The subject's erectile function was assessed using the International Index of Erectile Function Questionnaire.

**Results:** Eighty percent of the subjects at three months were able to achieve erection capable for the

penetration. Out of these eighty percent fifty percent of the subjects had to use oral medications after the therapy (SS Shot). This effect remains evident at six and twelve months after therapy also. However twenty percent of the cases showed no improvement at three months. There were no adverse effects of the therapy seen in any subjects.

**Conclusion & recommendations:** This therapy shows promising results for patients suffering from erectile dysfunction, specially in cases not responding to standard oral medication. But high quality randomize control trials are needed to validate the efficacy of aPRP and MSCs. Standard for preparation and quality should also be created.

**Keywords:** Erectile Dysfunction, Platelet Rich Plasma, Stem Cell

**Conflict of Interest and Disclosure Statement:** None

## Roles Relacionales y su Influencia en la Disfunción Eréctil y Eyaculación Precoz

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**Introducción y objetivo:** Se sabe que las disfunciones sexuales tienen diferentes elementos que las crean, perpetúan y eliminan; centrándonos en los elementos psicorelacionales en la pareja, se tuvo como objetivo en la siguiente investigación, exponer cómo los roles relacionales y de compensación ante el poder en pareja (dominante, evasivo, resistente, pasivo, cooperativo), influyen en la existencia de la disfunción eréctil y la eyaculación precoz.

**Método y muestra:** Se realizó un estudio cuantitativo, no experimental y transversal con un diseño por

conveniencia con una población de cuatrocientos pacientes siendo las disfunciones antes mencionadas sus motivos de consulta. Se explicaron a los pacientes los roles relacionales de compensación de poder (RRCP) en pareja, y cada uno, con apoyo de su terapeuta asignado, se identificó con alguno de ellos, principalmente con la pareja(s) con quienes se ha presentado o preservado la disfunción sexual.

**Resultados:** A través de estadística descriptiva se encontró que no existe una diferencia significativa de roles en cada disfunción; sin embargo hay una clara

tendencia a que los pacientes de ambas disfunciones tengan mayormente características y comportamientos evasivos o pasivos, ubicando a casi el ochenta por ciento de la población en estos dos roles.

**Conclusión y discusión:** Se concluyó que los roles evasivo y pasivo influyen en la existencia de la disfunción eréctil y la eyaculación precoz en mayor proporción que el rol dominante y resistente, cabe mencionar que ningún paciente se identificó con el rol cooperativo que se refiere a la comunicación asertiva y la corresponsabilidad en las dinámicas de la relación, que se ve vincula con la vida sexual. Se sugiere

identificar el rol de las parejas de los pacientes para conocer patrones relacionales completos que estén perpetuando disfunciones sexuales y así generar mejores estrategias y herramientas sexoterapéuticas para su tratamiento.

**Palabras clave:** Disfunción eréctil, Eyaculación precoz, Sexología clínica

**Fuente de financiamiento:** Unidad Especializada en Salud Sexual (UNESEX)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Consensos Nacionales Sobre Enfermedades Crónicas y Salud Sexual y Reproductiva

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**Introducción y objetivos:** Las Enfermedades crónicas (EC) son altamente prevalentes y provocan alta mortalidad y discapacidad en Cuba. Tienen un impacto significativo en la esfera sexual, las relaciones de pareja y las representaciones subjetivas sobre la sexualidad.

La Sociedad Cubana Multidisciplinaria para el estudio de la sexualidad (SOCUMES) organizó seis consensos, con el objetivo de perfeccionar el manejo de estas enfermedades y disminuir las implicaciones en la sexualidad y en la vida en pareja, teniendo una mirada especial en el caso de las mujeres.

Los consensos se relacionaron con la salud sexual y reproductiva en las enfermedades cardiovasculares, renales, diabetes mellitus, cáncer, disfunciones del suelo pélvico y en la violencia de género, por sus consecuencias sobre la salud y los derechos de las mujeres.

**Palabras clave:** Enfermedades crónicas, salud sexual, sexualidad.

**Método(s) & muestra:** Investigación cuantitativa, cualitativa y estudio de casos.

Muestra constituida por 100 personas por consenso.

**Resultados:** Se evidenció la relación entre los problemas de la sexualidad, los factores de riesgo y las enfermedades crónicas estudiadas.

La enfermedad y los procedimientos terapéuticos pueden tener un efecto negativo en la salud sexual.

No se aborda con sistematicidad la relación de la sexualidad con el padecer y la percepción de las enfermedades crónicas.

Las mujeres con enfermedades crónicas resultan especialmente vulnerables a la Violencia de Género, situación poco percibida por el personal de salud y las propias mujeres.

**Conclusión & recomendaciones:** Promover capacitación de recursos humanos que integre los conceptos de enfermedad, determinantes sociales, modos y estilos de vida.

Fortalecer la ideología de la prestación de salud centrada en la persona, su participación en el cuidado de la enfermedad y autocuidado de su salud.

Realizar investigaciones en Cuba que aporten evidencias sobre los factores de riesgo en las EC y su impacto en la sexualidad.

**Palabras clave:** Enfermedades crónicas, Salud sexual, Sexualidad

**Fuente de financiamiento:** Fondo de población de Naciones Unidas (UNFPA)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Is the “Mild” (17-21) Label of the International Index of Erectile Function (IIEF-5) Still Valid? A Phallometric Study

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The International Index of Erectile Function (IIEF) is the most widely used scale for assessing Erectile Dysfunction (ED) in men. The IIEF-5 (a brief version) has 5 different diagnostic categories: severe ( $5 \pm 7$ ), moderate ( $8 \pm 11$ ), mild to moderate ( $12 \pm 16$ ), mild ( $17 \pm 21$ ), and no ED ( $22 \pm 25$ ). These categories have been based in both, ROC curves, and on authors clinical understanding of the scores (Rosen et al., 2000). Nevertheless, different studies across different countries have questioned this classification; mostly the “mild” label (Tang et al., 2015; Ahn et al., 2001; Utomo et al., 2015; Pechorro et al., 2011; Lim et al., 2003). In the present study a total of 58 men were evaluated. Of these, 21 had no ED according to the IIEF-5, 23 men were labelled as mild ED, and 14 as mild to moderate ED (we will try to present 24, 24 and 24 in the congress). All of them were assessed with the IIEF-5, with a sociodemographic scale, and using Penile

Plethysmography (PPG). All of them, visualized six different visual stimuli. Three of them were neutral and the rest had explicit sexual content. Erection information was meanwhile recorded using Biopac mp150 with Indium-Galium strain gauge. Results showed no significant differences in terms of age between the three groups. In terms of % of penile circumference increase, no differences were observed between “No ED” and “Mild” group ( $M = 15.52$  [ $SD = 8.04$ ] vs  $M = 14.24$  [ $SD = 12.90$ ]). But significant differences were observed between these with the “mild to moderate” group ( $M = 7.83$ ;  $SD = 7.43$ ). Present data give new methodological support to the idea that “mild ED” label of the IIEF-5 is not really a dysfunction, and therefore IIEF diagnostic categories should be revised.

**Keywords:** IIEF, Erectile Dysfunction, Phallometry

**Conflict of Interest and Disclosure Statement:** None

## Acoustic Analysis of the Voice of Brazilian Transsexual Women in Relation to the Control Group

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**Introduction and objective:** Voice is important in gender transition for transgender women. The Multi-Dimensional Advanced Program (MDVPA) is a software used to perform voice acoustic analysis. To compare the results of the acoustic vocal analysis of a group of transsexual women in relation to that of cisgender women.

**Methods and sample:** Control group composed of 31 cisgender women between the ages of 18 and 49, inclusion criteria: women, heterosexual and using contraceptive methods. As exclusion criteria, we

adopted: smoking report; current use of illicit substances and alcohol in excess; hearing loss (assessed by means of auditory screening); diseases or alterations of the speech-articulatory structures that could interfere in the efficiency of vocal production; professional use of voice; speech and/or otorhinolaryngological treatment and reports of psychiatric comorbidities that could impede the understanding of the study tasks. Twenty-nine transsexual women between the ages of 19 and 52 participated in the study. A questionnaire was applied with the request of general data of the

patients, in order to know them better. In both groups, adolescents were discarded due to vocal changes and individuals over 55 years of age due to hormonal changes. They all had their vocal samples collected and analyzed by MDVPA.

**Results:** There was no significant difference between groups for: amplitude disturbance quotient; disturbance quotient of the smoothed amplitude; amplitude variation; noise-harmonic ratio; degree of vocal breaks; number of vocal breaks; number of segments not sonorized; degree of non-sonorized segments, with mean of f0 for the cases of 159,046 Hz and 192,435 Hz of the controls.

**Conclusion & recommendations:** The results suggest that the group of transsexual women present female voices even without speech therapy or surgical treatment. New research with bigger samples.

**Keywords:** Gender dysphoria, Voice, Acoustic analysis  
**Source of Funding:** This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brasil (CAPES) – Finance Code 001

**Conflict of Interest and Disclosure Statement:** None

## Collaborative Work Group and Research in Sexuality

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**Introduction & Justification:** The inclusion of humans' sexuality in patients' treatment has proved to be of great importance to provide holistic approach of care. However, there are still countries where sexology is not included in university studies. Therefore, it is necessary to develop programs that solve these difficulties when economic resources are limited.

**Project / Population and Environments:** Create a Work and Research Group on Sexuality focused on professionals, undergraduate and postgraduate students. A dynamic, collaborative and interdisciplinary methodology was established through supervision of clinical cases, learning to use instruments, continual training, clinical research and ongoing learning programmes.

**Results:** An interdisciplinary group was set up in which each participant contributed with their interests, knowledge and experiences. Through a participatory dynamic (monthly face-to-face meetings and online communication) the local action coordinated by a facilitator was promoted. Each participant was freely included in the actions they were interested in. As a

result of this inclusive dynamic, the interest of the professionals of the team in sexuality and sexual pathology grew and an open access informative blog was developed. Cases have been supervised, papers have been presented at national and international congresses, research results have been published and a sexuality comic designed for conversations between parents and children has been designed

Additionally, various sexual-affective learning programs have been taught in educational centres.

**Discussion & Recommendations:** The free access to the group and the collaborative dynamic, turned out to be a satisfactory and effective experiences for participants. The interest of young professionals in sexology has increased, training and research has been promoted and has resulted in citizen education actions. This model may be of interest to emerging groups with limited economic resources.

**Keywords:** Sexual Research, Work Group, Clinical Sexology

**Conflict of Interest and Disclosure Statement:** None

## Compulsive Sexual Behaviour and Attachment Style: Clinical Case Series

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**Introduction & Objective:** Recent studies have pointed out the importance of Attachment Style in the development of the Compulsive Sexual Behaviour (CSB). Thus, Insecure Attachment has been related to Cyber-Infidelity and Anxious Attachment can be a modulating variable of unhealthy consequences of the use of pornography. The aim of this study is to understand the attachment style of patients diagnosed with CSB.

**Method & Sample:** A Clinical Case Series of 23 participants (21 of them were men) completed the Adult Attachment Questionnaire, the Pornography Consumption Inventory and the Hypersexual Disorder Screening Inventory and underwent a psychiatric and socio-demographic interview.

**Results:** 90.91% presented an Insecure Type of Attachment, with a predominance of the Fearful-Avoidant in 54.54% of the participants, the Dismissive Avoidant in 27.27% and the Anxious-Preoccupied in

the 9.09%. Only 9.09% of the participants showed a Secure Attachment. A higher consumption of pornography and a higher CSB score correlated directly with low self-esteem, need for approval and fear of rejection, decreasing the erotic potential of the person.

**Conclusion:** Insecure Attachment seems to play a relevant role in individuals with CSB, specifically Fearful-Avoidant Attachment, characterized by low self-esteem, low expression of feelings, hostile resolution of conflicts and discomfort in privacy. It could therefore be of interest to include therapeutic strategies based on the Attachment Style in the comprehensive treatment approach of these patients.

**Keywords:** Attachment, Compulsive Sexual Behaviour, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## Confusion of Age-Related Concepts in Child Sexual Offenders

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Offence supportive cognitions are considered one of determinants of sexual offending, and thus – a target in therapy for child sexual offenders (CSOs). They are addressed in verbal exchange between a client and a therapist. The main tool for therapeutic change, therefore, are words reflecting key concepts in clients' understanding of himself and relations with others. The aim of the present study was to examine basic age-related concepts such as child and adult in CSOs.

The sample consisted of 171 Polish males: 45 convicted for CSOs and three comparison groups: males convicted for sexual offences on adults ( $n = 36$ ), non-sexual offences ( $n = 45$ ) and never-convicted controls ( $n = 45$ ). The groups were matched in age, educational level and family situation.

The participants were asked to draw a set of different persons (adults, children, males and females) and then to describe them answering semi-structured interview. The material was initially qualitatively analyzed to establish data-grounded indicators of 'child' and 'adult' concepts. Then quantitative analyses were performed – comparison of groups.

In general, all participants presented 'child' and 'adult' persons in a similar way, using indicators such as size of drawn person or culturally-relevant child- and adult- specific attributes. However, CSOs significantly more often than other participants used imprecise words when defining persons in terms of their child / adult status and more often presented them confusing age-related attributes, e.g. including adult-



like characteristics in presentations of children or reverse.

Results of the study raise a question on the form of key concepts in offence related cognitions of CSOs. If the concepts of 'child' and 'adult' are imprecise or confused, there is need to find useful and creative methods to reveal and target them in therapy, changing into

more operant and adaptive in social surrounding of the client.

**Keywords:** child sexual offender, offence-related cognition, therapy

**Conflict of Interest and Disclosure Statement:** None

## Track: 4. Basic Science

### Sexual Dysfunction in Chronic Renal Failure and Kidney Transplant Recipients: Experience of Sahloul Hospital

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Chronic renal failure is a public health issue in Tunisia. It leads to a degradation of physical integrity and hormonal disorders, which can lead to sexual disorders in both sexes.

Our goal was to determine the incidence, the different aspects of sexual dysfunction in patients on dialysis and renal transplant patients in both sexes, to identify the different predictive factors of erectile dysfunction, to determine the impact of renal transplantation on sexual function.

It is a cross-sectional survey about 137 patients from both sexes, enrolled from nephrology department of Sahloul Sousse Hospital and Fattouma Bourguiba Monastir Hospital.

The incidence of erectile dysfunction of men on dialysis was 57%. Hormonal profile screening of men on dialysis showed a decrease at the level of testosterone in 11% and an increase in the level of LH in 50%. Anxiety and depression were respectively about 48.5% and 63.6%. Our analysis revealed that age ( $p = 0.000$ ), the duration ( $p = 0.009$ ), the cardiovascular diseases ( $p = 0.03$ ), the anxiety ( $p = 0.000$ ), the depression ( $p = 0.000$ ) and the different aspects of erectile dysfunction ( $p = 0.000$ ) were predictive factors of erectile dysfunction in dialysed men.

The most frequent aspect of sexual disorder noticed in women on dialysis was sexual arousal disorder: 78.8%.

In the transplant, erectile dysfunction was noticed in 18.2% of transplant men. Age was a predictive factor ( $p = 0.03$ ).

In transplant women, orgasm and desire disorders were the most frequent, in 69%.

Renal transplantation improved erectile dysfunction in men with IIEF score rising from 14 to 27 ( $p = 0.021$ ). It also improved sexual life in women with increase of desire ( $p = 0.042$ ) and orgasm scores ( $p = 0.034$ ).

Sexual dysfunction incidence is high amount patients having chronic kidney disease. Its incidence is strongly associated with age and cardiovascular diseases. Despite the improvement of erectile function with renal transplantation, erectile dysfunction still remains highly prevalent.

**Keywords:** Sexual dysfunction, Chronic renal failure, Transplant recipients

**Conflict of Interest and Disclosure Statement:** None

## Track: 5. Sexual Medicine

### Que Sabemos Sobre Cancer de Pene y su Sexualidad? Rol del Sexólogo en el Ambito Hospitalario

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**Introducción:** El cáncer de pene es una neoplasia poco frecuente cuyo tratamiento quirúrgico en estadios tempranos puede ser curativo, pero conlleva importantes implicancias estéticas y funcionales que afectan la esfera social y sexual de los hombres y su pareja. El rol del sexólogo sería evaluar la calidad de vida y función sexual de los pacientes sometidos a penectomía parcial o total por el cáncer de pene.

**Objetivos:** Todos los cánceres con sus tratamientos tienen el potencial de afectar negativamente la imagen corporal, la calidad de vida y la sexualidad disminuyendo el funcionamiento sexual y los sentimientos de atracción o deseo sexual. En el caso de las penectomías parciales y totales, a estas causas de disfunción sexual se agrega el factor anatómico propio de una cirugía amputativa. Sin embargo, en muchos casos vemos que no es estrictamente éste el principal factor causante de los problemas en la esfera sexual. Esto se pone de manifiesto en los numerosos casos en que la función eréctil y orgásmica se mantiene, pero disminuye el deseo sexual y la confianza. Reanudar un encuentro sexual luego de un diagnóstico o de un régimen de tratamiento puede provocar mucha

ansiedad, incertidumbre, miedos, temores tanto en el paciente que padece el cáncer como a su pareja, como así también sentimientos de culpa o inhibiciones acerca de expresar su propia necesidad física o emocional o de sentirse invadido en su intimidad física.

**Conclusión:** La educación del paciente es un componente importante en el rol del sexólogo; dar una guía anticipatoria mediante la información acerca de los efectos colaterales que se esperan o de las consecuencias del tratamiento de la enfermedad, puede ayudar en relación a disipar los mitos y la desinformación como así también apaciguar los miedos y ansiedades. Se considera crucial para optimizar los resultados la integración temprana del sexólogo/a dentro del grupo de trabajo con estos pacientes, para anticiparnos a los cambios propios del tratamiento, derribar mitos y disminuir la ansiedad.

**Palabras clave:** cancer de pene, rol del sexologo, derribar mitos

**Conflicto de interés y declaración de divulgación:** Ninguno

### Using Psychopathy to Identify Differences Between Variants of Juvenile Sex Offenders

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**Introduction & Objectives:** According to the literature, offenders with psychopathic traits are often distinguished from other offenders based on behavioural patterns or deficits in the processing of emotional stimuli. One of the aims of this study is to explore the link between psychopathic traits and different subtypes

of juvenile sexual offenders, which very few studies have attempted to do.

**Method & Sample:** Participants consisted of 270 juvenile offenders convicted for sexual offenses (n= 141) and non-sexual offenses (n= 129) who were tested with the Psychopathy Checklist: Youth Version (PCL: YV).

**Results:** Results indicate that juvenile non-sexual offenders (JNSO) tend to have a higher prevalence of psychopathic traits when compared to juvenile sexual offenders (JSO). Regarding the differentiation between child sex offenders and peer/adult offenders, the results do not indicate significant differences.

**Conclusion & Recommendations:** Potential implications concerning psychopathic traits assessment in clinical and forensic contexts are also discussed.

**Keywords:** Juveniles sexual offenders, Child sex offenders, Sexual violence

**Conflict of Interest and Disclosure Statement:** None

## Changes in Sexuality after Women's Breast Cancer: The Experiences of Survivors' Male Partners

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**Introduction & objectives:** The impact of women's breast cancer on the sexuality of their male partners has long been neglected in clinical and research setting. This study was designed to explore how men experience changes in their sexuality during and after the women's treatment.

**Method(s) & Sample:** A total of eight participants were included in this study, all of which were male partners of breast cancer survivors (i.e. more than 5 years post-diagnosis). In-depth interviews were undertaken, transcribed and analysed at individual and group-level using Interpretative Phenomenological Analysis to capture construction of meaning and diversity of individual trajectories.

**Findings & discussion:** Most partners reported changes in their sexuality during and long after the end of treatments. There is great individual variability in the way changes were experienced, especially depending on the meaning and expectancies men have regarding their own sexuality. Results also highlighted a changing place of sexuality during the cancer

journey. Sexuality was not a major concern at the time of diagnosis and during active treatments, but it may regain importance later and changes may become sources of distress. A lack of information and support from health professionals was reported. Overall, sexuality represents a significant long-term issue for partners. The experiences of these men are unique and complex.

**Recommendations:** These findings reinforce the need to acknowledge the sexual needs of male partners, as well as women with breast cancer, by health professionals. Information and support should be offered especially after treatments, when sexuality regains a significant place in their life.

**Keywords:** Breast Cancer Survivorship, Male partner's experience, Sexuality

**Source of Funding:** This study benefited from the financial support of the University Fund Maurice Chalumeau and of the Swiss National Science Foundation.

**Conflict of Interest and Disclosure Statement:** None

## Evaluación de la Función Sexual en Mujeres Con Cáncer de Mama, en el Quindío

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**Introducción:** Las tasas de cáncer de mama tienen una incidencia variable de 19.3 a 89.9 por 100.000 mujeres; son altas (más de 80 por 100.000) en las regiones desarrolladas del mundo y bajas (menos de 40 por 100.000) en la mayoría de los países en desarrollo. En Latinoamérica las tasas están aumentando dado el envejecimiento de la población y a las técnicas de detección.

**Objetivo:** evaluar las alteraciones de la Función sexual en las mujeres del Quindío que padecen cáncer de mama.

**Material y Métodos:** Estudio de tipo descriptivo transversal no experimental; incluyó una muestra de 48 mujeres con diagnóstico de cáncer de mama; evaluadas mediante el Índice de Función Sexual Femenina (IFSF), entre junio de 2016 a junio de 2017.

**Resultados:** El promedio de edad fue de  $46.8 \pm 7.5$  años de edad. Alrededor de una tercera parte de las

mujeres (29.16%) tenían entre 55 y 64 años. De acuerdo al IFSF, la prevalencia de trastornos sexuales corresponde al 62.5%. El deseo sobresale con una alteración del 54.16% y el orgasmo se afecta en un 45.83%.

**Conclusión:** Un significativo porcentaje de mujeres con cáncer de mama presentan algún grado de afectación de su función sexual (62.5%), siendo el deseo y el orgasmo, los más afectados. El nivel de alteración es más frecuente en la población de más de 55 años, en las que recibieron quimioterapia y radioterapia, así como en las que se les hizo mastectomía radical.

**Palabras clave:** cáncer de mama, prevalencia, sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Evaluación de la Función Sexual y Calidad de Vida en Mujeres Climatéricas con Prolapso Genital Luego del Uso del Pesario

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**Introducción:** El prolapso de los órganos pélvicos es el descenso de uno o más órganos (útero, vagina, vejiga o intestinos) a través de la pared y orificio vaginal.

**Objetivo:** Evaluar la efectividad del pesario sobre la calidad de vida y la función sexual en mujeres climatéricas con prolapso genital grado II o mayor.

**Material y método:** Estudio analítico, observacional, de corte transversal. Se eligieron mujeres en climaterio que consultaron por prolapso genital, entre enero de 2009 a diciembre de 2016. Se les aplicó dos escalas para medir el grado de satisfacción con el uso del pesario: la Escala "Menopause Rating Scale", y el Índice de Función Sexual Femenina. Ambos

cuestionarios fueron realizados, antes de la inserción del pesario y luego de tres meses de uso.

**Resultados:** La muestra la constituyeron 57 mujeres. La edad media fue  $52,8 \pm 5,4$  años (rango entre 48 y 78); la edad media de la menopausia fue  $48,3 \pm 4,2$  años (rango entre 45 y 51). La puntuación media global de la Escala "Menopause Rating Scale", antes de la inserción del pesario fue de  $18,8 \pm 4,3$  puntos (rango entre  $6,9 \pm 3,3$  y  $19,5 \pm 9,6$ ), y  $10,2 \pm 5,4$  puntos (rango entre  $2,7 \pm 1,2$  y  $7,5 \pm 4,2$ ) después de tres meses de uso. La puntuación media total del Índice de Función Sexual Femenina, antes de la inserción del pesario fue

16,3 ± 8,3 puntos (rango entre 8,7 y 27,9), después de tres meses de uso del pesario la puntuación media total fue 21,7 ± 8 puntos (rango entre 9,9 y 29,7). Los trastornos sexuales más frecuentes fueron disminución del deseo (85,2%), anorgasmia (74,7%) y dolor (65,7%), con una prevalencia global dificultades sexuales del 81,3%.

**Conclusión:** El uso de pesarios en mujeres con prolapso genital grado II o mayor, es una terapia eficaz en la disminución de los síntomas vaginales con mejoría en la calidad de vida y la sexualidad.

**Palabras clave:** Pesario, Sexualidad, Calidad de Vida

**Conflicto de interés y declaración de divulgación:** Ninguno

## Tibolona Versus Terapia de Reemplazo Hormonal Combinada con Testosterona para el Tratamiento del Trastorno del Deseo Sexual Hipoactivo en Mujeres en Climaterio. Un Ensayo Clínico Aleatorizado

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**Introducción:** El trastorno del deseo sexual hipoactivo es la deficiencia persistente o recurrente de fantasías, de deseos o pensamientos sexuales, o receptividad a la actividad sexual que causa angustia personal.

**Objetivo:** Evaluar la eficacia y seguridad de dos terapias hormonales sustitutivas, combinadas con testosterona, en el tratamiento del trastorno del deseo sexual hipoactivo en mujeres en climaterio.

**Metodología:** Ensayo clínico, aleatorizado, controlado, no enmascarado. Se asignaron dos grupos aleatorizados: grupo «A» (51 mujeres sometidas a terapia hormonal con estrógenos conjugados y medroxiprogesterona más testosterona) y grupo «B» (54 mujeres tratadas con tibolona más testosterona). Realizado entre julio de 2015 y diciembre de 2016.

**Resultados:** Se analizaron 105 mujeres. La media de edad fue de 54,5 ± 1,3 años para el grupo «A» y 57,1 ± 1,7 años para el grupo «B». La edad promedio de la menopausia 49,2 ± 5,7 años, con una duración media de la menopausia de 7,8 ± 5,1 años. La puntuación promedio del IFSF, en la población total, al inicio del estudio, fue de 26,85 ± 5,79 puntos y al

final de 28,08 ± 4,74 puntos. En el dominio deseo, en el Grupo «A» la puntuación pasó, en el inicio de 3,87 ± 1,47 puntos a 4,08 ± 1,02 al final, mientras en el grupo «B» pasó de 3,84 ± 1,83 a 4,47 ± 1,56 (p = 0,018). Al final del estudio, se encontró una mediana de 5 encuentros sexuales por mes en la población global, (grupo «A» 4 encuentros por mes y grupo «B» 7 encuentros por mes, p = 0,0036). Al final de la investigación en el grupo «A», el 71,4% de las mujeres, respondieron que habían tenido fantasías sexuales en los últimos seis meses, al menos una vez al día, mientras que en el grupo «B», el 91,5% lo informaron (p = 0,003).

**Conclusiones:** La terapia con tibolona asociada a testosterona es una opción de tratamiento efectiva en el trastorno del deseo sexual hipoactivo en mujeres en climaterio, con mínimos efectos adversos.

**Palabras clave:** Climaterio; Disfunciones sexuales; Libido

**Conflicto de interés y declaración de divulgación:** Ninguno

## Lo que Ellas Prefieren: Conductas Sexuales para Acceder al Orgasmo Femenino

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**Introducción:** La sexualidad fuente de placer, varía junto a los cuerpos, pensamientos y emociones que habitamos, estando relacionada con nuestra salud ya no con la moral. El orgasmo femenino, genera múltiples beneficios personales y vinculares.

**Objetivo:** describir preferencias y conductas que acercan a la mujer al orgasmo.

**Método:** 277 mujeres respondieron una encuesta vía mail o redes sociales durante el 2018.

**Hallazgos:** El 58.7 % tenía entre de 26 a 35, 18% de 16 a 25 y un 13% de 15 a 25 años. El 93.1% preferían sexualmente a hombres, 4.3 % a mujeres y 1.8% ambos. En las relaciones de los últimos 6 meses llegaron al orgasmo en el 100% de las ocasiones el 25%, 44% entre 90 y 50%, el 19% menos del 50%, el 3.6% eran anorgásmicas y 4.7 % no tuvieron relaciones en ese lapso. El 60% accede mejor con penetración vaginal más estimulación del clítoris, 19% con sexo oral, 16% con estimulación digital. El 58.5% llegan mejor estando arriba, 21 % de manera inversa, 13%

en posición cuadrúpeda. Con sexo oral el 44% prefiere movimientos combinados, 24 % no llegan pero sienten placer, 12% con movimientos de hora 12 a 6 y 6% con succión. El 90% se masturbó alguna vez, llegando al orgasmo el 82%. Para esto el 70% usa como medio el digital, 12% fricción con objetos, 9% estimuladores externos, 3% internos, 7% agua de ducha o bidet, 6.5% fricción de piernas. Si están en pareja se masturban en un 55% de los casos. La pregunta final de qué creen que facilitaría sus orgasmos la mayoría refirió mayor juego “previo” a la penetración, más comunicación y menos estrés.

**Discusión y Recomendaciones:** sería vital que las personas y profesionales de la salud conozcan estas preferencias, según su población, para la promoción de sexualidades placenteras.

**Palabras clave:** orgasmos, femeninos, acceso

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Prevalence of Sexual Dysfunctions in Iran During 2008–2017

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**Introduction & objectives:** The sexual issues education is a forgotten subject in Iran. With consideration of the significance role of sexual health in the quality of life, different types of sexual dysfunctions are common problems in Iran. The aim of this study is to determine the prevalence of different kinds of sexual dysfunctions.

**Methods and Sample:** All published Iranian articles with keywords of “sex” or “sexual dysfunction” in Google Scholar and interior databases (same as governmental reports) during 2008-2017 have been reviewed. Regarding to criteria, 32 studies were selected. Cause of heterogeneity was evaluated by meta-regression model.

**Results:** With consideration of inclusion and exclusion criteria, 32 studies with 16750 persons were

completed. The prevalence of female sexual dysfunction was 67.9% and male sexual dysfunction was 58.2%. Overall prevalence has been increased significantly in recent years. Also the sexual satisfaction has very poor condition.

**Conclusion:** This meta-analysis study shows us a comprehensive view about sexual problems in Iran and suggests that Iranian population don't have a suitable condition in sexual health. Further studies for detection of etiologic factors may be necessary.

**Keywords:** Sexual dysfunction, Iran, Sexual health

**Conflict of Interest and Disclosure Statement:** None



## Adolescents May Suffer from Penile Venogenic Erectile Dysfunction

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**Introduction & rationale:** Adolescents are not necessarily exempt from erectile dysfunction which is believed to be exclusively psychogenic. Is this belief sustainable?

**Action and Population group concerned:** Between 2009 and 2018, we diagnosed 45 men whose impotence began at adolescence with venogenic origin via our dual cavernosography and prostaglandin E-1-test. Although other physicians attributed them to be psychogenic, 35 of them were treated with penile venous stripping. The abridged 5-item version of the International Index of Erectile Function (IIEF-5) score system and corporeal radio-opacity were used to assess erection restoration. Additionally, the erection hardness scale (EHS) was used for confirmation of improvement.

**Outcome:** There was a significant difference ( $P < 0.0001$ ) between the pre-operative and post-operative IIEF-5 scores ( $9.6 \pm 3.4$  vs.  $19.8 \pm 4.3$ ). The pre-operative RHS scale was unexceptionally improved and radio-opacity of the penile crus was, without exception, post-operatively enhanced and became stronger than that of the femoral cortex in all patients. Prior to the surgery, 88.6% (31/35) patients had suicidal thoughts and 80.0% (28/35) underwent psychiatric management;

while this intervention generally improved their mental health, it had done nothing to resolve their impotence.

**Discussion & recommendations:** Although these men were diagnosed with penile veno-occlusive dysfunction, it is important to note that their penile arteries were and are normal; therefore, it would not be appropriate to classify their malady as vasculogenic erectile dysfunction. Accordingly, we advise the use of the term venogenic, rather than vasculogenic, for greater accuracy. Penile veins are an overlooked contributor—more common than even psychological causes—to impotence amongst adolescents. Therefore, men suffering from venogenic impotence—even those whose onset of impotence began in adolescence—are good candidates for penile venous stripping surgery.

**Conflict of Interest and Disclosure Statement:** None

### Citation of supporting literature:

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**Keywords:** Adolescent erectile dysfunction, penile erection-related veins, penile venous stripping

## Premature Ejaculation Associated with Increased Severity of Lower Urinary Tract Symptoms

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**Objective:** The purpose of this study was to compare the severity of lower urinary tract symptoms (LUTS) between patients with and without premature ejaculation (PE).

**Methods:** The relationship between the severity of LUTS and PE was investigated among 825 male who underwent medical check-up from July 2013 to July

2018 at our hospital. PE was defined by self-reported intravaginal ejaculation latency time and results obtained with a premature ejaculation diagnostic tool. The severity of LUTS was determined by international prostate symptom score (IPSS), overactive bladder symptom score (OABSS), transrectal ultrasonography (TRUS), and uroflow rate and. Besides, the correlations

with age, medical comorbidities such as hypertension and diabetes, and other clinical parameters were also investigated for their effect on LUTS. A total of 825 male were classified into 3 groups: PE-group (N = 60), self-reported PE-group (N = 353), and non PE-group (N = 412).

**Results:** The total IPSS, IPSS-V, IPSS-S, QoL, OABSS, IIEF-15 and testosterone level showed significant differences ( $p < 0.05$ ) and comparatively higher values in the PE-group than Non PE-group. Even at the analysis of self-reported PE-group and Non PE-group, self-reported PE-group showed significant differences in total IPSS, IPSS-V, IPSS-S, QoL, OABSS and IIEF-15 with comparatively higher values ( $p < 0.05$ ). Even the analysis of PE-group and self-reported PE-group revealed significant differences with

comparatively higher values of total IPSS, IPSS-V, IPSS-S, QoL, OABSS, IIEF-15, testosterone ( $p < 0.05$ ), ( $P < 0.05$ ). Other parameters showed no significant differences between the different groups.

**Conclusions:** Comparison between three groups suggested that the severity of LUTS was comparatively higher and even erectile function (IIEF-15) was decreased in the relatively severe PE-group. Therefore, it is thought that being associated with or without PE might be a significant factor to consider, which affects LUTS severity.

**Keywords:** Premature ejaculation, Lower urinary tract symptom, Prostate

**Conflict of Interest and Disclosure Statement:** None

## Injecting-Drug-Use and Related Sexual Dysfunction Among 52 Tunisian Men

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**Introduction:** High-dose buprenorphine (HDB) injecting-drug-use expanded dangerously in Tunisia, especially after 2011 revolution.

It is well established that there is a strong association between sexual disorders and substance use disorder.

The aim of our study was to determine the prevalence of sexual dysfunction among a population of HDB injecting-drug-users.

**Method:** We conducted a descriptive cross-sectional study in a population of 52 HDB injecting-drug-users men. Sexual functions domains were evaluated by the International Index of Erectile Function (IIEF-15).

**Results:** The average score at IIEF15 was  $36.65 \pm 20.87$ . It was significantly associated with advanced age ( $p = 0.019$ ), somatic history ( $p = 0.023$ ),

psychiatric history ( $p = 0.038$ ), duration of addiction ( $p = 0.011$ ), and the HDB injected dose ( $p = 0.049$ ).

Erectile function score was  $15.63 \pm 9.26$  and 31% of subjects had severe erectile dysfunction. The orgasmic function score was  $6.35 \pm 3.52$  and 27% had severe orgasmic dysfunction. The sexual desire score was  $4.27 \pm 2.90$  and 33% had a severe impairment of desire. Overall satisfaction was impaired in 92% of subjects.

**Conclusion:** HDB injecting-drug-use was associated with a significant alteration of all sexual response's domains in the study population. A comprehensive management including addictological, somatic, psychiatric and possibly sexological is necessary.

**Keywords:** drug use, sexual dysfunction, men

**Conflict of Interest and Disclosure Statement:** None

## Including Sexuality in Clinic Visit: Presentation of a Model and Questionnaire

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As per mandate by the world health organization, health professionals are obliged to have the ability to examine the sexual problems that are exposed to them and give the appropriate advice or at least refer the patient to a required specialist. Sexuality is considered to be an important aspect of complete care, yet research has demonstrated that it is not routinely addressed in daily practice of health providers. Personal or patient difficulties hamper our commitment to provide care with quality and with a positive approach towards sexuality. This article intends to introduce to the scientific community a model (Model of integration of Human Sexuality –MIHS) that depicts the interaction of four main factors that, when integrated, shape the sexuality of every person. This article also presents a questionnaire (Q) form that collects information required to obtain a profile of the composition of a person's sexuality. The model was developed to simplify the understanding of the concepts in

order to explain it better to patients/clients. Four concepts integrate the model: 1. Anatomical sex; 2. Sexual identity. 3. Gender. 4. Sexual orientation. The factors were used to elaborate MIHS and Q form. With the obtained sexual profile (SP) a practitioner can provide a better care by including basic knowledge of a patient's sexuality removing assumptions that commonly obstruct proper care. Both the model and the questionnaire are of particular importance to physicians because by obtaining this information, unnecessary examinations or laboratory will be avoided or will not be missed. By reviewing the answers to the form (Q) with the client, healthcare professionals can have a comfortable conversation to offer a better care by alleviating and educating in sexuality.

**Keywords:** Sexuality, Inclusion

**Conflict of Interest and Disclosure Statement:** None

## Phosphodiesterase Inhibitors Type 5 Release

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Erectile dysfunction (ED) is one of the most frequent sexual troubles, resulting in important distress and personal consequences. At present, the phosphodiesterase Inhibitors Type 5 (IPDE5) constitute the first line medical treatment for most of patients suffering from ED. This widespread diffusion resonates into a wide range of opinions among its users regarding their modalities of use and acquisition. Sometimes IPDE5 are abused by men of any age, who use them with a recreational goal; the desired way to access these meds changes from a patient to another; some users consider that these meds should be treated as any other med requiring a prescription, while others would prefer not having to see a doctor to get them. The great

progression of online IPDE5 sales, counterfeit or not, reflects in parts these opinions. Counterfeit medications result in direct and indirect risks for health. The present work aims to describe a sample of potential or effective users through their answers to a questionnaire. We interviewed 136 males and asked them questions on the preferred or actual way in which they (would like to) get and use IPDE5.

Multidimensional analysis reveals that the space containing the participant and their answers can be described by two principals dimensions, one related to demographical and social aspects (age and occupation) and the other to use (taking IPDE5 or not and in what context).

These descriptive results could constitute the basis for further studies aimed to shed light on the consumers' needs and requirements, and ultimately increase the practical information available to them, and ultimately the safe use of these meds.

**Keywords:** Erectile Dysfunction, IPDE5, Survey

**Conflict of Interest and Disclosure Statement:** None

## Programa de Intervención para la Rehabilitación Sexual de la Mujer con Cáncer de Mama

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La sexualidad de las mujeres puede verse particularmente afectada después del cáncer de mama. El objetivo de este estudio fue evaluar la eficacia del programa de intervención biopsicosocial REVIVE para el aumento de los índices de satisfacción sexual en las mujeres diagnosticadas con cáncer de mama.

**Método(s) & muestra:** El estudio se llevó a cabo bajo un esquema analítico cuasi experimental de corte transversal. La muestra se seleccionó por muestreo no probabilístico. La muestra está conformada por 54 mujeres diagnosticadas con cáncer de mama (n = 23 grupo control, n = 31 grupo experimental), se aplicaron las escalas de: Satisfacción Sexual, Deseo Sexual Inhibido, HADS, Autoestima de Rosenberg, Imagen Corporal de Hopwood y el Cuestionario de Dolor Vulvar.

**Resultados:** El programa REVIVE mostró ser un programa de intervención biopsicosocial eficaz para aumentar el nivel de satisfacción sexual en la mujer diagnosticada con cáncer de mama. Este estudio proporciona una guía de atención a los holones de la sexualidad de acuerdo con el modelo PLISSIT, en términos de apertura psicológica y emocional sobre sus

principales afectaciones sexuales, normalización y mayor conciencia de los cambios sexuales durante y después del cáncer, disociar los sentimientos de autovalía personal con la autoimagen, aumentar la comunicación entre parejas sobre los cambios sexuales, aceptación de la exploración de la variedad de prácticas sexuales y de intimidad, y por último, una tendencia hacia el aumento de la satisfacción sexual.

**Conclusión & recomendaciones:** Los hallazgos del presente estudio brindan un soporte para futuras investigaciones mexicanas sobre esta línea temática, y se considera imperativo realizar abordajes que en un futuro incluyan a la pareja en el proceso de salud-enfermedad; con atención específica en cada uno de los holones de la sexualidad de manera cuanti y cualitativa para la obtención de datos con mayor precisión desde la vivencia de la pareja oncológica mexicana.

**Palabras clave:** Cáncer de mama, Satisfacción Sexual, Sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Dispareunia, Vaginism and the Sexual Violence Against Women

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**Introduction & objectives:** Sexual violence (SV) against women is a worldwide phenomenon in which there is no restriction of population characteristics. Dyspareunia is characterized by pain or discomfort during intercourse and most often results from vaginismus, which is defined as an involuntary spasm of the muscles of the external third of the vagina. We evaluated whether the previous history of SV is related to the diagnosis of dyspareunia and / or vaginismus.

**Methods & Sample:** This is a cross-sectional, retrospective and case control study based on the analysis of medical records of women assisted in the Sexology Department of Center for Women's Health Pérola Byington Hospital (CRSM-HPB) from 2015 to 2018, which will be divided into two groups: women with a previous history of SV and women without this background. The women were submitted to a semi-structured questionnaire of the service applied in a private room by an experienced sexologist. The diagnosis of Female Sexual Dysfunction (FSD) was based on DSM-IV-TR. The presence or not of previous SV will be evaluated through the questioning "Have you ever

suffered any type of SV?". We consider SV any act against the patient's modesty without the consent of the same. The protocol was approved by the Ethics and Research Committee.

**Results:** The total sample was 341 women, of whom 57 were diagnosed with dyspareunia and 33 with vaginismus. The women evaluated had an average life of 42.5 years, being 66.7% married, 44.4% with a high school degree, 54.4% were white ethnicity and the predominant religion was Catholic (40%), followed by 34.4% Evangelicals. 28% of the women had a history of SV, and of these, 60.7% were diagnosed with dyspareunia.

**Conclusion & recommendations:** The evaluated characteristics, dyspareunia and vaginismus did not present a statistically significant association with the history of SV in the evaluated women.

**Keywords:** Sexual violence against women, Dyspareunia, Vaginism

**Conflict of Interest and Disclosure Statement:** None

## Populational Characteristics of Women Assisted at the Sexology Department of the Pérola Byington Hospital

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**Introduction & objectives:** Sexual violence (SV) is a worldwide phenomenon and according to the World Health Organization (WHO), it takes many forms, including physical, sexual and emotional violence, rape and sexual coercion, femicide and culturally specific forms. Female sexual dysfunction (FSD) is one of the pathologies that can occur in SV victims. We describe

the populational characteristics of the patients assisted in the Sexology Department of Reference Center for Women's Health Pérola Byington Hospital (CRSM-HPB).

**Methods & Sample:** This is a descriptive study, based on the analysis of medical records of women assisted in the Sexology Department from 2015 to

2018. The women were submitted to a semi-structured questionnaire of the service applied in a private room by an experienced sexologist. The diagnosis of FSD was based on DSM-IV-TR. We've included the diagnosis "large vagina". We consider SV any act against the patient's modesty without her consent. The protocol was approved by the Ethics and Research Committee.

**Results:** The total sample evaluated were 341 women, an average life of 44.2 years. Of these, 71.8% were married, 52.5% with a high school degree, the predominant religion was Catholic (48.1%), followed by Evangelical (34.3%) and 56.6% declared themselves white ethnicity. 30.5% reported history of SV, and the most prevalent FSD was hypoactive sexual desire disorder (36.1%), followed by dyspareunia (16.7%),

orgasm disorder (15.5%), sexual disorder related to general medical condition (15.5%), vaginismus (9.7%), "large vagina" (2.3%) and partner erectile dysfunction (0.3%). 3.8% of the women who sought our service didn't meet the diagnostic requirements of FSD.

**Conclusion & recommendations:** The sexual health of women is an important study for public health, as it promotes a reduction of expenses and an increase in the quality of life. In Brazil there are few services for this type of care and there is a general lack of knowledge about human sexuality.

**Keywords:** Female sexual dysfunction, Sexual violence against women, Populational characteristics

**Conflict of Interest and Disclosure Statement:** None

## Prevalencia y Caracterización de la Eyaculación Femenina. Estudio de Corte Transversal. En Mujeres Colombianas del Quindío. 2012 A 2016

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**Introducción:** La eyaculación femenina es un fenómeno caracterizado por la salida de un líquido, diferente a la orina, a través de la uretra, en el momento en que sucede el orgasmo en la mujer.

**Objetivo:** Determinar la prevalencia de la eyaculación femenina, en un grupo de trabajadoras sexuales, y evaluar las características físico químicas del fluido uretral expulsado.

**Metodología:** Estudio observacional, descriptivo transversal, prospectivo, con 78 mujeres trabajadoras sexuales. Se enrolaron mujeres entre 18 y 39 años, atendidas en entre enero del 2012 a junio del 2016. Se incluyeron mujeres sin incontinencia, sin infecciones de transmisión sexual o vaginosis, y no gestantes ni en puerperio. Se excluyeron mujeres con antecedentes de cirugías pélvicas, enfermedades mentales, cáncer de origen ginecológico y las que habían sido sometidas a radio o quimioterapia. Se midió la prevalencia de la eyaculación femenina, y se evaluaron las características físico químicas de dicha secreción (ácido cítrico, fosfatasa ácida, fructosa, PSA, volumen, viscosidad, osmolaridad, densidad y pH).

**Resultados:** La edad promedio en años era  $32,6 \pm 8,2$ . La prevalencia de la eyaculación femenina fue del 69,23%. En el análisis físico químico del líquido uretral se encontró que el color varió entre nacarado y gris opalescente, con una osmolaridad de  $269,3 \pm 3,57$  mOsm/Kg, pH de 5,4, densidad de  $1.032$  g/L, la viscosidad fue de 12,75 mm para el filamento y un volumen promedio de 29,73 cc; las sustancias más comunes fueron PSA 0,75 ng/ml con una concentración promedio de fructosa de 12 mmol/L y de ácido cítrico de 729 mg/L.

**Conclusiones:** La eyaculación femenina es una realidad en nuestra población (69,23%); sin embargo, el 30,76% de las mujeres no la presentaron en este estudio, por lo tanto, se requieren estudios complementarios con un mayor número de participantes para evaluar su prevalencia en el país.

**Palabras clave:** eyaculación, femenino, mujeres, orgasmo, próstata, sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno



## Anticoncepcion y Satisfaccion Sexual en Mujeres

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A pesar de que en la actualidad se conocen algunos aspectos relacionados al uso de anticonceptivos en la población mexicana, la relación entre su uso y la satisfacción sexual de las usuarias continúa siendo un tema poco explorado. El objetivo de este estudio fue explorar la relación entre el método anticonceptivo utilizado y la satisfacción sexual en una muestra de mujeres usuarias de métodos anticonceptivos. Se trató de un estudio correlacional, no experimental y transversal en que se utilizó una muestra no probabilística de 1140 mujeres de entre 18 y 49 años de edad. La satisfacción sexual fue evaluada mediante el Inventario de Satisfacción Sexual (Álvarez-Gayou, Millán y Honold, 2005), al cual se agregaron preguntas sociodemográficas y sobre el uso de métodos anticonceptivos. Los resultados muestran que el 25.6% de ellas usa anticonceptivos orales, el 13.1% ha usado un dispositivo Intrauterino (DIU) y 26% usa preservativo. El tiempo de uso del método, para el 28.7%, fue de entre

1 y 3 años; para el 23.9%, de más de 5 años; y para el 18.5%, de menos de 6 meses. La media obtenida en el inventario de Satisfacción Sexual fue de 120.95 puntos (mayor a la media establecida en la validación del instrumento). Las mujeres con mayor satisfacción sexual fueron las usuarias de DIU (M= 121.3), seguidas por las usuarias de métodos hormonales (M= 121.2), y las usuarias de preservativo (M= 120.6). No se encontró relación entre la satisfacción sexual, la edad o tiempo de uso del método anticonceptivo. Estos resultados permiten concluir sobre la necesidad de continuar con el estudio de la sexualidad en mujeres usuarias de métodos anticonceptivos para tener una mejor perspectiva en la consejería en planificación familiar.

**Palabras clave:** Satisfacción sexual, métodos anticonceptivos, planificación familiar

**Conflicto de interés y declaración de divulgación:** Ninguno

## Validity, Reliability and Optimal Cutoff Value of Persian Version of Arizona Sexual Experience Scale (Male Version)

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**Background:** Despite striking prevalence of sexual dysfunction among general population, valid and reliable questionnaire in Persian language regarding assessment of this malady is lacking. Aim of current study is to assess, Validity, Reliability and Optimal Cutoff Value of Persian Version of Arizona Sexual Experience Scale (ASEX) among male patient.

**Materials and Methods:** 84 male participants at base line and 67 participants were assessed one week

after initial assessment. Validity and reliability of ASEX were assessed among male patients, who referred to sexology clinics at Imam-Khomeini Hospital, Roozbeh Hospital, and Shariati Hospital.

**Results:** Chronbach's alpha (0.831) showed promising internal consistency between items of Persian version of ASEX. With respect to assessment of reliability of this test Paired t-test was chosen, which showed high correlation between test and retest scores (0.993).

Difference between test and retest scores was not statistically significant ( $P = 0.766$ ). Spearman's rank correlation coefficient was estimated as 0.990 ( $P < 0.0001$ ).

**Conclusion:** Cutoff point of 11 (out of 20) with specificity of 100% and sensitivity of 95% was estimated via ROC curve. ASEX edited Persian version (male

version) shows promising validity and reliability with respect to screening sexual dysfunction disorders.

**Keywords:** Arizona Sexual Experience Scale, Sexual measures, Sexual inventories

**Conflict of Interest and Disclosure Statement:** None

## Construction of a Multidisciplinary Service for Female Sexual Health Care

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**Introduction:** Brazilian legislation allows abortion to be performed in women who are raped, but there are few services that perform this procedure due to numerous administrative, technical and moral difficulties. In addition, public services that treat patients with female sexual dysfunction (FSD) are rare. The prevalence of women suffering from sexual violence or sexual dysfunction is high (20–40%). This study presents the creation and development of an unprecedented, multidisciplinary service in a public hospital for the care of women victims of sexual violence (VSV), legal abortion and FSD. It is a reference in the state for assistance, teaching and research on female sexual health, including for the training of professionals and students in the health area.

**Population and configurations:** This study analyzes the process of a multidisciplinary service in a public hospital, which serves patients with problems in the area of female sexual health with different professionals: doctors, nurses, psychologists, psychiatrists, social workers and physiotherapists. Promotes technical training, continuing education and research for professionals of the hospital and other services.

**Outcome** In the implementation of the service, patients treated in different situations (more than 1000 per year / for 8 years) were included: victims of sexual violence, legal abortion and female sexual dysfunction. A progressive number of abortions were performed. High resolution rates on FSD. Structuring of attendance protocols and realization of teaching and research partnerships in the respective areas. Interdisciplinarity was one of the indicators for success.

**Discussion and Recommendations:** It is demonstrated how the construction of a service with unprecedented characteristics in female sexual health and with few resources was demonstrated. Presenting challenges and advances, as well as the strategies that have consolidated the service. This parallel encourages the creation of other services for this purpose. Expanding access and giving visibility to women's sexuality ensures their sexual rights.

**Keywords:** female sexual health, multidisciplinary service, sexual medicine

**Conflict of Interest and Disclosure Statement:** None

## U on Sex – Rapid Test of Female Sexual Function

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**Introduction & Objectives** Female Sexual Dysfunction (FSD) consists of the inability to have sexual relations with satisfaction for at least, six months. It affects approximately 40% of women. This study aims to present a rapid test – U on Sex – to measure the level of female sexual function (FSF). It is only to facilitate the approach to female sexual health in daily clinical practice. It consists of a test that was created for doctors not specialists in sexuality, to give visibility to the subject, which is little approached, although highly prevalent.

**Method(s)** From a database of 378 women, we developed this rapid test with four items: sexual frequency, orgasm, initiative/sexual interest and pain. The data were adjusted by the Model of the Item Response Theory (IRT). The internal validation of the tool was due to the adjustment in a mixed model.

**Results** Data from the medical records of patients from a sexuality outpatient clinic before and after treatment. Only three out of four items used to create the FSF measure showed discriminatory power: sexual

frequency, orgasm and sexual initiative/interest. The item pain did not show any variation among women with low or high sexual function. The rapid test with few questions, provided the best discriminatory result in the group of women with intermediate severity levels, which is more difficult to diagnose. It is specifically for identifying the level of FSF.

**Conclusions & Recommendations** The test is particularly good at identifying women with an intermediate level of sexual function. Its items evaluate functionality. Despite of being an important complaint, pain was not discriminatory in assessing the level of FSF. The U on Sex is a rapid and simplified test that can be applied by non-specialists, it was validated by robust methodology and can be used in daily clinical practice.

**Keywords:** Female Sexual Function, Validated Questionnaires, Screening Tests

**Conflict of Interest and Disclosure Statement:** None

## Female Sexual Function Index of the Japanese Women and the Determinant Factors – Analysis of the Family Relationships

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**Introduction & objectives:** The previous studies found that Japanese women on average have lower sexual functioning measured by FSFI from the perspective of international comparisons. However, the factors which affect the low functioning have not yet been clarified, therefore the methods and clinical interventions to improve the sexual functioning are difficult to implement. The interdisciplinary team of the researchers in medical science, clinical psychology and sociology

investigated Japanese women's FSFI and various items that may affect it.

The objectives of this study were to clarify the factors of the low sexual functioning of Japanese women.

**Method(s) & Sample:** The survey is questionnaire-based, and cross sectional. The participants are the Japanese healthy women aged 20-39. Approximately 100 women are being recruited to the survey from March to August 2019, with the snowball sampling

methodology. The questions include general information, questions of FSFI, various topics of lifestyles, relationships, sex experiences, and ideas on sexuality.

**Results:** The high number of participants reported sexual abuse by non-family members and some of them scored high in the domains of desire and arousal, but low in lubrication, orgasm, satisfaction. The same applies to women, who score low in lubrication, orgasm, satisfaction, and at the same time declare that their partners contributed to the reason, why they do not enjoy sexual activities. More detailed analysis reveals a wide scope of sexuality phenomena and FSFI results in Japanese women.

**Conclusion & recommendations:** The preliminary results suggest significant link between low FSFI scores and negative attitudes, as well as a lack of positive experiences with partners.

This presentation aims to deepen the understanding of generally low FSFI in Japan, as well as it attempts to contribute to better models of culturally specific clinical interventions in the Japanese context, helping women to improve on sexual satisfaction and functioning.

**Keywords:** Female sexuality in Japan, sexual satisfaction, sexual functioning

**Conflict of Interest and Disclosure Statement:** None

## Terapia Sexual Combinada en Pacientes con Bloqueo Androgenico Completo

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**Introducción y objetivos:** La terapia de deprivación androgénica (TDA) o Bloqueo androgénico completo (BAC) es el principal enfoque terapéutico para el cáncer de próstata avanzado y metastásico desde los estudios de Huggins y Hodges en la década de 1940 y que le valieron el Premio Nobel de Medicina en 1966.

La disfunción sexual es el efecto colateral más frecuente y que se establece más rápidamente debido a la inmediata caída de los niveles de testosterona circulante. Esta hormona es esencial en el deseo sexual y tiene un papel secundario, pero constante en la función eréctil actuando sobre el metabolismo del óxido nítrico en el complejo endotelio/terminal nervioso/tejido cavernoso.

Nos propusimos combinar el enfoque psicosexual al urológico tradicional, permitiendo no solo recuperar la vida sexual de éstas parejas sino también lograr importantes progresos en la relación sentimental de sus miembros y, de esta manera, lograr impactar en la calidad de vida de pacientes que cursan una enfermedad neoplásica avanzada.

**Métodos y muestra:** Los pacientes se obtuvieron de la consulta urológica al Hospital Privado de Comunidad, Mar del Plata, Argentina y la posterior entrevista de pareja en el Sector de Medicina Sexual. Todas las consultas fueron realizadas por los autores. La terapia sexual consistió en ejercicios de estimulación sensorial con el apoyo del partenaire sexual, el desarrollo de vías de comunicación, diálogo y comprensión para poder sortear la fase de deseo y concentrarse en lograr excitación, sumado a terapia farmacológica pro-eréctil.

**Resultados:** Todos los pacientes tratados refirieron mejoría en su calidad de vida sexual, y del vínculo emocional.

**Conclusión:** La terapia combinada propuesta resultó segura, eficaz y ampliamente aceptada para el tratamiento de la disfunción sexual secundaria a la TDA, permitiendo recuperar la vida sexual de las parejas tratadas.

**Palabras clave:** andrógenos, cáncer, terapia sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## A Multidisciplinary, Team-Based Approach to Women's Sexual Health Practice and Education

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**Introduction & Rationale:** Sexual dysfunction is often complex and multidimensional, yet clinical practice and education related to sexual health care is typically siloed among individual healthcare providers. Multidisciplinary models of healthcare have been shown to be effective in areas such as primary care, obesity management, and cancer survivorship. Within the field of sexual health, a number of studies have also shown promising results using a multidisciplinary framework to treat sexual health concerns, particularly among cisgender women.

**Population & Settings:** Mayo Clinic (Rochester, MN, USA) is a tertiary care, academic medical center treating local, regional, national and international patients presenting for specialized or complex care. The Menopause and Women's Sexual Health (MWSH) clinic, situated within the division of General Internal Medicine (GIM), uses a collaborative, multidisciplinary, team-based approach to treat adult cisgender women with myriad sexual health concerns. In addition to self-referrals, patients are referred to the MWSH clinic from within GIM, Gynecology, Oncology, Cardiology, and Endocrinology.

**Outcome:** Mayo Clinic's MWSH team includes medical providers, physical therapists, a sex therapist,

and nurse educators who coordinate treatment from a biopsychosocial perspective. This approach also involves embedding trainees (e.g., medical students, residents, fellows) in a more diverse and comprehensive treatment model. Thus, in addition to addressing the complex sexual health needs of patients, the MWSH clinic also plays a critical role in educating current and future healthcare providers about sexual health and dysfunction.

**Discussion & Recommendations:** In this presentation, we will briefly review emerging empirical support for a team-based model of care for management of women's sexual health concerns using a biopsychosocial approach. We will also describe and discuss the various aspects of Mayo Clinic's multidisciplinary sexual health care model, including the intersecting role of clinical practice and education.

**Supporting Literature:** Brotto et al., 2015; Goldstein et al., 2013; Rullo et al., 2018

**Keywords:** sexual medicine, sexual dysfunction, female sexual dysfunction

**Conflict of Interest and Disclosure Statement:** None

### Track: 6. Public Health and Public policies

## Protocolo de Actuación en Caso de Detectar Posible Riesgo de Abuso Sexual Infantil en Yucatán: Retos y Experiencias en Educación Preescolar

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**Introducción & justificación:** Tras detectar maltrato y abuso sexual infantil en escuelas preescolares Yucatecas, en 2013 se creó el Protocolo de Actuación en caso de Probable Riesgo, Maltrato o Delito Sexual contra Niñas, Niños y Adolescentes (NNA) para su Aplicación en las Escuelas de Educación Básica del

Estado de Yucatán. Se abordará la actuación al detectar abuso sexual infantil, el papel del servicio público en canalización e importancia de la no revictimización. Se enfatiza la responsabilidad social que debe tener el cuerpo docente en la protección de los DDHH de NNA.

**Proyecto y Población:** La población meta son escuelas de educación preescolar. Al momento de detectar abuso sexual, la escuela deberá aplicar el mencionado Protocolo y realizar acciones para la canalización correspondiente, cuidando y protegiendo a los derechos de NNA, por lo que aunque se dan lineamientos claros de como intervenir, es importante que se cuiden las formas durante el proceso.

**Resultado:** A partir de la aplicación del Protocolo se ha permitido la detección y canalización pertinentes, permitiendo posicionar al abuso sexual infantil como un problema con el que debe trabajarse. Sin embargo se encontraron dificultades en los procesos institucionales de procuración de justicia.

**Discusión & recomendaciones:** Se evalúa su implementación desde el 2014, identificando elementos importantes a cambiar como: creación de red interinstitucional, creación de un banco de datos georeferen-

ciado, puntualizar procesos para evitar revictimización y finalmente, es necesario trabajar con educación integral de la sexualidad (EIS) a manera de prevención.

**Conflicto de interés y declaración de divulgación:** Ninguno

#### Referencias:

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**Palabras clave:** Abuso sexual infantil, Protocolo, Educación

## Political Engagement in Transgender Sex Workers in the United States: Relationships to Sexual and Mental Health

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**Introduction/Objectives:** Though some scholarship has explored the psychosocial experiences of transgender sex workers, researchers have almost never explored the unique strengths in this population. The purpose of the current study is to explore the role of political engagement and activism in the relation to psychological distress, poverty, and physical and sexual health outcomes among transgender sex workers.

**Method/Sample:** This study uses data from the United States Transgender Survey, a nationally representative sample of transgender residents of the United States. A cluster analysis was conducted to identify distinct groups within the participants who reported a history of commercial sex work ( $n = 2,781$  mean age = 32.12,  $SD = 12.0$ ). Results identified three political groups: 1) politically disengaged participants ( $n = 2,115$ ), 2) participants engaged in grassroots polit-

ical efforts ( $n = 914$ ), like protests and collective action campaigns, and 3) participants engaged in traditional political activism ( $n = 416$ ). Differences between these groups were explored in the types of sex work, as well as demographics and rates of poverty, HIV testing, psychological distress, and types of political engagement.

**Results:** On average, grassroots activists were significantly younger than the other two groups. Those disengaged from politics reported the lowest rates of HIV testing and were least likely to know their HIV status. Likewise, those engaged in traditional politics reported the lowest rates of psychological distress and the highest incomes. The three groups reported different types of sex work engagement.

**Conclusion/Recommendations:** These results demonstrate heterogeneous experiences of political



engagement among transgender sex workers, as well as unique risk and resilience profiles within this population. In particular, those sex workers involved in traditional political activism report lower rates of psychological distress and the highest rates of HIV testing, as well as the greatest financial security.

Implications for transgender healthcare will be explored.

**Keywords:** transgender, sex work, political engagement

**Conflict of Interest and Disclosure Statement:** None

## Estado Actual de la Estrategia para la Integración Social de las Personas Trans en Cuba

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**Introducción:** en el año 2005 se constituyó la Comisión Nacional de Atención Integral a Personas Transexuales (CNAIPT) con el objetivo de desarrollar un modelo de atención y tratamiento integral de salud que corresponda con los estándares internacionales y las características del sistema de salud cubano.

**Objetivo:** caracterizar la atención brindada a personas transexuales y transgénero por la CNAIPT.

**Métodos:** sistematización, análisis de contenido y comparado y grupo focal.

**Hallazgos y discusión:** en los primeros años de funcionamiento de la CNAIPT, las investigaciones realizadas se centraron en el área de la familia y la experiencia de construcción de la identidad transexual y transgénero, además se diseñaron y socializaron las pautas de atención psicológicas que regirían el servicio de atención integral. Se llevó a cabo la actualización del enfoque teórico y metodológico de la Comisión con la intención de transitar del paradigma biologicista y patologizador a un paradigma social y de derechos humanos. Esta actualización derivó en la propuesta de una Estrategia para la Integración Social de las Personas Transexuales que tiene como principios el

reconocimiento y respeto a la diversidad de identidades de género, la no discriminación, la igualdad de oportunidades y de resultados, la garantía de derechos y la interseccionalidad. Las pautas de atención propuestas en el 2008 se encuentran en proceso de revisión para su actualización y puesta en práctica a partir de los estándares internacionales. A su vez, la estrategia está en fase de implementación, brindándosele prioridad al diseño de programas de capacitación para los profesionales miembros de la CNAIPT.

**Recomendaciones:** incorporar los resultados obtenidos por la investigación en el quehacer de los miembros de la Comisión y en la actualización de los programas para la formación de los mismos. Garantizar la adhesión a las pautas para el acompañamiento a las personas trans, una vez sean actualizadas.

**Palabras clave:** transexualidad, estrategia de integración

**Conflicto de interés y declaración de divulgación:** Ninguno

## Contraception Atlas – Tracking European Government Policies on Reimbursement and Online Information on Contraception

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The Contraception Atlas (<https://www.contraceptioninfo.eu/>) is a research project investigating how European public authorities perform in three categories: access to contraceptive supplies, family planning counselling and online information on contraception. The results are condensed into a map which scores 46 countries in Europe. The objective of the initiative is to contribute to better access to reimbursed contraception for women in Europe.

Once all countries are analysed on the basis of 15 criteria, sub-divided into the three categories mentioned above, each country is allocated an overall score which corresponds to a specific colour ranging from green to light green for the best scoring countries, to yellow, orange and red for the worst performers.

The main findings of the Contraception Atlas reveal that Belgium, France and the UK ranked best of the 46 countries surveyed. A major factor setting these states apart is general reimbursement schemes which cover a range of contraceptive supplies, including LARCs. They have additional policies to improve access to contraception for young people and vulnerable groups, such as low-income women. Excellent government-supported websites are also a feature of these top performers.

– All 46 countries researched must do more in providing comprehensive information and reimbursement for contraception improve access to contraception and to decrease UIPs.

– The popular (at time populist) myth that contraception in Europe leads to lower fertility rates does not hold up to scrutiny as the countries with the best access to contraception (Belgium, France and UK) have a combined fertility rate of 1.9 compared to Greece, Belarus and Bulgaria, coming last in the Contraception Atlas.

– All European countries must do more in providing comprehensive information and reimbursement for contraception; Unintended pregnancy is an avoidable burden for

European states;

– Schemes offering reimbursement for long-acting and reversible contraception are powerful in increasing access to effective contraception.

**Keywords:** Contraception, Reimbursement, Online information

**Source of Funding:** MSD

**Conflict of Interest and Disclosure Statement:** None

## Sexuality Education History in Quebec

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Education in Canada is a competence that remains under the responsibility of its provinces. However, few studies have focused on the history of public policies in the field of sexuality education in the province of Quebec and likewise, aimed at the majority of francophone Canadians. Sexuality education is a research object that requires an intersectoral view since a multitude of professionals are involved in school-based sexuality education. For example, nurses, teachers,

sexologists and other professionals are required to work together. This communication aims to outline the history of the institutionalization of sexuality education within public policies in Quebec, through its educational and health ministerial guidelines.

A discursive approach of public policies was used to analyze these discourses as the result of a negotiation between different players who are opposed to one another concerning the ideological object that is

sexuality (Durnova & Zittoun, 2013). Different primary sources were analyzed: public documents of the Health and Education ministries of the 20th and 21st centuries, reports published by public or private authorities to guide ministerial decision-making as well as sexuality education curriculums.

Results show that 4 phases of sexuality education in Quebec are to be distinguished in order to better understand its history: 1) a pre-institutionalization phase when the free flow of information regarding sexuality was decriminalized and legitimized (among

families and academics); 2) an emergence phase in 1980–2000 when the first sexuality education program was created; 3) a withdrawal phase in 2000–2015 that came with a pedagogical renewal and 4) a return phase with the announcement of a new curriculum in 2010, that was put in practice in 2015.

**Keywords:** sex education, sexual health, public policies

**Source of Funding:** Vanier Canada Graduate Scholarship.

**Conflict of Interest and Disclosure Statement:** None

## Parents of Transgender Children: A Gap Between Needs and Services?

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In social contexts often hostiles, parents of trans children have to make decisions for them concerning their personal, social, legal and medical transition. In addition to being at risk of stigma and isolation, these parents fear that their children will be marginalized or subjected to violence. However, few health and social services professionals are trained or sensitized to the specific needs of trans people and their surroundings.

Through the stories of eight parents of trans children, this research aims to document the views of these parents by exploring their trajectory in services, identifying the resources they have used, and analyzing the impact of services in their lives and in the support they give to their trans child.

Stories analysis is based on the theories of clinical psychology, feminism, and social work. The concept of theoretical maltreatment raises questions about transi-dentity in health and social services and the interventions that flow from it. The feminist perspective promotes critical analysis of the social construction of

gender-based roles and the narrative approach emphasizes the meaning that parents attribute to their service experience in relation to their personal and family life.

The data collected demonstrate significant gaps in the public health and social services: scarcity of services, delays, inadequate conceptual tools and inappropriate practices. On the other hand, the services received have important repercussions on the personal and family life of parents, but also on the accompaniment of their child and its difference. Therefore, it is important for all professionals to adopt trans-affirmative approach in the accompaniment to these families and to take into account the views of parents in the development of services and policies affecting them and their trans children.

**Keywords:** parents of trans children, health and social services, narrative approaches

**Conflict of Interest and Disclosure Statement:** None

## Patrón de Comportamiento Sexual en Universitarios con Precedente de Embarazo

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**Introducción:** en México, los jóvenes conforman cerca del 25% de nuevas infecciones por VIH (CENSIDA, 2018) debido a sus prácticas sexuales e inconsistencia en el uso del preservativo. El embarazo no planeado y las ITS/VIH, son consecuencias directas de los patrones de comportamiento al momento de ejercer una vida sexual activa (CONAPO, 2011). Así, la conducta de los jóvenes, podría incrementar el potencial de riesgo para el contagio por ITS/VIH a partir de las acciones que llevan a cabo para relacionarse sexualmente con una pareja.

**Objetivo:** comparar el patrón de comportamiento sexual entre universitarios quienes han tenido, y no, un precedente de embarazo con el propósito de identificar factores de riesgo para la salud sexual.

**Método:** Muestreo aleatorio-estratificado de 16 carreras. Participaron 787 universitarios con experiencia sexual y se evaluaron: las condiciones de la primera relación sexual, el comportamiento sexual en los últimos 3-6 meses y otros indicadores de riesgo. El instrumento utilizado fue la Encuesta Estudiantil de Salud Sexual (Robles y Díaz-Loving, 2011).

**Resultados:** los universitarios con precedente de embarazo debutaron sexualmente a una edad más

temprana, han tenido mayor número de parejas sexuales, mayor frecuencia de relaciones vaginales, de relaciones sexuales sin usar preservativo e ITS en comparación con quienes no tienen precedente de embarazo, siendo significativas estas diferencias.

**Conclusión/Recomendaciones:** el riesgo para quienes tienen precedente de embarazo inició desde la edad del debut sexual, se mantuvo en el presente por sus prácticas sexuales, generando consecuencias como la adquisición de ITS y/o por supuesto, el embarazo. Implementar programas preventivos para entrenar habilidades para la prevención podría representar un medio para dotar a los jóvenes con recursos para hacer frente a las situaciones de riesgo. Asimismo, el seguimiento puntual de adolescentes con precedente de embarazo será relevante para prevenir otros riesgos en la salud sexual a corto plazo.

**Palabras clave:** Salud-sexual, Embarazo, Adolescente

**Fuente de financiamiento:** Trabajo realizado con apoyo del Programa UNAM-DGAPA-PAPIIT-IA301616.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Abordaje de las Violencias Basadas en Género desde los Servicios de Salud Sexual y Reproductiva: El Caso de Profamilia, Colombia

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**Introducción y justificación:** Las Violencias Basadas en Género son un fenómeno multidimensional que afecta cerca de 30.000 mujeres cada año en Colombia. En otras palabras, 73 mujeres diarias y tres cada hora sufren alguna forma de violencia de género. Ante la urgente necesidad de adaptar los servicios de salud sexual a las necesidades y circunstancias de las víctimas, Profamilia diseñó e implementó un programa para la

atención centrado en las víctimas de estas formas de violencias.

**Población y entornos:** Las víctimas de violencias basadas en género identificadas fueron en su mayoría mujeres (85%), menores de 18 años (86%) y atacadas en su lugar de residencia (76%). Entre los grupos vulnerables se encuentran las mujeres con discapacidad, los niños, niñas y adolescentes en situación de

abandono o desplazamiento, los consumidores de sustancias psicoactivas, trabajadoras sexuales y la población LGTBI.

**Resultado:** El programa de Violencias Basadas en Género fue implementado tuvo como propósito el desarrollo de capacidades y fortalecimiento del personal en la detección, atención, acompañamiento y articulación intersectorial mas allá de los servicios de salud. La detección de casos aumentó de 2.537 en 2017 a 4.844 en 2018. En el semestre 2018-I se detectaron 1.466 casos, y luego del fortalecimiento del personal en el semestre 2018-II: 3.378 casos.

**Discusión y recomendaciones:** A pesar que Colombia tiene un marco legal amplio entre leyes y políticas de prevención de violencias de género que

permiten dinamizar su abordaje, muchos de éstos lineamientos no llegan fácilmente a los prestadores de servicios de salud. Una explicación racional es la ausencia de mecanismos necesarios para su implementación. Sin embargo, Profamilia el ejemplo de Profamilia puede ofrecer oportunidades para el abordaje de las violencias basadas en género a través de los servicios de salud sexual y reproductiva.

**Palabras clave:** Violencias Basadas en Género, Salud Sexual, Articulación intersectorial

**Fuente de financiamiento:** Profamilia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Exploring the Concept of Sexual Wellbeing

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**Introduction and Objectives:** The concept of sexual wellbeing has received considerable attention recently. Many studies that aim to measure sexual wellbeing in fact measure related concepts, such as satisfaction, pleasure. No multi-faceted measures of sexual wellbeing suitable for population health exist, nor are there meaningful insights into how these related concepts coalesce. In 2007, a World Health Organization/United Nations Population Fund working group on sexual health indicators reviewed ‘sexual wellbeing,’ but like others, failed to agree on how best to conceptualize and measure it. There is confusion about how sexual wellbeing differs from sexual health, a situation not helped by the circularity of the WHO definition of sexual health as “a state of physical, emotional, mental and social wellbeing related to sexuality.” We argue that sexual wellbeing can and should encapsulate the totality of factors relevant to public health. We will establish the relevance of sexual wellbeing to public health, distinguish it from sexual health and related concepts, and propose a multi-dimensional model for operationalizing it.

**Approach:** Using a public health lens to explore the concept of sexual wellbeing, we draw on literature from across the public health sciences, combined with recent qualitative fieldwork, and the authors’ reflections based on many years in sexual health research. We discuss seven candidate conceptual domains within the concept of sexual wellbeing: security, respect from others, resilience, forgiveness, self-esteem, self-determination, and comfort.

**Conclusions:** In public health, there remains a strong focus on risk and adverse outcomes and an enduring discomfort around sexual pleasure. The promotion of sexual wellbeing, not only as a legitimate goal for sexual health, but as a legitimate aspect of general wellbeing, is currently impeded by conceptual confusion and lack of suitable methods. This paper aims to equip researchers with stronger means by which to address this ideological issue.

**Keywords:** sexual wellbeing, sexual health, public health

**Conflict of Interest and Disclosure Statement:** None

## Violencia de Pareja: Efectos en la Salud Sexual en Adolescentes

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**Introducción:** La violencia que ocurre en el contexto de las relaciones románticas es un problema social y de salud pública que ocasiona daños en la salud física, psicológica y sexual y reproductiva de los adolescentes, no obstante, se requiere profundizar en el tema, con la finalidad de diseñar programas preventivos y de intervención eficientes que coadyuven en su erradicación.

**Objetivos:** 1. Estimar la prevalencia de violencia de pareja (psicológica, sexual, física y económica/patrimonial) en adolescentes residentes de la Ciudad de México. 2. Conocer el papel predictor de la violencia de pareja en la salud sexual en adolescentes residentes de la Ciudad de México.

**Método:** Estudio transversal, cuantitativo.

**Muestra:** Colaboraron de manera confidencial y anónima 741 adolescentes, 364 (49.1%) son hombres y 377 mujeres (50.9%) con antecedente de pareja; la edad promedio es de 16.04 años (D.E.=1.68). Todos son residentes de la Ciudad de México y Área Metropolitana.

**Resultados:** La prevalencia de violencia de pareja se distribuye de la siguiente manera: abuso psicológico (48%); abuso físico (25%); violencia sexual (14%) y

violencia económica y patrimonial (12%). Respecto a los estimadores de la salud sexual, se encontró que las infecciones de transmisión sexual se predicen por la violencia de pareja, con 11% de la varianza,  $F(1, 442) = 56.43$ ,  $p < .000$  y también predice las actitudes favorable hacia las conductas sexuales de riesgo que explica el 13% de la varianza  $F(1, 442) = 5.613$ .

**Conclusión:** Los hallazgos de este estudio plantean que los adolescentes son receptores de violencia de pareja, lo que afecta los patrones de interacción durante la relación, afectando severamente el bienestar y calidad de vida, lo que conlleva a tener efectos negativos en la salud sexual.

**Recomendaciones:** Se sugiere instrumentar programas sociales y políticas públicas que atiendan a dicho grupo etario, a través del fomento de relaciones interpersonales saludables y equitativas.

**Palabras clave:** violencia de noviazgo, adolescencia, Ciudad de México

**Fuente de financiamiento:** DGAPA. PROYECTO PAPIIT IN306417.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexual Abuse of an Underage Boy and Girl – Case Reports and Way of Argumentation

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**Introduction & objectives:** Sexual abuse of children is a growing problem of great importance nowadays. It can have devastating consequences for their lives. Early detection and proper judiciary procedures are crucial to avoid future consequences. But, on the other hand, some accusations are false. An important issue for judges is how to distinguish what is true and what is

false. Questions of courts and answers of experts are crucial for solving a case.

**Method(s) & Sample:** The analysis was based on Polish legal system (i.e. art. 200–202 Penal Code, art. 185 Code of Penal Procedure). Questions and answers of judges and experts, their arguments from two cases were analyzed. These documents were recorded as



audio-video files or were available only in writing. In each of these cases, several opinions were prepared. All questions and statements were checked to identify semantic, logical and terminological errors.

**Findings & discussion:** The most important mistakes were: assuming conclusions as premises, using terminology outside psychiatric and psychological knowledge, logical errors. In addition, biases and

manipulations were identified. Some mistakes were also found in juvenile hearings.

**Recommendations:** A list of important questions as well as strategies of argumentation were proposed. They can help experts and lawyers in the proper performance of their duties.

**Keywords:** sexual abuse, juveniles, judiciary opinion

**Conflict of Interest and Disclosure Statement:** None

## Desarrollo e Implementación de Una Línea de Acción de la Política Nacional de Salud Sexual y Reproductiva de Chile

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**Introducción:** La nueva Política Nacional de Salud Sexual y Reproductiva de Chile, publicada el 2018, se enmarca en los Objetivos de Desarrollo Sostenible al 2030 y el Consenso de Montevideo sobre Población y Desarrollo (2013), la cual consideró determinantes sociales y el curso de vida como enfoques. Entre sus estrategias de acción prioritarias están el establecer un Programa de Salud Sexual y Reproductiva en la red de prestadores públicos de salud; siendo uno de sus objetivos fomentar el desarrollo de competencias y capacitación de equipos de salud, garantizando personal con capacidad técnica y relacional para reconocer la legitimidad de todos los seres humanos.

**Objetivos:** Implementar uno de los objetivos de las estrategias de acción prioritaria relacionado con desarrollo de competencias y capacitación.

Definir aprendizajes mínimos a desarrollar por equipos de salud capacitados.

Diseñar cápsulas educativas virtuales como estrategia de capacitación para equipos de salud en Chile.

**Métodos:** Se conformó una comisión técnica que definió la metodología de capacitación a utilizar, los contenidos mínimos de unidades educativas y resultados de aprendizaje. El diseño consideró la elaboración de dos cápsulas educativas. Cada cápsula estaba

diseñada con una matriz de aprendizaje que consideraba contenidos y resultados de aprendizaje; la primera cápsula abordaría aspectos básicos de la Sexualidad e instrumentos de screening. La segunda consideraba aspectos breves de las Inadecuaciones y Disfunciones Sexuales, e impacto en la calidad de vida.

**Hallazgos y Discusión:** El diseño de cápsulas virtuales permitió dar cuenta de uno de los objetivos relacionados con la capacitación y formación de recurso humano. La matriz de aprendizaje facilitó definición de objetivos de aprendizaje, permitiendo evaluar el desarrollo o no de competencias mínimas a tener en esta área.

**Recomendaciones:** La estrategia de capacitación es una alternativa en salud pública. Se hace necesario tener seguimiento y sistematización de esta experiencia a nivel ministerial.

**Palabras clave:** Aprendizaje, Competencia, Capacitación

**Fuente de financiamiento:** Ministerio de Salud de Chile

**Conflicto de interés y declaración de divulgación:** Ninguno

## Borderline Rights: The Effect of Neighbor Restrictions on Border County Abortion Provision in Illinois

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In 1973 the Supreme Court decision in *Roe v. Wade* declared the criminalization of abortion unconstitutional. The opinion preserved space for states to exert interests in regulating abortion, particularly as pregnancies developed. Over the following decades states have constructed “a latticework of abortion law, codifying, regulating and limiting” women’s access to abortion. Over the past decades states have sought to exert their interests through a variety of requirements on care facilities, care providers, type of procedure, public and insurance funding, counseling restrictions, waiting periods, and mandatory agreement from those other than women themselves. In the midwest, only the state of Illinois is recognized as a protected access state in terms of abortion. Neighboring states of Wisconsin, Indiana, Kentucky, and Missouri are classified as severely restricting access, and Iowa recently passed one of the most restrictive abortion laws to date. Do abortion restrictions in neighboring states tend to raise the number of abortions provided in Illinois? If so, do increases tend to cluster within border counties? We construct a legislative database documenting the timing

of abortion restrictions in the states bordering Illinois to document the timeline of restrictions and calculate their intensity. Using data from the Illinois Department of Public Health, we then evaluate general trends in abortion provided in Illinois and the recorded numbers provided to women out of state or of unknown residence, and trace the numbers of reported abortion performed at the county level from 1998 to the present to assess the extent to which effects are clustered within border counties with abortion providers. Our findings contribute to our understanding of circumvention opportunities for women residing in restrictive states; add importance to the idea of “spill-over” costs to restrictions typically framed within state rights; and provide insights into the analyses of health outcomes due to abortion restrictions.

**Keywords:** Abortion, Access, Restrictions

**Source of Funding:** University of Illinois at Urbana-Champaign

**Conflict of Interest and Disclosure Statement:** None

## Trabajo del Hogar, un Estado de la Cuestión Sobre su Impacto en la Vida de las Mujeres

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**Introducción & Objetivos:** Históricamente el trabajo del hogar ha sido realizado principalmente por mujeres, ya que éste ha sido promovido como un acto natural y de identidad femenina. Actualmente se ha problematizado sobre esta actividad, permitiendo su reconocimiento como un trabajo, consecuencia de ello las publicaciones en México sobre el tema han

aumentado, dirigiéndose principalmente a explorar las consecuencias que tiene en la vida de las mujeres.

El presente trabajo tiene como objetivo presentar un estado de la cuestión acerca de los hallazgos científicos de las últimas dos décadas sobre el efecto del trabajo doméstico y remunerado a la salud física, emocional y sexual de las amas de casa mexicanas.

**Enfoques:** Se trata de un estudio hemerográfico, se realizó una búsqueda bibliográfica en las principales bases de datos electrónicas, situando la revisión desde una perspectiva psicológica y de salud pública.

**Fuentes:** Se revisaron artículos científicos, tesis de grado y de posgrado cuyo tema principal se relaciona con la salud de las amas de casa. Los términos clave de búsqueda fueron “amas de casa” “salud” “trabajo doméstico”.

**Hallazgos y discusiones:** Las principales conclusiones giran en torno a la comparación de la salud de las amas de casa que se dedican exclusivamente al trabajo del hogar y las que cuentan con un trabajo remunerado, resultado éstas últimas con mejores

indicadores de salud. Entre los hallazgos de la última década se introdujo el concepto de Síndrome de Burnout en la población de las amas de casa, como una condición relacionada al trabajo del hogar. Finalmente condiciones como la depresión, estrés y baja autoestima se han relacionado con la insatisfacción sexual, lo que abre la discusión sobre la posible relación entre el trabajo del hogar con la salud y sexualidad de las mujeres.

**Palabras clave:** Amas de casa, Salud, Trabajo del hogar

**Conflicto de interés y declaración de divulgación:** Ninguno

## Coalición Mexicana LGBTTTI+: Un Desafío Nacional

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**Introducción y justificación:** El movimiento LGBTTTI+ mexicano moderno, comenzó formalmente hace 41 años, con la primera Marcha del Orgullo Gay en 1978 en la Ciudad de México. Poco a poco se fue extendiendo a toda la república, con marchas y acciones específicas en varias ciudades del país. Los esfuerzos de muchos líderes, sin embargo eran aislados y con muy poca coordinación. En 17 de mayo de 2016, el entonces presidente Enrique Peña Nieto, invitó a 50 activistas de todo el país a Los Pinos (Residencial Oficial del Presidente), para presentarles una propuesta que él impulsaría, en apoyo a los derechos del colectivo LGBTTTI+. A partir de esa reunión y gracias a la herramientas de comunicación moderna Whatsup, los liderazgos comenzaron a conocerse e intercambiar ideas y propuestas.

**Acción y población referida:** En Enero de 2018, se realiza en la Ciudad de México, la Reunión número 1 de la Coalición Mexicana LGBTTTI+, en donde se formaliza el trabajo conjunto, y se decide como primera acción, elaborar una Agenda para presentar a los candidatos para la elección de julio 2018. Varios

candidatos a elección a nivel municipal, estatal y federal se comprometen con la Agenda presentada. En octubre 2018, se realiza la Reunión 2 de la Coalición, nuevamente en la Ciudad de México, donde se elige un gobierno provisional.

**Resultado:** Actualmente la Coalición esta trabajando en forma efectiva en casi los 32 estados del país y muy pronto se realizará la Reunión 3, en donde se definirá un órgano de gobierno definitivo.

**Discusión y recomendaciones:** Ante los embates de los grupos conservadores en América Latina, se requiere que en México y en todo el continente, los liderazgos LGBTTTI+ se amalgamen y logren una sinergia colectiva, para continuar con el avance de los derechos sexuales y reproductivos.

**Palabras clave:** coalicion, LGBTTTI, Mexico

**Fuente de financiamiento:** AHF

**Conflicto de interés y declaración de divulgación:** Actualmente la autora es co-secretaria de la Coalición Mexicana LGBTTTI+.

## Predictors of Adherence to HIV Post-Exposure Prophylaxis and Retention in Care After an Episode of Sexual Violence in Brazil

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**Introduction & objectives:** Studies have shown that adherence to non-occupational post-exposure prophylaxis (nPEP), among sexual violence (SV) victims and retention in care after SV represent significant challenges. This study aimed at identifying predictors of adherence to nPEP and retention in clinical-laboratory follow-up among SV victims in São Paulo, Brazil.

**Methods & Sample:** We conducted a retrospective cohort study of SV victims admitted to care and follow-up at the SV unit of the main reference hospital in São Paulo within 72 hours following the SV episode. Eligible patients were submitted to a standardised protocol that included nPEP, screening and management for other STI as well as emergency contraception. Predictors of adherence to nPEP for 28 days and retention in care until discharge at 180 days after admission were analysed.

**Results:** A total of 199 SV episodes in 197 victims were recorded from January/2001 to December/2013 (156 months). Of those episodes, 167 were eligible to

receive nPEP and 160 (96%) actually received a prescription. Overall 104/160 (65%, 95CI% 57-72%) SV victims, who received nPEP, were fully adherent to nPEP up to 28 days, whereas 89/199 (45%, 95%CI 38-52%) were retained in care for 180 days following admission. In multivariate analysis, patients undergoing at least one psychological consultation (n = 126) were more likely to adhere to nPEP (adjusted OR 8.32; 95%CI 3.0-23.3) and to be retained in care for 6 months (adj OR 40.33; 95%CI 8.33-195.30) compared to patients not having received psychological support.

**Conclusion & recommendations:** In our cohort provision of psychological care was shown to be associated with enhanced adherence to nPEP and retention in care.

**Keywords:** sexual violence, sexually transmitted infections (STI), retention in care

**Conflict of Interest and Disclosure Statement:** None

## Aportes de la Sociedad Civil a la Mesa de Salud y Educación Integral de la Sexualidad en Jalisco

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**Introducción & justificación:** La Mesa de Salud y Educación Integral de la Sexualidad (SEIS) en Jalisco se conformó en 2010 para dar respuesta al VIH/ITSs, embarazos adolescentes inesperados y violencias basadas en género, como seguimiento a “Declaración Ministerial Prevenir con Educación 2008-2015” que marcó un precedente en América Latina integrando los sectores salud y educación en la definición de políticas públicas articuladas en torno a la Educación Integral de la Sexualidad.

Desde entonces, la Mesa SEIS ha buscado generar articulación interinstitucional con la colaboración de la sociedad civil, ahora en el marco del Consenso de Montevideo sobre Población y Desarrollo y su Guía Operativa, así como los ODS de la agenda 2030.

**Acción & población referida, Resultado:** La sociedad y el funcionariado de Jalisco mantienen miradas y prácticas de corte discriminatorio, patriarcal, colonialista, adultocéntrico, que impiden que la sexualidad

pueda ser vista y ejercida como un asunto de derechos humanos para adolescentes y jóvenes.

Persiste una cultura paternalista en la relación funcionariado-ciudadanía, que se expresa en programas y servicios que poco se vinculan con los intereses y necesidades de la población.

**Discusión & recomendaciones:** A pesar de algunos esfuerzos, no se ha logrado dar paso a la articulación que trascienda indicadores sectoriales, de manera que en lugar del uso eficiente de recursos, éstos se disgregan y derivan en una función pública complicada e ineficiente.

Este trabajo presenta un análisis de cómo la sociedad civil ha jugado un papel dinamizador en la Mesa

SEIS para ir generado una institucionalidad democrática que se concrete en Educación Integral de la sexualidad y Servicios amigables de Salud sexual y reproductiva para jóvenes como gobernanza.

Cita de la literatura de apoyo

Declaración Ministerial Prevenir con Educación, México 2008

Guía Operacional de Consenso de Montevideo sobre Población y Desarrollo, México 2015

**Palabras clave:** Salud Sexual, Educación Integral de la Sexualidad, Gobernanza

**Conflicto de interés y declaración de divulgación:** Ninguno

## Difficulties of Trans Men in Health Services after their Transition Process

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El Armario Abierto, México

This is a qualitative research project. The investigation consisted in depth interviews that were conducted to 25 trans men between the ages of 22 and 65 years old in Mexico (2015–2018). The objective was to analyze the needs after the transition processes, to make them visible and improve their integration and social well-being in different aspects of their lives. One of the most difficult areas, was the health services. Most of the interviewed did not have genital surgery. Everyone had hormonal treatment and mastectomy.

If nobody notices you, you don't exist, you don't have any rights.

### Conclusions:

- - The needs of trans men are hardly considered after their transition specially when referring to health issues and spaces of separation by gender, such as public restrooms, lab tests, health insurances, going to the gynecologist and getting pregnant.
- Society needs to break its binary gender paradigms to integrate them to society and health care systems.
- - Most health care professionals are not aware of the existence of trans men, hence optimum care for trans men gets compromised due to lack of knowledge on the subject.

- Gynecology services do not include trans men, most of them don't go because of the lack of knowledge of their status.
- Some trans men have to be accompanied by a woman in order to enter the gynecological consultation.
- Some trans men get pregnant. Obstetricians of reproductive health do not include them in their needs (it is considered only for women).
- There aren't medical or clinical history for trans people.
- Trans men became invisible after their transition.
- There aren't campaigns of contraception or sexual transmitted infections for trans men, most of them don't use protection.

Doctors, nurses and health staff need to be trained in sexual diversity. Health services should by law have contemplate the trans population.

**Keywords:** trans men, health care services, no binary bodies

**Conflict of Interest and Disclosure Statement:** None

## La Creatividad y las Artes en la Promoción de la Salud Sexual en Puerto Rico

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**Introducción y Justificación:** Las artes y la creatividad son elementos importantes en los esfuerzos de promoción de la salud sexual y salud pública. Han sido utilizadas en actividades educativas, comunicación en salud, organización, movilización y apoderamiento comunitario, visibilización y voz de grupos marginados, investigación acción y abogacía. De igual forma proveen una excelente alternativa para validar y promover los derechos sexuales.

**Acciones y poblaciones:** A través de la escritura, fotografía, pintura, música, caricatura, teatro, películas, desfiles de moda, se han trabajado con temas relacionados al género, prevención del virus de inmunodeficiencia humana, trabajo sexual, erotismo, prácticas sexuales más seguras, orientación sexual, salud de las mujeres y educación sexual con diversos grupos en la población.

**Resultados:** Estas actividades han contribuido a reconocer la importancia del uso de las artes, creatividad y la clase artística en los esfuerzos para promover la salud sexual y los derechos sexuales como aspectos fundamentales en la calidad de vida de diferentes grupos en Puerto Rico.

**Discusión y Recomendaciones:** Estas facilitan un proceso de concienciación y aprendizaje dinámico,

activo y participativo para la reflexión, transformación y apoderamiento individual y colectivo. Es fundamental incorporar en los currículos académicos de las profesiones de la salud y conducta humana información y actividades que validen y fomenten el uso de las artes y creatividad en intervenciones y proyectos de prevención y promoción de la salud sexual. Es necesario llevar cabo investigaciones y evaluaciones formales y estructuradas de su uso para replicar intervenciones basadas en evidencia.

**Conflicto de interés y declaración de divulgación:** Ninguno

### Artículos:

Clift S (2012), Creative arts as a public health resources: moving from practice-based research to evidence-based practice. *Perspective in Public Health*. May. Vol. 132 No 3, 120–127.

Avile, N, Acaso, M (2011) Una profesión reconocida en contextos de salud: La educación artística. *Arte, Individuo y Sociedad*. Vol. 23, No. Especial, 19–27.

**Palabras clave:** Arte y Creatividad, Salud Sexual, Puerto Rico

## The Way Research has Contributed to Change Abortion Law after the Referendum in Ireland

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The Irish referendum on taking out the Eight amendment of the abortion law turned out to be a historic moment for reproductive rights in Ireland. Evidence collected via data of Irish women, who filled in an online consultation at Women on Web, an online telemedical abortion service, were used to inform policy debate and public discourse.

In this presentation will be discussed both quantitative and qualitative findings, about how women in Ireland access abortion and their experiences in self-managing online telemedicine. Attention will be given on how this information led to change the law in a drastic way to legalize abortion up to 12 weeks.



Important is to notice that Ireland used to have one of the strictest abortion laws in the world.

A link will be made with Mexico, where, in March 2019 the President announced he wants to have a referendum to decriminalize abortion up to 12 weeks in all 32 states of Mexico. With the exception of Mexico City, abortion is still criminalized unless the pregnancy results from rape or if it endangers the woman's health

and life or because of foetal abnormalities. Could research be helpful to change legal frameworks, course of action and social construction around abortion this country?

**Keywords:** referendum, abortion laws, research

**Conflict of Interest and Disclosure Statement:** None

## Revisión Histórica de la Profesión de Matrona en Chile

Andrea Silva Urzúa

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Cuando se observa el presente de la profesión de Matrona/on en los diferentes países del mundo, se encuentran distintas realidades. Mientras en algunos lugares las matronas están sólo relacionadas al acompañamiento durante parto y puerperio, en otros han logrado expandir su rango de acción.

Este documento pretende investigar los procesos que han llevado a las matronas en Chile a profesionalizar su carrera. La última edición de los objetivos de desarrollo sostenible de la OMS recomienda fortalecer el trabajo de las matronas. Por ende, esta revisión podría servir como referencia para otros países.

Se ha realizado una revisión histórica en la cual se evaluaron las variables de Ámbito de competencia, Número de profesionales ejerciendo la carrera y Estructura legal desde la creación de la primera escuela de matronas en 1834 hasta hoy.

Las fuentes utilizadas corresponden a Informes de organizaciones internacionales (ICM, OMS, PAHO), revistas y publicaciones del área (WAS, Elsevier, Sohog) y la Biblioteca del congreso nacional.

Los hechos recopilados en esta revisión histórica a juicio de la autora, muestran la ocurrencia de tres hitos

que marcan la expansión de las matronas en Chile. El primer hito corresponde a la serie de cambios políticos, económicos y sociales ocurridos a principios del siglo XIX en el sistema de salud que se dieron como reacción a las altas tasas de muertes materno fetales y la baja asistencia del parto. Fue debido a esta emergencia sanitaria que la labor se profesionalizó. El segundo hito fue la incorporación de las políticas de control de la fertilidad y la planificación familiar entre los años 1960-1973, habilitándolas para la prescripción de medicamentos anticonceptivos. El tercer hito fue la incorporación del Control Ginecológico Preventivo por Matrona en el año 1980, facultándolas para la pesquisa y diagnóstico de Cáncer Cérvico Uterino y Cáncer de Mamas.

**Palabras clave:** matrona, Chile, salud pública

**Conflicto de interés y declaración de divulgación:**

The author is currently working at Cesfam Las Mercedes, Santiago de Chile and is also member of Fundación Educación sexual Ahora (NGO) and member of WAS.

## Polémicas y Aprendizajes en Torno al Libro “100 Preguntas Sobre Sexualidad Adolescente”

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**Introducción:** El año 2016 la Ilustre Municipalidad de Santiago de Chile, desde su programa de políticas públicas en salud “Santiago Sano”, elaboró el libro “100 preguntas sobre sexualidad adolescente” con el objetivo de generar un mayor acceso a información sobre educación sexual para adolescentes. Luego de su lanzamiento este libro tuvo un gran cuestionamiento desde diversos sectores políticos y medios de comunicación, lo cual se mantiene hasta el día de hoy. Esta presentación reflexiona sobre el proceso participativo de creación del libro (con un comité editorial de adolescentes), pero también sobre sus debates, controversias y aprendizajes.

**Población:** El libro se enfocó en adolescentes desde los 14 años en adelante, siendo un proyecto local de la comuna de Santiago de Chile. Sin embargo, su impacto se amplió también a adultos y familias en el acceso a educación sexual.

**Resultado:** Creación de un libro elaborado con un comité de 13 adolescentes, 13 profesionales en un comité de expertos, y un comité editorial transdisciplinario de 9 integrantes, como parte de una iniciativa de políticas públicas en salud. Otro resultado es el impacto mediático que puso nuevamente el desafío de la educación sexual en la discusión nacional.

**Discusión:** En Chile (y latinoamérica) han existido variados esfuerzos por instalar contenidos de educación sexual en el sistema educacional y los medios de comunicación, los cuales no han fructificado por resistencias, prejuicios y conservadurismos. En lugar de eso, existen fuentes informales de información que muchas veces transmiten ideas erradas, discriminaciones y sexismos atentando contra un desarrollo sexual integral. El compartir la experiencia y aprendizajes de la confección e impacto de este libro puede ser muy útil para futuras iniciativas en políticas públicas en salud y educación.

**Citas:** Municipalidad de Santiago (2016). 100 Preguntas Sobre Sexualidad Adolescente. Municipalidad de Santiago, Santiago de Chile.

**Palabras clave:** Educación Sexual, Políticas Públicas, Adolescencia

**Fuente de financiamiento:** Fondos del Ministerio de Salud de Chile (MINSAL), específicamente desde la Municipalidad de Santiago (2016) con el Programa Modelo de Atención Integral de Salud Familiar y Comunitaria en Atención Primaria del Ministerio de Salud de Chile.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Return-to-Work of Transgender Patients: What do We Know so Far? A Systematic Review

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**Introduction and objectives:** Trans\* is an umbrella term for people identifying with the spectrum of transgenderism. Although return-to-work (RTW) is nowadays a major research domain, clear information of job

re-entry of trans\*patients undergoing a medical transition, is lacking. The objective is to examine several RTW-outcomes (RTW-rate, time-to-RTW, sick days, RTW-experiences) of trans\*patients in existing literature.

**Methods & sample:** Databases concerning health, psychosocial, psychiatric publications as well as grey literature were explored systematically (Pubmed, Embase, EBSCOhost, Proquest, Scopus, and Web of Science). Studies reporting quantitative and qualitative data of adult transgenders combined with RTW outcomes are eligible for inclusion. Titles and abstracts will be independently screened by two reviewers. Agreement between the two independent reviewers will be assessed using Cohen's Kappa statistic. Disagreement of full-text evaluations of the remaining records will be resolved by consulting a third reviewer. Data extraction will be performed in accordance to Cochrane collaboration checklist. Methodological quality will be assessed simultaneously by using the QualSyst tool for quantitative and qualitative research. The GRADE approach will be applied for an overall rating of the body of evidence. The PRISMA guidelines

shall be used to report. A registration of this systematic review in the PROSPERO database is ongoing.

**Results:** Database searches identified 12201 records, whereby after deduplication 8888 records remained. Based on the first Yogyakarta principles we applied an exclusion of publications before 2006, which resulted in 6872 records for screening. Full review results are expected by summer 2019.

**Conclusion & recommendations:** To the best of our knowledge, this is the first study to evaluate RTW in the trans\*patients. This systematic review will serve as a foundation for a mixed methods project examining the barriers/facilitators of RTW in trans\*employees and to provide preventive tools for tailored reintegration in service of occupational physicians and enterprises.

**Keywords:** transgender, return-to-work, systematic review

**Conflict of Interest and Disclosure Statement:** None

## Refugios para Mujeres que Viven de Violencia Sexual

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**Introducción y Justificación:** Los Refugios son un mecanismo articulado eficaz para la prevención y atención de las violencias sexuales y familiares contra las mujeres, brindando atención especializada y multidisciplinaria las 24 horas del día, los 365 días del año, previendo además violencias multidimensionales y feminicidios.

**Proyecto:** Desde hace más de 20 años, los refugios para mujeres que han vivido violencias, han sido un mecanismo para la prevención de los feminicidios y para la atención de las secuelas de las violencias sexuales y familiares que viven las mujeres. En ellos se busca la restitución de derechos, el acceso a la justicia y el ejercicio de todas garantías de las mujeres que han visto violado su integridad y derechos. En los Refugios se atiende a mujeres que debido a la situación de violencia extrema que viven, requieren salir del espacio donde habitan para resguardarse en un espacio seguro, confidencial y especializado, donde reciben atención psicológica, médica, jurídica, social y pedagógica. Las mujeres que han vivido violencia sexual acuden a estos lugares, logrando mediante diversas estrategias y

acompañamientos, su empoderamiento integral y el ejercicio de sus derechos.

**Resultado:** Cada año de atienden aproximadamente 20,000 mujeres, niñas y niños en los Refugios en México, por lo que es indispensable presentar como se brindan las atenciones en estos espacios, mencionando no solo los métodos, sino los resultados en todas las áreas de la vida de las mujeres. Estos espacios atienden desde el enfoque de género, el enfoque de derechos humanos y el enfoque interseccional.

### Citas:

Inmujeres. (2011) Modelo de Atención en refugios para Mujeres víctimas de violencia y sus hijas e hijos. México  
 Figueroa, Wendy (2016) Modelo de Atención de los Centros de Atención Externa de Refugios. México  
 Figueroa, Wendy y Yañez Oscar (2016) Testimoniales de las Mujeres que reciben atención en Refugios. México

**Palabras clave:** Refugios para Mujeres, Violencia Sexual, Empoderamiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## Track: 7. Education

### Promoción de Salud Sexual y Práctica Sexológica: Experiencias de Formación Académica

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**Introducción y fundamentación:** Una de las funciones del Centro Nacional de Educación Sexual (CENESEX) es la formación de recursos humanos en lo relativo a la educación integral de la sexualidad, la salud sexual y los derechos sexuales. La movilidad de los profesionales de la salud, la ampliación de los escenarios de formación técnica y profesional a los policlínicos docentes, así como la persistencia de algunos indicadores negativos de salud sexual.[1-3] justifican la propuesta de superación. El programa de Diplomado Promoción de salud sexual y práctica sexológica acreditado en la Universidad Médica de La Habana se diseñó para mejorar el desempeño de los profesionales del primer nivel de atención de salud.

**Población.** Entre el 2015 y 2019 (tres ediciones del programa) se han graduado 76 diplomantes.

**Resultados, discusión y recomendaciones.** Entre las provincias más beneficiadas se encuentran Mayabeque y Pinar del Río que han sido las que más estudiantes han aportado a la matrícula. El Análisis de la Situación de Salud Sexual de los diferentes territorios permitió diseñar e implementar los planes de medidas para revertir los problemas de salud sexual identificados. Las presentaciones de casos con malestares y

problemas sexuales permitieron identificar los límites existentes para el abordaje de estos en los servicios de salud sexual en los territorios analizados. Se recomienda realizar un seguimiento de los egresados para poder identificar en qué medida la formación se traduce en un mejoramiento de los servicios de salud sexual en sus territorios.

**Fuente de financiamiento:** Fondo de Población de Naciones Unidas

UNICEF. Multiple Indicators Clusters Survey 4. Cuba. New York: UNICEF; 2012 [citado 22 Nov 2017]:61. Available from: <http://www.sld.cu/sitios/dne/verpost.php?blog>

Ministerio de Salud Pública. Anuario Estadístico de Salud de Cuba. La Habana: MINSAP; 2012 [citado 3 Abr 2013]: 166. Disponible en: [http://files.sld.cu/dne/files/2013/04/anuario\\_2012.pdf](http://files.sld.cu/dne/files/2013/04/anuario_2012.pdf)

Gran Alvarez Miriam Alicia, Torres Vidal Rosa María, López Nistal Libia Margarita, Pérez Leyva María Elena (2013) Fecundidad, anticoncepción, aborto y mortalidad materna en Cuba. Rev Cubana Salud Pública; 2013, vol.39 supl.1.

**Palabras clave:** promoción de salud sexual, formación académica, análisis de la situación de salud sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

### La Vivencia de la Sexualidad en la Vejez: Un Estudio con Adultos Mayores de la Ciudad de México

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**Introducción & objetivos:** Se presenta el resultado de una investigación realizada en el marco de la Maestría del Programa de Posgrado en Pedagogía de la UNAM. El trabajo indaga sobre la sexualidad y la vejez, teniendo como objetivo general: identificar desde una perspectiva de curso de vida la vivencia (lo que se hace, piensa y siente) de su sexualidad y los significados que tienen las personas adultas mayores

entrevistadas nacidas entre 1926-1951 originarias y residentes de la Ciudad de México.

**Método(s) & muestra:** Es una investigación empírica que parte de la experiencia y vivencia de las personas a lo largo de sus vidas; es retrospectiva al recuperar mediante las trayectorias eróticas y afectivas para poder entender la vivencia actual que tienen de su sexualidad. La investigación fue cualitativa y desde

la fenomenología, con una muestra de 7 personas. La técnica de recuperación de información fue mediante una entrevista abierta.

**Hallazgos & discusión:** Para la categorización de la información arrojada por las entrevistas, se realizó una doble codificación, teniendo al final tres grandes categorías para la vivencia de la sexualidad de los hombres y las mujeres, y cada una de éstas, a su vez, tuvieron subcategorías distintas por género.

**Recomendaciones:** Es necesario continuar con este tipo de investigaciones que nos permitan acercarnos a la vivencia de lo que las personas mayores realmente piensan, sienten y actúan respecto a su sexualidad. Asimismo, incluir a poblaciones de la diversidad sexual, otras entidades federativas, etc.

**Palabras clave:** Sexualidad, Vejez, Estudio cualitativo  
**Conflicto de interés y declaración de divulgación:** Ninguno

## No Somos Asexuados: Sexualidad en la Discapacidad

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Los adolescentes con discapacidades se enfrentan con problemas que el resto de los adolescentes no tendrá. Pues aparte del cambio fisiológico tienen que aceptar su discapacidad. Los padres generalmente los ven como eternos niños asexuados, tanto por falta de información y entrenamiento, para adaptarse, deberán realizar un esfuerzo y resolver su conflicto. Puede ser beneficioso trabajar sobre su autoestima, sus habilidades sociales y técnicas de afrontamiento. Deben lograr un equilibrio entre lo que quieren y lo que pueden. Los adolescentes con discapacidad aspiran a una sexualidad igual a la de los jóvenes de su edad y tienen sus mismas necesidades, pero para satisfacerlas necesitan ayuda. Estos conflictos repercutirán en la edad adulta cuando tengan pareja.

El objetivo de este estudio fue que los adolescentes con discapacidad puedan gozar de una vida sexual plena y placentera.

Este trabajo fue de corte cualitativos y los datos fueron recolectados a través de entrevistas de

profundidad dirigidas a adolescentes con discapacidad y a padres y madres de hijos con discapacidad.

Se encontró que la mayoría de padres de hijos con discapacidad no hablan de sexualidad con ellos ni les dan privacidad para explorar su cuerpo para cubrir sus necesidades sexuales. Se debe de trabajar desde el núcleo familiar, ésta puede recorrer el camino con ellos hacia la adultez y lograr la autonomía en un contexto de acercamiento y de apertura hacia el mundo exterior. Se recomienda que se den talleres a padres con hijos con discapacidad, en los cuales se brinden herramientas básicas sobre la educación emocional-afectiva y como hablar de educación sexual de manera asertiva y con base a estudios científicos. es necesario que reflexionen sobre las repercusiones “que puede tener en la vida adulta por la ausencia de educación sexual y afectiva a sus hijos con discapacidad de nacimiento”.

**Palabras clave:** Discapacidad, Sexualidad, Autonomía  
**Conflicto de interés y declaración de divulgación:** Ninguno

## Proyecto de Aceptación Familiar Puesto en Práctica

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Cuando un hijx confiesa a sus padres que realmente es o se siente de un género diferente al cual le fue asignado al nacer por el simple hecho de los genitales que presentaba. Esta noticia puede tomarnos a muchos, si o es que a la mayoría, por sorpresa. Cuando los padres se enfrentan a este tipo de situaciones, las cuales son desconocidas, las reacciones pueden ser de angustia, miedo e incluso violencia.

El Proyecto de Aceptación Familiar, dirigido por la Dra. Caitlyn Ryan ha puesto en blanco y negro los efectos que tienen en niñxs y jóvenes LGBT el rechazo y/o violencia que sufren en el seno de la familia por el simple hecho de ser quienes son y/o de amar a quien aman. Los datos que arroja el estudio son alarmantes, por lo que, ¿Cómo podemos mitigar esos efectos? ¿Cómo podemos servir mejor a nuestrxs niñxs y jóvenes para que salgan y se enfrenten una sociedad que aún no comprende este abanico de identidades de género? en este trabajo de “campo” están esos padres,

aqueellos que a pesar de todos los obstáculos, se arman valor y deciden poner en práctica ese amor incondicional. Esto significa poner en práctica ese amor cuando se tiene un hijx transgénero, es decir empoderarse.

Este taller busca compartir con los asistentes, la experiencia de un padre/madre de un hijx trans y como, a partir de esa premisa de amor incondicional y de la información arrojada por el Proyecto de Aceptación Familiar, se ha empoderado para no sólo aceptar a su hijx, sino celebrarlx. Se compartirá también, como ese empoderamiento lleva a crear redes, agrupaciones y organizaciones en donde miles de padres y madres al rededor de todo el mundo se congregan con el mismo fin...luchar por la vida y bienestar de sus hijxs.

**Palabras clave:** Transgénero, Familia, Aceptación

**Conflicto de interés y declaración de divulgación:** Ninguno

## Modelo Integrativo de Pareja Como Propuesta Educativa para Jóvenes

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**Introducción:** Varios autores han abordado el tema de la pareja desde distintas perspectivas dando una visión limitada de los fenómenos que se presentan en este tipo de relación erótico-afectiva.

Por lo que es necesaria una visión sistémica integrativa para entender mejor el fenómeno.

**Justificación:** Incluir en la enseñanza de la sexualidad integral, el tema de la construcción, evolución de la pareja y la familia es esencial, ya que esta no se entendería sin el holon de la vinculación afectiva.

**Proyecto:** Presentar una visión Sistémica Integrativa de distintas teorías respecto al tema de la pareja, como una herramienta educativa para adolescentes.

**Población y ajustes:** Estudiantes Universitarios de la Universidad de Guadalajara

**Resultado:** Los Jóvenes al identificar aspectos esenciales de la pareja, les permite tener relaciones erotico-afectivas mas sanas y placenteras

**Discusión & recomendaciones:** Identificar y analizar los distintos fenómenos de la pareja en su diversidad, sistémicamente, nos permite entender y sobretodo planear que tipo de relación deseo, identificar en qué punto se está estancado, como es el estilo de relacionarse en el ámbito de la pareja, para un crecimiento y evolución más ecológicamente armónica

**Citas de la literatura de apoyo:**

Bowlby, J. (1969). El vínculo afectivo. Buenos Aires: Paidós.

Sternberg, R. (1998) “Teoría Triangular del Amor”. Madrid: Editorial Paidós.

Alvarez Gayou, Juan Luis. (2011). Sexoterapia Integral. México: Manual Moderno.

**Palabras clave:** educación, pareja,

**Conflicto de interés y declaración de divulgación:** Ninguno



## Programa de Intervención para Promover la Comunicación Sobre Sexualidad en Padres de Hijos con Discapacidad Intelectual

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Las personas con discapacidad intelectual, a diferencia de las personas que no presentan esta condición, son más vulnerables al abuso sexual debido a que viven en condiciones de sobreprotección, aislamiento social, un mayor riesgo de manipulación por parte de otros (incluyendo sus cuidadores), una desvalorización social hacia ellos, su mínima o nula educación sobre prácticas adecuadas e inadecuadas de la sexualidad. Es importante también reconocer que las personas con discapacidad presentan las mismas necesidades sexuales y afectivas que sus pares en la etapa de la adolescencia. Sin embargo, este tema genera preocupación e inquietud en sus padres, quienes no saben cómo responder ante esta situación. Por lo cual, el objetivo de esta investigación fue evaluar la efectividad de un programa, dirigido a padres de jóvenes con discapacidad intelectual, para promover la comunicación con sus hijos sobre temas de sexualidad. El programa se diseñó con fundamento en el concepto de autoeficacia y el aprendizaje estructurado. Participaron cinco padres, cuya edad promedio fue de 43 años, tres de ellos tenían hijos con Síndrome de Down y el resto con

otro tipo de discapacidad intelectual, con edad promedio de 18 años. Se utilizó un diseño  $n = 1$  y se recabó información sobre las variables autoeficacia, expectativas y comunicación sobre sexualidad, antes de la intervención, al finalizar ésta y transcurridos tres meses. El programa de intervención tuvo una duración de 10 sesiones. Los resultados indican que, antes de la intervención, los padres se percibían autoeficaces de hablar con sus hijos sobre sexualidad, y consideraban que hacerlo tendría consecuencias positivas, pero solo habían abordado en promedio 9 de los 17 temas propuestos. Después de la intervención, el número de temas incrementó a 16, y a 17 para el seguimiento.

**Palabras clave:** sexualidad, discapacidad, padres

**Fuente de financiamiento:** El estudio estuvo financiado por el Programa de Apoyo a Proyectos de Investigación e Innovación Tecnológica (PAPIIT) de la Universidad Nacional Autónoma de México.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Orientações do Conselho Regional de Psicologia do Paraná Para o Atendimento de Pessoas Travestis e Transexuais

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Conselho Regional de Psicologia do Paraná, Curitiba, Brasil

**Introdução e justificativa:** As identidades e expressões de gênero travestis e transexuais referem-se à não identificação com o gênero atribuído no nascimento. Por não se enquadrarem nos padrões normativos de gênero, essa população sofre inúmeras violências e processos de exclusão social. Tais violências muitas vezes são praticadas por profissionais da Psicologia, que realizam atendimentos embasados na patologização dessas identidades e expressões de

gênero, tendo um caráter avaliativo, em virtude de outras regulamentações existentes no país.

**Grupo de Ação e População em questão:** A publicação da Nota Técnica nº 02/2018 do Conselho Regional de Psicologia do Paraná (CRP-PR) teve como objetivo instrumentalizar os(as) psicólogos(as) do Paraná (Brasil) diante do atendimento às pessoas travestis e transexuais.

**Resultado:** Por meio do Núcleo de Diversidade de Gêneros e Sexualidades do CRP-PR, foi emitida em agosto de 2018 uma nota técnica sobre os atendimentos a pessoas travestis e transexuais.

**Discussão:** O objetivo da referida nota técnica foi nortear os acompanhamentos psicológicos realizados, objetivando extinguir atendimentos com caráter avaliativo e direcionar a atuação do(a) psicólogo(a) para um modelo de acompanhamento psicoterapêutico que não patologize, tampouco tenham um caráter de correção da transexualidade e travestilidade, mas sim, que sejam acolhedores, éticos e uma ferramenta de apoio para a promoção de uma maior qualidade de vida e garantia de direitos dessa população.

**Recomendações:** Iniciativas como estas devem ser realizadas pelos demais órgãos regulatórios da

profissão do país para que os atendimentos psicológicos sejam pautados nos princípios éticos da profissão.

#### Literatura de apoio:

Baccarim, R. C. G. (2018). A garantia dos direitos à saúde de travestis e transexuais em serviços de saúde de Curitiba/PR: uma análise das práticas de profissionais da saúde (Dissertação de mestrado). Universidade Tuiuti do Paraná, Curitiba.

Tagliamento, G. (2013). A arte dos (des)encontros: Mulheres trans e a saúde integral. Rio de Janeiro: Multifoco.

**Palabras clave:** Psicoterapia, Transexuais, Travestis

**Conflicto de interés y declaración de divulgación:** Ninguno

## Promoting Family-Based Sexuality Education in Africa and Asia

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**Introduction & rationale:** Family-based sexuality education (FSE) is an important factor in children's sexual development. Yet worldwide, parents and other caregivers are struggling, as communicating with children on sexuality is considered taboo or awkward. Many caregivers lack the confidence to address this topic. Adolescents' sexual and reproductive health and rights (ASRHR) programmes often only involve caregivers to mitigate their possible resistance, but neglect to reinforce them in their educational role. Rutgers and Cordaid developed new approaches to stimulate positive parenting and caregiver-child communication on ASRHR in Burundi, the Democratic Republic of Congo (DRC) and Bangladesh.

**Project/Population & settings:** In Burundi, a toolbox was developed to support rural and urban community Role Model Parents (RMP) on FSE as part of "Menyumenyeshe", a national ASRHR-programme addressing education, health services and community support. This toolbox comprises an information

booklet, an image box for sensitisation meetings, a Training-of-Trainers and an RMP-Training. In the DRC, the toolbox was adapted for a similar ASRHR-Programme in the Kivu's titled "Jeune S3", involving parents-teachers-committees and local health committees. In Bangladesh, a 6-meeting intervention was developed for caregivers (mainly illiterate mothers) about parental guidance during puberty, to increase parental engagement in the "Hello, I Am" programme aiming to end child marriage in rural and peri-urban areas.

**Outcomes:** The FSE tools are being piloted in 2018–2019. Preliminary results show that the tools are highly appreciated by implementing partners. Caregivers feel supported and more confident in their role to provide FSE and report better connection and communication with their children. In June 2019 the pilots will be evaluated, providing more detailed outcomes and recommendations.

**Discussion & Recommendations:** The parenting tools meet the urgent needs of caregivers and young people. Strengthening caregivers on FSE is an important complement to in- or out-of-school comprehensive sexuality education and ASRHR-services. Therefore, ASRHR-programmes should invest more in supporting caregivers.

**Keywords:** parenting, sexuality education, adolescents  
**Source of Funding:** Burundi Programme: Netherlands Embassy in Burundi DRC Programme: Netherlands Ministry of Foreign Affairs Bangladesh Programme: IKEA Foundation

**Conflict of Interest and Disclosure Statement:** None

## Direito à Educação em Sexualidade e Relações de Gênero na Educação

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**Introdução:** Escola como espaço institucional estratégico para abordar temas sobre sexualidade e gênero. Discursos e estratégias de atores conservadores e fundamentalistas por meio de criticam o papel da escola e da promoção da igualdade de direitos de mulheres e de LGBT. O objetivo foi consolidar os marcos legais nacional e internacional de educação em sexualidade e relações de gênero no Brasil para professores desenvolverem os temas em sala de aula.

**Método:** Análise documental e entrevistas. Sistematização, consolidação e análise da informação técnica. Debates com gestores, juristas e stakeholders para confirmar, qualificar e complementar as informações produzidas. Referência conceitual: Orientação Técnica de Educação em Sexualidade para o cenário Brasileiro (UNESCO, 2017).

**Discussão:** A legislação brasileira contempla vasto arcabouço jurídico ampara e permite que o professor cumpra sua função acadêmica abordando temas relativos a gênero e sexualidade em sala de aula. No Brasil, adolescentes e jovens iniciam suas relações sexuais cada vez mais cedo e deixam de usar preservativos. As consequências são mensuráveis: aumento das infecções pelo HIV; taxa de gravidez adolescente de 68,4 nascimentos para 1 mil adolescentes. 184 mil casos

de violência sexual notificados contra crianças e adolescentes (2011 e 2017).

**Conclusão:** Reconhecimento do papel da educação na prevenção para desmistificar a ideia que tratar de educação em sexualidade na escola é ensinar as crianças a ter relações sexuais ou a escolher sua orientação sexual. Ao contrário, o professor tem resguardado juridicamente função acadêmica para tratar dos temas sexualidade e gênero em sala de aula. O país é signatário de vários acordos internacionais sobre direitos humanos, direito das mulheres, de crianças, adolescentes e jovens nas escolas relacionados a direitos sexuais e reprodutivos adequados a idade. O Brasil possui aparato jurídico relacionado a gênero e sexualidade e salvaguarda o direito dos professores quanto a sua liberdade de cátedra e função acadêmica.

**Palabras clave:** Direitos humanos, Genero, sexualidade

**Fuente de financiamiento:** Organização das Nações Unidas para a Educação, a Ciência e a Cultura – UNESCO

**Conflicto de interés y declaración de divulgación:** Ninguno

## Construcción Dialógica de la Sexualidad en Estudiantes de Secundaria

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**Introducción y Objetivos:** Aunque fundamentada en lo biológico, la sexualidad humana se enmarca en lo simbólico. A diferencia de las interacciones fiscoquímicas, relativamente estáticas e invariantes, las relaciones humanas son influidas por acuerdos convencionales cuya base es el lenguaje. Se infiere entonces que la sexualidad no está predeterminada sino en constante construcción por medio del diálogo. Para el caso de los estudiantes, los diálogos que configuran las prácticas sexuales incluyen interacciones con la familia, la escuela y diversas instituciones. Pero en ocasiones, estas charlas están enmarcadas por tabúes, desconocimiento o vergüenza, lo que afecta el establecimiento de interacciones sexuales adecuadas. Se hace necesario investigar sobre las prácticas dialogicas de los estudiantes y observar así cómo se está configurando su sexualidad.

**Método y Muestra:** En el colegio Julio Garavito Armero, de Bogotá-Colombia, se realizó una investigación cuantitativa con 130 estudiantes de secundaria, en la cual, por medio de una encuesta, se observó la frecuencia y el nivel de satisfacción con los diálogos sobre sexualidad que mantienen los jóvenes.

**Resultados y Conclusiones/recomendaciones:** Los resultados muestran que existen bajos niveles de confianza de los estudiantes hacia las familias, escuelas e instituciones; los diálogos sobre sexualidad se presentan con poca frecuencia y no se perciben como satisfactorios. Ello facilita que la sexualidad de los estudiantes se esté construyendo fuera de entornos pertinentes, y se generen factores de riesgo para embarazos no deseados, problemas emocionales o de convivencia. Para disminuir las consecuencias negativas de las prácticas sexuales es fundamental construir por medio del diálogo unas perspectivas y prácticas adecuadas. Se necesita desarrollar estrategias para recuperar la confianza, fomentar diálogos efectivos y propiciar interacciones de los jóvenes con familias, escuelas e instituciones, que permitan sentar las bases para el ejercicio pleno y satisfactorio de los derechos sexuales de aquellos que constituyen el futuro de nuestra sociedad.

**Palabras clave:** Sexualidad, Lenguaje, Interacciones

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiencias Dialógicas para la Educación Sexual en Bogotá-Colombia

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**Introducción y Justificación:** Las prácticas y saberes culturales son interacciones basadas en el lenguaje (Gutiérrez, 2019). La construcción colectiva de formas de vivir surge a través del diálogo. Por ello, la sexualidad humana se construye a través de la comunicación. Pero en ocasiones se encuentran limitaciones, basadas en creencias o tabúes, que generan restricciones a la hora de propiciar interacciones comunicativas, lo que a su vez impide construir el ejercicio de una sexualidad responsable en los adolescentes (Aniceto y Saravia, 2018).

**Proyecto, Población y ajustes:** En los colegios públicos de Bogotá-Colombia, se están implementando

diversas estrategias para la generación de espacios de diálogo constructivo de saberes y prácticas sociales. Un ejemplo son los debates sobre sexualidad humana desarrollados en el proyecto “Marianita decide” del colegio Julio Garavito Armero, donde se conversa frecuentemente con docentes, padres y estudiantes de secundaria, construyendo narrativas acerca de las vivencias de la sexualidad adolescente.

**Resultado, discusión y Recomendaciones:** Como resultado, ha disminuido en el colegio la cantidad de embarazos no deseados, ha aumentado el conocimiento y desarrollo de hábitos saludables, y se ha dado un incremento en habilidades sociales y estrategias de

afrontamiento de problemas emocionales, familiares y culturales. La sexualidad es un proceso interactivo en constante construcción, y una posible estrategia para afrontar las dificultades de la sexualidad humana, consiste en promover desde el colegio espacios dialógicos que vinculen a toda la comunidad escolar, familiar y social (Menkes y suárez, 2018).

#### Citas de apoyo:

Aniceto, M.; Saraiva, G. (2018). Factors Associated with Family, School and Behavioral Characteristics on Sexual

Initiation: A Gender Analysis for Brazilian Adolescents. *Plos One*, 3(12), Pp. 1–16.

Gutiérrez, A. (2019). Metáfora y Construcción Social. En: *Revista Athenea Digital*. 19(1) Pp. 1–21.

Menkes, C.; Suárez, L. (2018). Sexualidad y Embarazo Adolescente en México. En: *Papeles de población* 35. CIEAP/UAEM.

**Palabras clave:** Sexualidad, Comunicación, Diálogo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Modelo para Comprender la Identidad Sexológica

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Lo que no se nombra, no existe” G. Steiner. Hemos creado constructos que nos permiten entender mejor las conductas humanas. El presente modelo, no genera ningún nuevo contenido, solo reorganiza las clasificaciones ya conocidas, de manera pedagógica, para tener una comprensión más clara de la naturaleza sexual humana. La Sexología es la ciencia donde convergen otras áreas específicas de la salud, como la psicología, sociología, derecho, medicina, antropología, entre otras. El fenómeno que intenta explicar esta breve presentación es lo que conocemos como la Diversidad Sexual también llamada comunidad LGTBTTTIQ+ que se ha usado para agrupar a las minorías sexuales. Diferentes áreas del conocimiento han desarrollado sus propios conceptos para dar explicaciones escindidas. Se trata pues de entender qué ciencia explica cada sigla para así diferenciar y comprender sus orígenes, necesidades, derechos y conductas, para de esta manera llegar al entendimiento de cada una y crear más posibilidades de desarrollo sexual saludable e integral de los seres humanos, entendiendo que, el logro de la

identidad sexológica es un proceso en movimiento, diferente para cada persona, dependiendo de la época, situación, etapa del ciclo vital, etc.

Los conceptos que conforman el presente Modelo de Identidad Sexológica son parte de la configuración conocida como diversidad sexual, término que se utiliza desde finales de los años noventa, con la intención de visibilizar una pluralidad de sexualidades. (Nuñez, 2011). Se revisarán conceptos como identidad sexual, identidad de género, expresión sexual, prácticas sexuales, entre otras. Este trabajo es el resultado de las experiencias educativas con la comunidad LGBT de la ciudad de Aguascalientes en Familiares y Amigos de la diversidad Sexual en 2017–2018.

Nuñez, G. (2011). ¿Que es la Diversidad Sexual? Reflexiones desde la academia y el movimiento ciudadano. Quito: Abya-Yala.

**Palabras clave:** Diversidad Sexual, Comunidad LGTBTTTIQ, Modelo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Contributions to Sex-Positive Culture: The Legacy of IASHS

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**Introduction & Objectives:** An examination of the legacy of the Institute for Advanced Study of Human Sexuality (IASHS) via alumni careers and publications, the purpose of this phenomenological case study was to discover how IASHS has affected the field of sexology and contributed to the development of sex-positive culture in the United States.

**Methods & Sample:** A convergent parallel mixed method approach employed a general alumni survey of doctorate-level graduates and key informant interviews of notable alumni to discover the effect of the IASHS degree on graduate lives and careers.

**Findings:** Key findings include the identification of several prominent leaders in sexology at professional, academic, and community levels: Dr. Gina Ogden, Dr. Patti Britton, Dr. Robert Dunlap, Dr. Gloria Brame, and Dr. Carol Queen, et al. A bibliography of resources created by IASHS alumni was generated to document contributions.

**Conclusion & Recommendations:** Assertions of IASHS's contributions to the field, although presumed

to be vast based on the influence of its higher-profile graduates, cannot be quantified. Since the conclusion of this research, IASHS has essentially dissolved after the death of Rev. Dr. Ted McIlvenna. Nonetheless, the legacy IASHS leaves by having reframed sexology as a multidisciplinary field composed of the fusion of humanistic sexology, individual psychology, and sociology is valuable and needed. Further study into how the careers and contributions of IASHS alumni compare to those by alumni of other programs vis a vis mapped network effects (e.g. who have these alumni influenced and trained in their work? What has been created because of this influence?) may reveal the broader impact of IASHS' unique perspective in the world. Such study may also offer insight into to further development of the field of sexology.

**Keywords:** Humanist Sexology, Sex-Positive Culture, IASHS Alumni

**Conflict of Interest and Disclosure Statement:** None

## Educación Integral en Sexualidad: Demostrando su Efectividad en Adolescentes y Jóvenes

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**Introducción:** La educación integral en sexualidad es un derecho humano fundamental, y es un tema prioritario que se viene gestando, transformando y consolidando desde hace ya varias décadas. En 2010, el Relator Especial sobre el Derecho a la Educación de Naciones Unidas evidenció en su informe que: “el derecho a la educación incluye el derecho a la educación sexual, el cual es un derecho humano en sí mismo, que a su vez resulta condición indispensable para asegurar que las personas disfrutemos de otros derechos humanos, como el derecho a la salud, el derecho a la información y los derechos sexuales y reproductivos.”

**Población referida:** Actualmente, son los y las adolescentes y jóvenes que se ven privados de su derecho a la educación y al acceso a servicios amigables de salud debido a diversos factores, en los que destacan, los movimientos de oposición que fortalecidos y organizados, se sustentan en argumentos basados en el desconocimiento y la promoción del miedo, así como en la falsa creencia sobre la capacidad que tienen adolescentes y jóvenes de tomar decisiones libres e informadas.

**Resultado:** La evidencia sobre la efectividad de la educación integral en sexualidad en adolescentes y jóvenes repercute directamente en su toma de



decisiones con respecto al ejercicio de su sexualidad y su salud. No solo hay un aumento de conocimientos, sino que, además, previene que lleven a cabo prácticas de riesgo que pueden resultar en una infección de transmisión sexual (ITS), VIH o un embarazo no planeado, entre otras cosas.

**Recomendaciones:** Diseñar e implementar programas en educación integral en sexualidad con base en un enfoque de derechos e igualdad de género

garantizará resultados eficaces en el cambio de actitudes y comportamiento de adolescentes y jóvenes.

Citas de la literatura: UNESCO. Orientaciones Técnicas Internacionales en Educación Integral en Sexualidad. París: UNESCO, 2018.

**Palabras clave:** Sexualidad, Jóvenes, Derechos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Capacitación Metodológica en Educación Sexual para Monitores Comunitarios de Adultos Mayores Chilenos

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**Introducción:** El envejecimiento saludable en humanos se deriva de una serie de factores: antecedentes genéticos, ambientales y sociales favorables<sup>1</sup>. Aumentos sustanciales en el número de AM constituyen un reto para la biología, las ciencias sociales y la medicina, ya que el enfoque es tratar de alcanzar un envejecimiento exitoso. En Chile, hubo un aumento en la expectativa de vida, ya en el año 2017, los AM eran un 16.7% de nuestra población total (INE)<sup>2</sup>. Existe un programa en el Ministerio de Desarrollo Social llamado “Vínculos”, donde se forman monitores profesionales, del área social o biomédica para el apoyo y la orientación de los AM.

Los monitores detectaron una escasa información respecto de temas de sexualidad en el AM, con énfasis en cambios fisiológicos de la vejez, ITS y VIH.

**Proyecto:** El proyecto consta de sesiones educativas a los monitores, siendo éstos un engranaje con servicios sociales, ministeriales o de salud.

Trabajamos con 53 comunas del gran Santiago.

Este grupo de profesionales son del área salud y ciencias sociales, en su mayoría trabajadores sociales.

Se estima que la población a la que llegará este programa es de 190 monitores.

El programa está aún en desarrollo.

**Resultado, Discusión & recomendaciones:** Se entregaron dos sesiones de educación con conceptos básicos sobre la sexualidad con enfoque en adultez mayor a 100 monitores, éstos traspasarán la información a los adultos mayores.

Sería conveniente replicar este tipo de experiencias en otras regiones de Chile, pues este grupo etéreo ha presentado un aumento en las tasas de ITS y VIH, dado principalmente por la escasa o nula educación sexual que tuvo este grupo durante su juventud.

### Citas:

1. Montesanto, A., et cols. Epidemiological, genetic and epigenetic aspects of the research on healthy ageing and longevity. *Immun. ageing I A9,6* (2012)
2. Resultados definitivos Censo 2017. Cantidad-de-Personas-por-Sexo-y-Edad. (2017)

**Palabras clave:** educación sexual, adultos mayores, envejecimiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## Formación a Profesionales de Salud en Sexualidad y Piso Pélvico

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**Introducción & justificación:** La adquisición de nuevas herramientas, es esencial en todo profesional, especialmente en el área de la Salud. Dada esta necesidad, se organizó un curso de cuidado del piso pélvico y sexualidad, que pretende entregar herramientas concretas y actualizadas del cuidado de la mujer en la etapa del climaterio, considerando los grandes cambios desde la perspectiva fisiológica, anatómica y del componente psicológico, con un énfasis en la prevención, derivación adecuada, tratamiento y diagnóstico inicial de patologías frecuentes en este ámbito de trabajo.

**Población y ajustes:** La población objetivo son los profesionales matrn/matrona, que en Chile están a cargo de la salud sexual masculina y femenina.

Se capacitaron 333 profesionales en cursos exclusivos de piso pélvico y sexualidad, entre Junio 2017 y Diciembre 2018.

Se excluyeron en este estudio todas las presentaciones en congresos u otras afines que abordaran una diversidad mayor de temas.

**Resultado:** Se capacitaron 333 profesionales a lo largo de todo el país, en grupos de 30 personas cada uno en promedio.

En los cursos/talleres los cupos siempre estuvieron completos.

Mediado por el colegio profesional de la orden, se seguirán haciendo capacitaciones durante el 2019 por la alta demanda de estos dos temas en conjunto.

**Discusión & recomendaciones:** Existe una gran demanda por formación en temas específicos de sexualidad y piso pelviano, dado que población que este profesional atiende en el grupo etario de mayores de 60 años ha incrementado su número exponencialmente, de la mano de las disfunciones pelvianas y cambios hormonales propios de la edad, requieren un manejo primario más especializado y claridad para las derivaciones adecuadas.

### Citas de la literatura de apoyo:

ICS International continence association (2011)

Nappi, R. E., & cols. (2009). Menopause and sexuality: Prevalence of symptoms and impact on quality of life. Maturitas

**Palabras clave:** piso pélvico, capacitación, salud

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexual Dating Violence from the Perspective of Adolescents and Young Women

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**Introduction & objectives:** Sexual violence is highly prevalent within the context of intimate relationships and is associated with deleterious effects for the victim. Unfortunately, this type of violence remains poorly understood. Several studies highlight the complexity of capturing sexual consent given the manifestations of sexual violence are sometimes more insidious in this context. This study aimed to explore how young women define their experiences of sexual violence in the context of an intimate relationship.

**Method & sample:** A total of 51 young women (ages 18 to 25) who identified themselves as heterosexuals participated. The prior 12-months sexual DV was assessed using an adapted version of the Sexual Experiences Survey (Koss et al., 2007). A semi-structured interview (90 minutes) was conducted with participants where sexual DV was discussed.

**Findings & discussion:** A total of 24.4% of participants reported being victim of at least one act of intimate sexual violence in the past 12 months.

A direct content analysis was performed based on the taxonomy of Bagwell-Gray et al. (2015). Thereby, four types of sexual violence by an intimate partner were illustrated: 1) sexual coercion (i.e. being pressured or manipulated to engage in unwanted sexual contact, being ignored upon sexual contact refusal); 2) sexual assault (i.e. being physically threatened or forced to have sexual contact or being afraid of the consequences upon sexual contact refusal); 3) sexual activities under psychological constraint (i.e. being controlled or sexually degraded) and; 4) forced sexual activity (i.e. being physically injured during sexual activity).

**Recommendations:** Results underscore the ambiguity of sexual consent and definition of sexual violence in the context of dating relationships and the need to plan and implement actions to specifically target sexual DV in adolescents and young adults.

**Keywords:** sexual dating violence, Adolescents and young women, prevention

**Source of Funding:** This research was supported by a grant from the Social Sciences and Humanities Research Council (#435-2013-1683).

**Conflict of Interest and Disclosure Statement:** None

## Impacto que Generan los Medios Digitales en el Desarrollo Infantil y en el Ámbito Educativo

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**Introducción y Justificación:** Es común que niños/as desde temprana edad utilicen tecnologías de información y comunicación (TIC) la preocupación es, que su mundo no puede ser concebido sin el uso de dispositivos digitales para divertirse, comunicarse, conocer otras personas, reconocerse y validarse.

La Dra. Dowling y colaboradores escanearon los cerebros de 4,500 niños/as, los resultados arrojaron dos hallazgos: 1. Quienes utilizan más de 7 horas al día los dispositivos digitales muestran una corteza cerebral adelgazada, este es un indicador de envejecimiento asociado a procesos degenerativos. 2. Quienes los utilizan por más de dos horas tienen peores resultados en pruebas de razonamiento y lenguaje.<sup>1</sup>

La UNICEF indica que los riesgos ante la vida en línea son de tres tipos. 1. Contenido: exposición a imágenes sexuales, pornográficas y violentas; 2. Contacto: comunicación con personas que buscan contacto inapropiado de tipo sexual; 3. Conducta: distribuir imágenes o contenidos sexuales o violentos.<sup>2</sup>

**Proyecto/Población y ajustes:** Niños/as adolescentes que reciben talleres de sexualidad en algunos colegios privados de la CDMX.

**Resultado:** En nuestra experiencia, hemos encontrado que, varios/as niños/as que tienen acceso a las TIC's normalizan la violencia, llegan a confundir entre realidad y fantasía, se muestran ansiosos/as, rechazan el cuerpo, con facilidad utilizan lenguaje obsceno y prosaico, denotan la necesidad de formar parte de las redes sociales para lograr reconocimiento o aceptación, han estado expuestos a la pornografía o tienen conductas violentas con más facilidad. Así mismo, es notoria la disminución en la capacidad de atención, las conductas disruptivas y el aburrimiento inmediato.

**Discusión y recomendaciones:** Los/as niños/as están expuestos a las TIC's sin límites, ¡corren riesgo!. Consideramos indispensable educar a padres y madres en el uso adecuado, consiente y responsable de las TIC's, sensibilizar en los riesgos que corren sus hijos/as y promover en los/as niños/as una cultura de prevención.

1. [https://www.tendencias21.net/Muchas-horas-ante-una-pantalla-envejece-el-cerebro-de-los-ninos\\_a44909.html?fbclid=IwAR0t7AwByK2bS1yPykknWzUMpifXf6qf5ACIfgtX-i\\_tw8UOIWj5DVdYrr90](https://www.tendencias21.net/Muchas-horas-ante-una-pantalla-envejece-el-cerebro-de-los-ninos_a44909.html?fbclid=IwAR0t7AwByK2bS1yPykknWzUMpifXf6qf5ACIfgtX-i_tw8UOIWj5DVdYrr90)

2. [https://www.unicef.org/peru/spanish/Estado\\_Mundial\\_de\\_la\\_Infancia\\_2017.\\_Ninos\\_y\\_ninas\\_en\\_un\\_mundo\\_digital.\\_Resumen\\_Ejecutivo\\_-\\_UNICEF.PDF?fbclid=IwAR0yqqprzh8FzxeYTekH2eoodTd1frf1\\_b1T1YmeOV\\_6-syg-zdmRlPosUY](https://www.unicef.org/peru/spanish/Estado_Mundial_de_la_Infancia_2017._Ninos_y_ninas_en_un_mundo_digital._Resumen_Ejecutivo_-_UNICEF.PDF?fbclid=IwAR0yqqprzh8FzxeYTekH2eoodTd1frf1_b1T1YmeOV_6-syg-zdmRlPosUY)

**Palabras clave:** Tecnologías de Información y Comunicación TIC, Desarrollo sexual infantil, Protección en los medios digitales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Manual Circular para Familias Trans Dirigido a Mamás y Papás

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**Introducción & justificación:** La existencia de identidades de género no tradicionales enfrentan al sistema binario patriarcal, androcentrista, heteronormado, misógino y biologicista que promueve intolerancia a identidades y expresiones diversas provocando violencia, estigma y discriminación hacia las personas transsexuales. Las madres y padres juegan un papel fundamental en el desarrollo integral de hijas e hijos Trans, enfrentando dudas, miedos y culpas; acompañarlos en el proceso de confirmación y transición que promueva la inclusión familiar, escolar y social, es necesario y urgente,

**Proyecto/Población y ajustes:** Con base en el Diagnóstico Comunitario Participativo y encuestas se identificaron necesidades reales y sentidas de Madres y Padres de personas Trans; con el objetivo de promover la inclusión y derechos de esta población, se elaboró un MANUAL CIRCULAR PARA FAMILIAS TRANS y productos comunicacionales.

**Resultado, Discusión & recomendaciones:** El Manual posibilitó la conexión de familias cohesionándolas con un sentido de pertenencia, permitiéndoles avanzar en los procesos de aceptación, se distribuyeron tres mil manuales. Los autores junto con madres y padres identificaron lecciones aprendidas y propuestas para realizar diferentes versiones del

manual, dirigido a distintas poblaciones que incluyan los retos de salud sexual que enfrentan, salud reproductiva, prevención de infecciones de transmisión sexual, entre otras. Propusieron aplicaciones para smartphones, versiones digitales, el uso del comic (manga, tradicional o animé), videos, entre otras opciones y Citas de la literatura de apoyo. CNDH, 2017. Los Derechos humanos de las personas transgéneros, transexuales y travestis. 2ed., Impreso en CDMX; Principios de Yogyakarta.Principios sobre la aplicación de la legislación internacional de derechos humanos en relación con la orientación sexual y la identidad de género; Kübler-Ross y David Kessler. 2005. Sobre el duelo y el dolor. Ed.Luciernaga; Guía para familiar con hijos/hijas Transexuales; “Ser madres, ser padres en la Diversidad” Guía de apoyo para padres y familiares de personas homosexuales, bisexuales y transexuales.

**Palabras clave:** Transexualidad, Inclusión, Familia

**Fuente de financiamiento:** El desarrollo del manual recibió un financiamiento del Programa de Coinversión Social 2018

en la categoría de proyectos de inclusión social.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Estrategia Integral: Prevención Embarazo Adolescente e Infecciones de Transmisión Sexual

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Acciones Voluntarias Sobre Educación en México A.C., México

**Introducción y Justificación:** México es el país con mayor incidencia de embarazo adolescente. La Estrategia Nacional para la Prevención de Embarazo Adolescente (ENAPEA 2016) lo ve como un problema de salud pública y propone la Educación integral en sexualidad en escuelas, como una de las intervenciones eficaces para su prevención.

**Proyecto, Población y Ajustes:** Proyecto implementado en 2016, tuvo como objetivo la prevención de embarazo adolescente y las infecciones de transmisión sexual. Contempló el trabajo con adolescentes, madres y padres de familia (MAPAS) y maestros, de una escuela secundaria del Estado de México y un Centro de Salud con servicios amigables para adolescentes. Se realizó: Un diagnóstico participativo con 30 adolescentes; un taller para adolescentes; actividades de sensibilización (materiales elaborados por adolescentes, conferencias, un taller y cuadernillo para MAPAS); y entrega de insumos de prevención.

**Resultados:** Se benefició a 120 adolescentes quienes a su vez realizaron 16 materiales de sensibilización (carteles, video, historietas y canciones) dirigidos a sus pares e impactando a 106 docentes y MAPAS. El proyecto contribuyó a que las y los adolescentes

desarrollaran conductas de autocuidado y capacidades para la toma de decisiones responsables e informadas sobre el ejercicio de su sexualidad.

**Discusión y Recomendaciones:** El diagnóstico participativo identificó las necesidades e intereses de las y los adolescentes y guió las acciones posteriores. Involucrar a MAPAS en la Educación Integral de la Sexualidad aún es un reto en México, ya que hay obstáculos que impiden que se involucren en las acciones propuestas. Trabajar con los servicios amigables del centro de salud contribuyó a la sensibilización del personal de salud y con ello generar un mayor impacto con la intervención.

**Fuente de financiamiento:** Instituto Nacional de las Mujeres. Programa Proequidad.

**Conflicto de interés y declaración de divulgación:** Ninguno

### Citas de literatura de apoyo:

“El embarazo adolescente impacta en la salud, escolaridad, proyecto de vida y relaciones sociales y culturales” de las y los adolescentes” (ENAPEA 2016).

**Palabras clave:** Prevención, Embarazo, Adolescente

## Formación Profesional en Psicoterapia Sexual y Sexología Clínica en México

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**Introducción y Justificación:** Desde 1930 y 1932 el Congreso Panamericano del Niño y La Sociedad Eugenesica Mexicana, solicitaron incluir la Educación Sexual en Programas de Educación Básica, que tendiera a explicar las “leyes biológicas que contribuyen al perfeccionamiento de la especie humana” e incluyera en sus programas educativos “las clases de higiene y moral sexuales”, surgieron resistencias que retrasaron el acuerdo y aplicación de la propuesta, problemáticas de Salud, Educación y Formación ciudadana

**Proyecto/población y entornos:** En el 70 se instituye en México la educación sexual en el discurso educativo oficial, en 1978 se hacen modificaciones bajo el concepto “Educación para la salud” y los contenidos de Sexualidad estuvieron en Ciencias Naturales de los seis grados de Educación Primaria

Durante los ochenta, la necesidad de prevenir el virus de inmunodeficiencia humana y las infecciones de transmisión sexual, mediante el uso del condón y

práctica del sexo seguro, involucra la atención de la salud sexual como un aspecto fundamental

Los porcentajes de prevalencia en disfuncionalidades sexuales que afectan a la mujer y al hombre en este entorno y las problemáticas sexuales que afectan el desarrollo saludable de las personas y grupos específicos son variados. En consecuencia es relevante la preparación y formación de profesionales en el área de la salud y afines como Psicoterapeutas sexuales y Sexólogos clínicos, basados en aprendizaje e integración de conocimientos y prácticas específicos de la Sexología, Educación sexual, Psicoterapia, Sexología clínica y Salud sexual

**Resultado:** La Asociación Mexicana para la Salud Sexual, desde hace 32 años tiene, uno de sus objetivos la formación profesional con apoyo de programas educativos actualizables, como Psicoterapeutas sexuales y Sexólogos clínicos, entre otros

**Discusión y recomendaciones:** Para la atención de la Salud y la Salud sexual es indispensable la formación profesional específica

**Palabras clave:** Psicoterapia sexual, Sexología clínica, Salud sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## A Successful Experience, First Academic Program for Sexual Medicine in Iran

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**Introduction & rationale:** Despite religious and well-educated population in Iran, the lack of both general and special sexual education is obvious in this great country of the Middle East, which has led to criminal problems and social concerns.

The most widespread governmental university in Iran (Payam Noor) has started to plan and perform academic courses about sexual education in Hormozgan state as pilot (since 2018).

Payame Noor university has many branches in all cities for continuous education, graduate program and public education after high-school.

**Project / Population and settings:** The programmed sexual health and medicine training in Payam Noor University are the followings:

1. Free public seminars about sexual medicine
2. Academic courses for physicians, nurses, midwives and etc.
3. Continuous education for public and private organizations, teachers and mentors training
4. Other educational services

**Outcome:** Although it takes a brief period to run this program, we could get the following benefits:

1. Sexual education leads to change the meaning and out of taboo in religious and traditional Iranian society
2. Misconceptions about sexual issues have been replaced by true academic information
3. Help to screen sexual health status and self-awareness of this subject

**Discussion & recommendations:**

1. Despite this program is practical and useful, it must be included in the earlier stages curriculum
2. To support this program, the presence of widespread sexual health clinics are necessary
3. The supportive role of religious leaders and cultural references are recommended
4. Widely distribution of this program to small cities and local areas

**Keywords:** Sexual Medicine, Iran, Academic program

**Conflict of Interest and Disclosure Statement:** None



## Prevención del Embarazo Adolescente y Educación Sexual: Un Enfoque Desde la Comunicación Educativa

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**Introducción y objetivos:** A nivel mundial, el embarazo adolescente es un problema médico-social que repercute en la vida de las mujeres y de sus hijos/as. Según datos de la Organización para la Cooperación y el Desarrollo Económicos, México ocupa el primer lugar en embarazos adolescentes. El embarazo en las adolescentes afecta su salud, su permanencia en la escuela, el acceso a oportunidades y su desarrollo humano. Esta investigación tuvo como objetivo realizar un diagnóstico del proceso de enseñanza-aprendizaje en el tema de prevención del embarazo adolescente, desde un enfoque de la Comunicación Educativa.

**Métodos y muestra:** La investigación se realizó en dos secundarias de la ciudad de Huamantla, Tlaxcala. Ésta se estructura sobre metodología mixta; cualitativa y cuantitativa. Se recurrió al análisis de contenido de los libros de Ciencias y Formación Cívica. Se aplicaron 123 cuestionarios al alumnado –estructurados sobre tres secciones: conocimientos, opiniones y propuestas– y se realizaron entrevistas al profesorado.

**Hallazgos y discusión:** El 61% de los estudiantes piensa que el libro de Ciencias no contiene

información suficiente y afirma que se presentan dificultades para entender algunos temas debido al lenguaje utilizado. Critican que el tema de los métodos anticonceptivos solo sea impartido teóricamente, proponen que se enseñe a través de dinámicas y que se recurra a expertos/as. Es determinante quién imparte la clase; solo el 2% de las alumnas sienten confianza para resolver dudas de ésta índole con un profesor.

**Recomendaciones:** Un correcto uso del lenguaje, una apropiación de la información y un adecuado uso de los medios de comunicación, apoyarían de una manera favorecedora el proceso de enseñanza-aprendizaje. Dicha constituye un instrumento útil para que los docentes realicen un cambio en las prácticas educativas y ofrece elementos para que se diseñen clases tomando en cuenta las necesidades de aprendizaje de cada estudiante.

**Palabras clave:** embarazo adolescente, educación sexual, comunicación educativa

**Conflicto de interés y declaración de divulgación:** Ninguno

## Diseño de Redes de Crecimiento y Apoyo Profesional en Salud Sexual

Jose Luis Gonzalez Garcia

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**Introducción/justificación:** Lo OPS refiere sobre la importancia de profesionalizar y dar constante actualización a profesionales de la salud y personas que trabajan en instituciones educativas, de salud y otras en general a fin de proporcionar modelos de prevención y de atención oportuna. Ante esto es importante procurar que las instituciones de servicios de Salud Sexual atiendan dicha situación

**Proyecto/población/entorno:** AMSSAC ha procurado mantener una red de Educadores/as y terapeutas

de diferentes disciplinas y ofertándoles a través de una sociedad de socias/os exalumnos constante actualización en temas de salud sexual con sesiones de actualización,, una red de contactos y con información actualizada y anticipada de diferentes eventos a nivel nacional e internacional.

**Resultados:** Desde 2014 a la fecha se han inscrito mas de 70 miembros que asisten mensualmente a reuniones donde se exponen distintos temas de salud sexual, a la fecha van cerca de 40 sesiones, las cuales

están impartidos por especialistas del tema. Las sesiones se realizan de manera presencial y en línea, ampliando la oferta a nivel nacional. Entre los ponentes figurar ponentes nacionales e internacionales, muchas de las sesiones han sido por video conferencia con dichos ponentes de otros países.

De igual manera dichas personas inscritas conforman un directorio al cual se canalizan casos que requieran prevención y/o atención oportuna.

**Discusión/recomendaciones:** El reto radica en satisfacer las necesidades de los miembros, así como en

estar al pendiente de los temas de interés en agendas nacionales e internacionales. La oferta debe estar más allá de las expectativas de las y los miembros, así como con una constante renovación en dichos eventos.

[http://www1.paho.org/spanish/hcp/hca/salud\\_sexual.pdf?ua=1](http://www1.paho.org/spanish/hcp/hca/salud_sexual.pdf?ua=1)

**Palabras clave:** Sexología, Actualización, redes de apoyo

**Conflicto de interés y declaración de divulgación:** Ninguno

## El Trabajo Sexual Comercial en los Periódicos Hispanoamericanos

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**Introducción:** El trabajo sexual comercial se define como la acción o actividad ocupacional de una persona que ofrece relaciones sexuales a cambio de una compensación monetaria y en Hispanoamérica es aún identificado popular y mediáticamente como prostitución. Así, los diarios Hispanoamericanos cubren el tema cotidianamente.

**Objetivos:** Realizar el análisis del contenido de las notas sobre trabajo sexual comercial publicadas en periódicos de países hispanoparlantes.

**Método(s) y Muestra:** Se seleccionaron 9 países hispanohablantes, de los cuales se investigó el periódico no gubernamental de mayor tiraje de cada país. Se realizaron búsquedas con palabras clave simples y compuestas como prostitución, sexo servicio y trabajo sexual. Se elaboró una base de datos de la cual fueron eliminados los artículos con menor coincidencia con las palabras claves. Se incluyeron artículos publicados entre 2009 al 2018.

**Hallazgos y discusión:** El total de resultados arrojados por los buscadores digitales de los periódicos fue de 9,720 artículos; empleando instrumentos de descarte se obtuvieron 2,296 utilizables. Se generaron 4 categorías y 7 subcategorías para clasificar los artículos según su tipo y contenido. Predominaron las notas periodísticas de tipo “noticias” que hacen referencia a la práctica del trabajo sexual comercial ejercida por el género femenino y a la violación de los derechos humanos debido a la trata ilegal de personas.

**Recomendaciones:** Realizar el análisis comparativo entre notas periodísticas dentro de países latinoamericanos y europeos con énfasis en identificar una transición ideológica.

**Palabras clave:** Trabajo Sexual Comercial, Noticias, Países Hispanohablantes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Impacto Negativo de la Sexualidad Por Ser Viejo

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En el ser humano, la sexualidad esta ligada aun a la reproducción de la especie. Hoy la medicina permite la llegada a la vejez, etapa genéricamente programada que involucra cambios fisiopatológicos naturales. Sin embargo, las creencias del adulto mayor son complejas porque incluyen actitudes, devaluación y atavismos sociales. El bienestar de estos, ha mejorado pero los estudios en cuanto a la sexualidad apenas están avanzando debido al aumento de esta población a nivel mundial.

**Justificación:** Los adultos mayores que acuden a consulta refieren en el área sexual, disfunción eréctil en el caso de los varones y ausencia de libido en las mujeres. Aunque viejos, la mayor parte de ellos no tienen una causa física. Su limitación en el disfrute del erotismo parece mas un aprendizaje social.

**Población y entorno:** Pacientes adultos mayores de 60 anos que acudieron a la consulta y fueron entrevistados para conocer su forma de pensar y actuar sobre la sexualidad.

**Resultados:** Se detectaron estigmatizados por su experiencia de vida y la dificultad del disfrute erótico:

O no se sienten atractivos, o la falta de un campanero estable; por viudez, separación, soltería, o temor al rechazo. Se niega al viejo, la vivencia del erotismo y las relaciones coitales placenteras solo porque ya envejeció.

**Discusión:** Se encontró que existe la percepción de la sexualidad llena de atavismos, mas por razones sociales que por enfermedad. La mayoría presenta estigmas heredados de la familia y el concepto de vejez de la sociedad misma.

**Recomendaciones:** se requiere un cambio de paradigma, que permita responsabilizarse del auto cuidado y aun con deterioro físico, desterrar el binomio vejez = a disfuncion sexual natural. Basados en la plasticidad cerebral, es prioritario aprender nuevas formas de vivir el erotismo y preservar el derecho a disfrutar de una vida sexual plena hasta el ultimo día de nuestra existencia.

**Palabras clave:** Erotismo, Disfuncion, Vejez

**Conflicto de interés y declaración de divulgación:** Ninguno

## Creating a Gender Inclusive Environment on a University Campus

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The number of people who identify as transgender or non-binary has exploded in recent years on university campuses, yet many campuses fail to offer safe or inclusive environments for these individuals, and campus health centers struggle to offer adequate services.

Transgender individuals experience extremely disproportionate rates of exposure to discrimination, harassment and physical as well as sexual assault. The 2015 US Transgender Survey (<http://www.ustranssurvey.org/>) results show that nearly one-quarter (24%) of people who were out or perceived as transgender in

college or vocational school were verbally, physically, or sexually harassed. Additionally, research indicates that transgender individuals have experienced particularly harmful interactions in health-care settings, and as a result many do not seek care when needed.

To combat these problems, staff at Stanford University created *Gender Inclusive Stanford*, a campus-wide initiative which aims to encourage, align and amplify longstanding efforts to better serve trans students by working across the boundaries of Stanford's divisions, schools and departments; and to provide senior leadership a road map of necessary actions to

make our university a place where people of all genders can flourish.

GIS includes four working groups: teaching and learning, improved health and wellness services, information infrastructure, and built environment.

GIS has successfully amplified the voices and needs of trans and non-binary individuals throughout campus. For instance, software systems have been changed to allow self-identification of name, gender and pronouns; single-sex restrooms have been converted to all-gender; new human resources standards for gender

inclusivity are being written; and a new gender and sexual diversity online training is being created which will be required of all health providers.

Lessons learned from GIS will be used to explore how institutions can create environments where people of all genders can thrive. Health and wellness advocacy will be a primary focus of discussion.

**Keywords:** college health, gender inclusivity, advocacy

**Conflict of Interest and Disclosure Statement:** None

## Inclusión de Cátedra: “Medicina Sexual” en Curriculum de Medicina

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**Introducción & justificación:** Dado que en el curriculum de pregrado de medicina no se incluía el desarrollo de aprendizaje significativo en el área de la sexología medica. Desde el 2004 en el pregrado se incluye de manera transcurricular actividades de formación que desarrollan estas competencias.

**Proyecto:** Consistió en el desarrollo de competencias en sexologia medica guiadas y orientadas por médicos sexologos clínicos seleccionando asignaturas en donde se pudiera incluir temática asociada desde el primero hasta el sexto año del programa de medicina utilizando diferentes formas pedagógicas

**Población:** Estudiantes del programa de medicina de 2 universidades de Cali, Colombia

**Resultado:** Se logra incluir las temáticas de: Mitos y realidades en sexología, respuesta sexual humana normal, clasificación de las disfunciones sexuales, impacto de las enfermedades en la sexualidad, promoción de la salud sexual, sexualidad por ciclos vitales, historia clínica sexual, fármacos y sexualidad en las cátedras de medicina familiar, medicina ambulatoria, ginecología y pediatría.

**Discusión & recomendaciones:** Durante estos años se ha logrado evidenciar a través de grupos focales con

estudiantes y egresados la importancia de la inclusión de esta cátedra en la formación del pregrado de medicina.

La recomendación esta dirigida a que el sexologo clínico continúe trabajando por el logro de la inclusión de la sexología en los programas de pregrado de medicina

**Fuente de financiamiento:** Recursos Propios

### Citas de la literatura de apoyo:

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Sáez Sesma, Estefanía.; “Los profesionales de la sexología en la educación sexual”. En: Anuario de Sexología. Asociación Estatal de profesionales de Sexología. Madrid: 2009. N° 11, 89-94

**Palabras clave:** Medicina Sexual, competencias, formación

**Conflicto de interés y declaración de divulgación:** Ninguno

## Educación Sexual: Análisis de Programas Educativos Para Adolescentes

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**Introducción:** Se ha demostrado que la educación sexual no adelanta la edad de inicio de las relaciones sexuales, por tanto, ya nadie duda de la necesidad de realizar este tipo de intervenciones. La educación sexual ha evolucionado, abandonando enfoques reduccionistas de la sexualidad y orientándose hacia una visión integral. No obstante, aún queda mucho camino por recorrer.

**Los objetivos de este estudio son:** revisar distintos programas de educación sexual para adolescentes en España y en el extranjero y presentar los elementos del currículo que debe tener un programa.

**Método y muestra:** Se realizó una búsqueda bibliográfica en distintas bases de datos. Se seleccionaron programas posteriores al año 2000 evaluados mediante un diseño cuasi-experimental, con tamaño muestral superior a 100. Se llevó a cabo un segundo

análisis sobre los programas más representativos en España.

**Resultados:** Se revisaron 9 programas con un diseño cuasi-experimental. Respecto a los programas del segundo análisis, se incluyeron 7 programas españoles.

**Conclusiones:** La educación sexual debe orientarse hacia una visión integral de la sexualidad, considerando los aspectos psicosociales, la diversidad sexual y la igualdad de género. Los resultados obtenidos demuestran la eficacia de estos programas. Se debe fomentar la realización de estudios de carácter experimental con un diseño longitudinal.

**Palabras clave:** Educación sexual, Adolescencia, Evaluación de programas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Evaluación de los Niveles de Sexismo Ambivalente y de Heterosexismo en Futuros Docentes Españoles

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**Introducción & objetivos:** Las actitudes son claves en la inclusión educativa de las personas con sexualidades diversas, puesto que constituyen una predisposición hacia el comportamiento. El estudio de éstas en el profesorado es fundamental, dada su labor educadora y su impacto en el desarrollo del alumnado. Sin embargo, aún se encuentran en el contexto escolar manifestaciones de discriminación y violencia padecidas por gais, lesbianas y bisexuales (Martxueta, y Etxeberria, 2014). Diversas investigaciones revelan la presencia de diferentes formas de sexismo tanto en futuros docentes, como en docentes en ejercicio. Carretero y Nolasco (2016) descubrieron en una muestra de estudiantes de magisterio que más del 75% puntuaba alto en sexismo hostil y benévolo. No obstante, el ámbito escolar es un espacio señalado para la reducción de este tipo de

creencias y la promoción de la igualdad de género. La presente investigación tiene como objetivo analizar los niveles de sexismo y heterosexismo en futuros/as docentes del sistema educativo español (Educación Primaria, Educación Secundaria y Bachillerato).

**Método(s) & muestra:** La muestra se compone de 399 estudiantes de los Grados de Maestro de Educación Primaria y el Máster de Profesorado (habilitante para Educación Secundaria) con edades comprendidas entre los 19 y los 58 años ( $M= 24.99$ ,  $DT= 6.66$ ); de los cuales el 32.1% son varones, el 67.4% son mujeres y el 0.5 % intersexuales. Para la recogida de información, se utilizó un cuestionario formado por variables sociodemográficas, el Inventario de Sexismo Ambivalente (Expósito, Moya y Glick, 1998) y la versión en castellano de la Escala de Actitudes de

Heterosexuales hacia Homosexuales (Barrientos y Cárdenas, 2010). Entre los principales resultados destacan la presencia de diferencias significativas entre varones y mujeres en todas las escalas y sub-escalas estudiadas ( $p < .01$ ).

**Conclusión & recomendaciones:** Es necesario seguir reforzando la formación del futuro profesorado en estas materias.

**Palabras clave:** Heterosexismo, Sexismo ambivalente, Formación inicial

**Conflicto de interés y declaración de divulgación:** Ninguno

## Teatro Foro: Variaciones a un Drama Corriente

Aurora Antonia Hernández Bonilla, Claudia Daniela Martínez Martínez and Lucía García Armenta

Grupo independiente "Creatividad escénica", Puebla, México

**Introducción:** El teatro, un hecho social por naturaleza, permite desarrollar un compromiso, además es el medio por el cual la humanidad a través de sus capacidades expresivas manifiesta un discurso. Es un recurso de comunicación eficiente e inclusiva en donde no se piensa en el sujeto como ser individual, sino que se involucra y concibe dentro de un contexto social, y se reconoce e identifica como parte de un ser colectivo.

**Justificación:** Utilizando el teatro conseguimos, de manera casi mágica, alejar a los protagonistas de sus realidades, lo suficiente, para que se abra un espacio donde quepan nuevas oportunidades. La principal finalidad del *teatro foro* es reflexionar en grupo y de forma activa sobre el conflicto planteado, no se trata de encontrar soluciones mágicas, sino, de buscar diferentes vías y nuevas alternativas para la solución del conflicto y para la construcción de un mundo con más compromiso y conciencia social.

**Acción:** Adaptación y puesta en escena de la obra en un solo acto "Variaciones a un drama corriente" del dramaturgo nicaragüense David Rocha Cortés quien a

través de su texto expone creencias, actitudes, prejuicios y tabúes aún presentes al hablar de la orientación homosexual que afectan la manera en que las personas, -adolescentes y jóvenes- experimentan y viven el descubrimiento de su identidad.

**Población referida:** Público en general.

**Resultado:** Proponer nuevas formas de comunicar e intervenir ante el conflicto planteado y romper paradigmas con respecto al tema de la sexualidad.

**Discusión y recomendaciones:** La institución de la heterosexualidad. El tabú del homoerotismo. La bisexualidad como orientación sexual o la heterosexualidad como preferencia.

**Conflicto de interés y declaración de divulgación:** Ninguno

Boal, A. (2009). Teatro del oprimido. México: Alba.

Rocha Cortés, D. (2017). Variaciones a un drama corriente. Nicaragua.

**Palabras clave:** Teatro foro, Institucionalización del poder, Homoerotismo

## Menstruación: Narrativas de Madres e Hijas Adolescentes

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Investigadora/Independiente, México

La relación madre e hija es un factor primordial de la identidad femenina; La llegada de la menstruación marca una relación diferente en ambas generaciones de mujeres, la manera de vivir esta experiencia y el

recuerdo que se tenga de la misma impacta de manera significativa la forma de vivir la sexualidad.

En este trabajo se analizan y se comparan las narrativas de ocho mujeres, cuatro madres y sus respectivas hijas adolescentes que viven en una zona urbana



marginal de la ciudad de Aguascalientes. Se utilizó el método biográfico, a través de entrevistas y centrando la atención en los cambios en el cuerpo y la menstruación. identifica los actores involucrados, los conocimientos que circularon, las normas y valores transmitidos; así como la elaboración y en su caso resignificación de estos.

Dentro de los principales hallazgos encontrados se tiene que la generación de las madres tuvo desconocimiento sobre cambios en el cuerpo y la menstruación, tema que no fue abordado en sus familias de origen y mucho menos en la escuela; contrario a la generación de las hijas quienes cuentan con información limitada, mediada por profesoras/es así como por compañeras de la escuela. Sin embargo ambas generaciones de mujeres experimentaron vergüenza y miedo ante lo desconocido; por su parte, padres y madres

manifestaron angustia al relacionar este acontecimiento con un embarazo temprano.

Es importante que se hable de menstruación en el ámbito familiar y escolar desde la infancia ya que se considera que las y los adolescentes tienen suficiente información al respecto, y se da por hecho que ya no es necesario abordar el tema. Sin embargo la información que circula es limitada, muchas veces errónea y se dejan de lado las emociones y sentimientos que viven las mujeres al respecto.

**Palabras clave:** Menstruación, Madres e hijas, Narrativas

**Fuente de financiamiento:** Beca Conacyt durante el Doctorado

**Conflicto de interés y declaración de divulgación:** Ninguno

## El Abuso Sexual Inicia con la Falta de Educación Sexual

Vicenta del Carmen Hernandez Haddad

El Armario Abierto, México

**Introducción & justificación:** Desde enero 1989, he diseñado y realizado conferencias y talleres de educación sexual dirigidos, inicialmente, a niñas y niños de primaria. Dos años después estaba convencida de qué tan tarde estábamos llegando. La gran mayoría tenía una gran cantidad de inquietudes que no estaba preguntando en el hogar ni en la escuela por temor a ser descalificados. Paralelamente, el índice de abusos sexuales reportados en medios de comunicación cada día era más alto y estaba relacionado con la falta de educación sexual oportuna y científica. En 1991 abrí el primer taller de educación sexual dirigido a niñas y niños de preescolar con una característica muy especial, trabajo simultáneamente con menores y MAPAS (mamá/papás), quienes con frecuencia se sorprenden de la comprensión que adquieren: “Mientras sea una niña, un niño, nadie tiene derecho a tocar, frotar ni besar mis partes íntimas”.

**Proyecto/Población y ajustes:** En el consultorio, cuando un niño o niña relata su experiencia de abuso sexual, es frecuente que refieran la manipulación

emocional, incluso a través de regalos y dinero, de los que fueron objeto. Muchos de ellos dicen no haberse dado cuenta del abuso hasta comenzar el agresor(a) a someter con violencia física y amenazas.

**Resultado, Discusión & recomendaciones:** Hoy madres, padres de familia e incluso educadores en escuelas, que tomaron algunos de mis talleres desde niños/adolescentes, pueden dar cuenta de su experiencia al recibir educación sexual desde temprana edad y la apertura con la que comprendieron su desarrollo psicosexual y riesgos en sexualidad, que sin la educación sexual tan explícita, a través del vocabulario y diapositivas, hubiera sido muy difícil de comprender.

**Citas de la literatura de apoyo:** Educación Sexual / Abusos sexuales a menores y otras formas de maltrato sexual / La inocencia rota. Félix López.

**Palabras clave:** Abuso sexual, Educación Sexual, Inclusión

**Conflicto de interés y declaración de divulgación:** Ninguno

## Lo que Dicen las y los Jóvenes Sobre la Educación Sexual que Reciben en la Escuela

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Instituto Chihuahuense de las Mujeres, México

En el 2015 el gobierno federal lanzó la Estrategia Nacional para la Prevención del Embarazo en Adolescentes (ENAPEA) con la finalidad de reducir los embarazos en ese grupo poblacional. Ésta contempla como componente esencial para la prevención la “Educación Integral de la Sexualidad (EIS) progresiva e inclusiva”.

El estado de Chihuahua presenta altos índices de esta problemática. El Grupo Estatal para la Prevención del Embarazo en Adolescentes (GEPEA) de la entidad preocupado y ocupado por generar condiciones para disminuir el fenómeno, en 2017 realizó un monitoreo de la percepción que tienen los y las adolescentes sobre la ENAPEA con la intención de constatar los avances. Si bien la encuesta abarcó los seis componentes de la ENAPEA, la presente ponencia sólo da cuenta de lo que las y los adolescentes opinan sobre la EIS que reciben en la escuela.

Para tal efecto se aplicó un cuestionario estructurado cerrado a 1673 adolescentes chihuahuenses entre 12 y 19 años, en un total de 21 municipios. Se realizó un análisis desde la estadística descriptiva. Entre los

hallazgos encontrados se diluyen los prejuicios sobre la poca o nula acción que la escuela tiene en la temática: las personas respondientes informan que es en la escuela donde principalmente se les dan a conocer los DSR, así como que la información recibida es suficiente, que la actitud del profesorado al trabajar la temática es “normal”, así mismo que les informan sobre su derecho a recibir orientación y consejería sobre sexualidad en los servicios de salud sin la presencia de un adulto. La encuesta informa del poco involucramiento de los padres y madres de familia en actividades escolares que tienen que ver con la temática y apenas se percibe oposición, de los mismos, para la ESI.

**Palabras clave:** Educación Sexual Integral, Embarazo en Adolescentes, ENAPEA

**Fuente de financiamiento:** El financiamiento fue a través del Programa de Transversalización de la Perspectiva de Género del INMUJERES.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sex Museums Around the World

Irotaka

Organizer of Committee for preparation of Sex Museum Japan, Japan

**Introduction & objectives:** In Japan, there is no chance to study or think about sex using without relying mass media. It could be said that there is also no way to think about sex in an objective manner. To solve this problem, the author has come up with the idea of creating an interdisciplinary museum, like the Museum of Sex in New York. There are many museums around the world dealing with the subject of sex. This research survey is about these museums dealing with sex.

**Method(s) & Sample:** Internet research in English, or the local language as well as consulting about

museums dealing with sex mainly to the author’s acquaintances and Twitter.

**Findings & discussion:** By research, 32 facilities were found so far, with none in Japan. The oldest Sex Museum is located in Amsterdam, established in 1985. The exhibition, which uses historical figures, starts from the Roman Empire to present day. The administration body differs with each museum, as they might be local government, a company or a private enterprise. The purpose of each sex museum can differ from others. 12 of the museums researched were already closed due to financial issues.

**Recommendations:** Many Sex Museums exist around the world, but the author believes that it is difficult for operators to be aware of what is possible in a sex museum because of the multiple purposes and contents of exhibitions and the lack of interaction with each other.

Twelve museums were closed in the 2000s, but along with management efforts, it is considered necessary to

improve qualitatively the purpose, the contents of exhibitions, as well as the display method. This report more specifically proposes a qualitative improvement method.

**Keywords:** Sex Museum, Education, Sexual Health

**Conflict of Interest and Disclosure Statement:** None

## Educación Sexual para Personas Adultas Mayores

Patricia Kelly Ramírez

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Desde 2014, como la World Association for Sexual Health (... La educación integral de la sexualidad debe ser apropiada a la edad, científicamente correcta, culturalmente competente y basada en los derechos humanos, la igualdad de género y con un enfoque positivo de la sexualidad y el placer) y antes, en 1997 en el XIII Congreso Mundial de Sexología, Sexualidad y Derechos Humanos de Valencia (Derecho a una educación sexual integral desde el nacimiento y a lo largo de toda la vida. En este proceso deben intervenir todas las instituciones sociales) la WAS promueve abiertamente la EDUCACIÓN SEXUAL INTEGRAL como un Derecho Sexual.

Los cambios demográficos recientes tanto en países desarrollados, como otros que están en crecimiento, ven aumentar aceleradamente su población adulta mayor sin que ésta sea visibilizada, ni apoyada para continuar con el ejercicio de su sexualidad en condiciones saludables. Parece difícil de creer, pero todavía hay sociedades que les niegan el derecho a ejercerla.

VEJEZ CREATIVA es una propuesta desde los medios de comunicación (concretamente en YouTube) para “dar un nuevo significado a la vejez y combatir

los estereotipos limitantes; actualizar la información sobre sexualidad del adulto mayor”. El canal inició en agosto de 2018 y actualmente tiene 2,190 suscriptores que han acumulado 111,493 visualizaciones. Ofrecemos temas como Prevención de VIH, Próstata, Homosexualidad y envejecimiento, Falta de lubricación, etc. Predomina el público femenino y se reportan vistas en España, Colombia y Argentina, por supuesto en México y Sur de Estados Unidos. La respuesta de los suscriptores hasta el momento ha sido muy favorable y reportan sentirse motivados por la información y el enfoque de cada video.

Es importante considerar los nuevos lenguajes, la creación de los nuevos mensajes (imagen y texto), los nuevos espacios para la educación.

<https://femess.org.mx/derechos-sexuales>

<https://portalacademico.cch.unam.mx/repositorio-de-sitios/experimentales/psicologia2/pscII/MD2/MD2-L/ASPS/derechos%20sexuales.pdf>

**Palabras clave:** Educación, Sexualidad, Envejecimiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## Creating Safe and Sex Positive Space for Adults in Japan

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<sup>a</sup>Sexology Project, Japan; <sup>b</sup>GENESIS, Japan

**Introduction & rationale:** Sexuality education tends to be directed at adolescents while adults are viewed as adequately knowledgeable and responsible with regard to their sexuality and sexual behaviour. However, Millennials (aged from 18 to 34) revealed their feelings of taboo, shame and poor education associated with their sexuality. Therefore some adults in Japan anecdotally claim that there are scarce amounts of safe spaces and people to talk about sexual concerns.

**Project / Population and settings:** *Sexology Project* is a youth group which organises workshops to engage adults in comprehensive sexuality education at a local and civil society level. They primarily target groups of 20 people, aged between 20 to 70. Each workshop is divided into a main topic in the first session, followed by multiple philosophical dialogues session. The project aims to 1) help participants gain evidence-based knowledge and understanding on the topic while reducing shame; and 2) create a safe space by utilising the *Safety Community of Inquiry* approach, which allows participants safely disclose personal sexual experiences.

**Outcome:** The topics of the workshops include mutual consent, body image, self-pleasure and sexual rights, and sex positive communication. 95% of the 59

participants written feedback has been positive despite some initial unfamiliarity and reluctance. Some participants gradually learnt to express interest and share personal concerns. However, one-time participation is insufficient to address their sexual matters adequately. Also, some issues remain such as funding, human resources, and time dedication.

**Discussion & recommendations:** The philosophical dialogue method encourages personal story-telling for those who have never disclosed their 'private' matters. This underpins the importance of having safe, open-ended, and sharing-based dialogues to help adults recognise their own sexual rights, the advantages of owning their sexuality, and having sex positive communication.

### Citation:

Japan Broadcasting Corporation (2018) Sex, Youth True Feelings-Millennial Generation Survey of the World. (n.d.). Retrieved from <https://www.nhk.or.jp/gendai/articles/4159>

**Keywords:** safe space, comprehensive sexuality education, adults education

**Conflict of Interest and Disclosure Statement:** None

## Águilas: Educación para la Sexualidad con Énfasis en las Masculinidades

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**Introducción:** Para Liga-MAC es vital que la juventud siga estudiando y sus becarios varones deben participar en el programa Águilas. Surge del éxito del programa Alas dirigido al empoderamiento de adolescentes becarias. La Asociación apoya a familias de escasos recursos, en San José del Cabo, Los Cabos, Baja California Sur, México.

**Proyecto:** La esencia es aquella historia del cambio de plumaje y picos en las águilas; cuando ya no les sirven suben cúspides para 'renovarse o morir', metáfora que aplica al patriarcado. Desde el buentrato

como estrategia de renovación se propició la creatividad de los chicos en construir masculinidades que no existen aún en nuestro contexto mexicano, norteamericano, multicultural por migración, que sumado a condiciones de pobreza no se modelan localmente. Cada chico al transformarse constituye en su familia la primer generación de varones en vivenciar esta educación para su sexualidad, con intencionalidad de hacer un cambio, que en Águilas se propicia realizando un plan de vida que la Asociación da seguimiento.

**Resultados:** Este trabajo describe como combinar pedagogías socioafectivas, cultura de buentrato, perspectivas de género y DDHH para sensibilizar y desarrollar nociones, habilidades y actitudes en 20 horas vívidas que oscilan entre divertimento, reflexión, introspección, cuidado mutuo, análisis de vida presente, visualización de vida futura, ventajas de las masculinidades integrales, etcétera, dejando a los chicos motivados para resignificar sus masculinidades.

**Recomendaciones:** La cultura/costumbres se pueden cambiar para vivir libres y autónomos renunciando al ejercicio de presiones internas y externas que el patriarcado exige. Recomendamos para el seguimiento

entrevistas y revisamos la conveniencia de bajar la edad e iniciar Águilitas en primaria.

#### Citas:

- Sanz, Fina (2016) El buentrato como proyecto de vida. Kairós  
 Cascón, P., Y Beristain, C. (1995) La alternativa del juego. Juegos y dinámicas de educación para la paz. Madrid. La Catarata  
 Connell, R. W. (2003) Masculinidades. México: UNAM-PUEG

**Palabras clave:** Educación Sexual, Jóvenes, Masculinidades

**Conflicto de interés y declaración de divulgación:** Ninguno

## Proyecto Corazonada Creando Consciencia Sobre el Abuso Sexual Infantil

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**Introducción:** En el mundo 1 de cada 5 niños sufrirá abuso sexual. *Y de acuerdo con organismos nacionales e internacionales, la única manera de erradicarlo es la PREVENCIÓN.*

Por ello, CENDES A.C. ha creado un programa de prevención apelando a lo que en verdad mueve al ser humano: La emoción. Para ello, utilizamos el arte, la música, el teatro, la danza, la creatividad y el movimiento como vehículo de aprendizaje, para que los niños de una manera lúdica, didáctica y entretenida, logren adquirir la sensibilización, el conocimiento y el empoderamiento para detectar, detener y avisar en caso de un posible abuso, y los padres de familia, maestros y todo adulto encargado de un niño, logre volverse protector sin miedos ni prejuicios.

#### Proyecto/Población y Ajustes:

Trabajamos sobre 4 pilares:

1. **Sociedad:** (*Investigación, estadística y resultados*) la mejor forma de cambiar una realidad es conociéndola
2. **El trabajo con los adultos:** Porque son los responsables en procurar que el mundo sea lo más seguro posible para los niños.
3. **Los niños:** La mejor forma de reparar algo es evitando que suceda.
4. **Seguimiento:** No dejar solo a quien lo ha sufrido ni dejar de reforzar a quien no.

#### Recomendaciones:

- El 5 de noviembre del 2018 se convierte en un proyecto internacional, ganando el premio mistral 2018 en Málaga, España.
- Ha sido plenamente recomendada y apoyada por la Autoridad Educativa Federal de la Ciudad de México y el Estado de México.
- Se ha presentado en la cámara de diputados y en diferentes estados del país.
- Corazonada ha sido evaluada y reconocida por más de 20 mil niños maestros y padres de familia.

<https://www.youtube.com/watch?v=MGcTmiDijG0>

#### Citas de literatura de apoyo.

Cedó, C. (Mayo 2010). El teatro como herramienta de intervención social. 01/04/2019, de Cuadernos de acción social y ciudadanía Sitio web: <https://rferrari.wordpress.com/2010/07/28/el-teatro-herramienta-de-intervencion-psicosocial/>

**Palabras clave:** Teatro, Abuso Sexual Infantil, Prevención

**Conflicto de interés y declaración de divulgación:** Ninguno

## Hacia una Capacitación No-Heterosexista del Sexólogo en Latino-América

Yazmine Marimon

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El Latino-américa, la educación y formación sexual tiene una condicionante socio-histórica que refleja fenómenos culturales como el machismo, la discriminación de género y de orientación sexual. Este estudio exploró la formación del sexólogo en Latinoamérica y la relación de género (hombres y mujeres) con otras variables como formación académica, identidad profesional, actividades profesionales relacionadas con la sexología, grupo de población atendido, áreas de especialización, áreas de conocimiento en Sexología relevantes para el trabajo profesional, así como aquellas áreas que demandan un mayor interés académico. Se recolectó 72 respuestas de profesionales de la salud mental y sexual en 12 países del continente. Se reportó diferencias significativas entre los grupos. Las mujeres reportaron una mayor capacitación en estudios relacionados con identidad de género, aspectos socioculturales de la sexualidad humana y abuso sexual, e indicaron un desempeño profesional con enfoque educativo en los servicios que brindan a la población. Por otro lado, los hombres

reportaron una mayor orientación, formación e interés profesional en los aspectos clínicos, terapéuticos e investigativos en el campo de la sexología. Se concluyó que existe una influencia social heteronormativa en la formación del profesional del sexólogo y en su práctica laboral. La necesidad del reconocimiento de la diversidad y un enfoque positivo de la sexualidad se convierte en una prioridad en la formación y educación del sexólogo. Como finalidad, se propuso una normativa no-heterosexista para el desarrollo de los servicios integrales de atención de salud sexual y en la capacitación y apoyo a los profesionales que trabajan en este campo. Se recomendó una profundización de este estudio a otras muestras de población en el campo de la salud sexual en Latino-américa.

**Palabras clave:** Género, Formación profesional, Salud sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Life Changing Relationship and Sexuality Education for Hilltribe Youth in Northern Thailand

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**Introduction/rationale:** Hilltribe people live along the border areas of Thailand/Myanmar. For many, neither country recognises them as citizens, thus depriving them of access to education and health services. Geographically and socially, they are highly vulnerable to sex trafficking and forced prostitution. There is a high level of untreated STIs and HIV/AIDS. A combination of early deaths from AIDS, death in childbirth, and being jailed for drug smuggling, means many children are left parentless.

Borderless Friendship Western Australia (BFWA), working with local NGO, Borderless Friendship Foundation (Thailand), has established care facilities

and access to education, for more than 300 children who have lost one or both of their parents, or whose parents do not have the capacity to provide for them.

**Population/settings:** Three Lahu hilltribe leaders travelled to Western Australia and participated in leadership and RSE training for Indigenous people. With increased confidence, over the past seven years, they have co-facilitated ten RSE workshops for hilltribe youth and carers (aged 12-20 years, n = 580) with support from BFWA. Bilingual workshops are sex positive; highly interactive and informative; and involve people from diverse religious/spiritual backgrounds and multiple tribes (eg. Akha, Lahu, Lisu, Karen). Content



includes: self-identity; affirming diversity; puberty and caring for your body; understanding emotions; relationships; human rights; STIs, parenting; and goals and dreams.

**Outcomes:** Participants and carers are highly engaged throughout the 2-day workshop. Confidence to speak about issues relating to sexuality was increased. Young people felt empowered to remain at school, engage in safe sex, and not 'marry early'.

**Discussion/recommendations:** Ongoing RSE was identified as a necessity and future workshops are

planned, including workshops with teachers. Hilltribe leaders are keen to build on their facilitation skills and continue to be mentored by the experienced BFWA educator. These innovative workshops can be easily adapted to other culturally diverse settings.

**Keywords:** Hill tribe, Northern Thailand, Relationships and sexuality education

**Conflict of Interest and Disclosure Statement:** None

## ¿Qué es Exo?: Quien nos Educa en Sexualidad

Robertha Medina Aguirre

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El objetivo del presente estudio fue explorar aspectos relevantes relacionados a la educación de la sexualidad en una muestra de adultos mexicanos. Un cuestionario con preguntas cerradas y preguntas abiertas permitió a los sujetos valorar a diferentes "actores" de su formación educativa en sexualidad. El cuestionario se optimizó en la plataforma Google Forms. Participaron 500 hombres y mujeres de 26 estados de la República Mexicana cuya media de edad fue de 34.7 años. El promedio de edad de inicio de la vida sexual fue de 18.85 años (con diferencias estadísticas entre hombres y mujeres). El 45.8% de las mujeres ha tenido entre 2 y 5 parejas sexuales y el 47.5% de los hombres ha tenido más de 10 parejas sexuales. Las personas o medios de quienes los sujetos dijeron haber obtenido más información sobre sexualidad, en orden descendente fueron: libros, revistas y películas científicas, maestros, el internet, la mamá y la pornografía. La primera instrucción formal sobre sexualidad ocurrió, para un 25.2%, entre los 11 y 12 años y para un 24%, entre

los 9 y los 10 años. Los temas de los que recibieron información, de acuerdo con lo reportado por los sujetos, fueron abordados como tabú, siendo éstos: la menstruación, los órganos sexuales, el embarazo (y su prevención) y las infecciones de transmisión sexual principalmente.

Los resultados de este estudio ponen en manifiesto la relevancia que han cobrado los medios electrónicos e impresos en la educación de la sexualidad en México. Una posible explicación para estos hallazgos se relaciona con la limitación de los temas abordados por la familia y la escuela, los cuales se centran casi exclusivamente en los aspectos anatómicos y reproductivos de la sexualidad y dejando de lado el placer, lo que podría orillar a hombres y mujeres a buscar nuevas fuentes de información.

**Palabras clave:** pornografía, internet, familia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Manual Educativo: Sexualidad y Adolescencia

Juana Mercado Alcántara, Leticia García Solano, Minerva Santamaría Hernández, Gillian Fawcett Metcalfe and Evelyn Aldaz Vélez

Católicas por el Derecho Decidir México, México

CDD ha elaborado el Manual educativo *Sexualidad y adolescencia, habilidades para la toma de decisiones libres e informadas*, con el objetivo de que mujeres y hombres adolescentes:

1. a) comprendan los factores asociados al embarazo no planeado y adquieran herramientas para vivir una sexualidad protegida y consensuada.
2. b) identifiquen la violencia sexual que pueden sufrir niñas, niños y adolescentes y reconozcan estrategias para enfrentar un embarazo producto de una violación, incluyendo la decisión de un aborto legal.

A partir de un enfoque de educación integral de la sexualidad, de derechos humanos, y de género, ofrece sugerencias de aprendizaje que permiten a adolescentes aclarar dudas, tomar decisiones y tener opciones ante dilemas en el ejercicio de su sexualidad y de sus derechos sexuales y reproductivos, tomando como ejes de reflexión y discusión capítulos de *Católicas* que abordan los temas de embarazo adolescente, métodos anticonceptivos y violencia sexual hacia niñas, niños y adolescentes.

Está dirigido a quienes trabajan con adolescentes temas de género, sexualidad, derechos sexuales y reproductivos, como docentes, personal de salud, organizaciones de la sociedad civil, colectivos feministas, de derechos humanos o juveniles.

Se promueve una metodología participativa, reflexiva y lúdica, para brindar a adolescentes información significativa que les permita reconocer su utilidad en la vida y modificar actitudes y conductas aprendidas que las o los llevan a experimentar la culpa y el pecado en el ejercicio de su sexualidad.

Cartilla de Derechos Sexuales de Adolescentes y Jóvenes. Disponible en <https://bit.ly/2jk5KCc> (Consultado el 20 de julio de 2018)

Consejo Nacional de Población, CONAPO, 2015. *Estrategia Nacional para la Prevención del Embarazo en Adolescente* (ENAPEA). Disponible en: <https://bit.ly/2JqdsMq> (Consultado el 4 de junio de 2018)

Instituto Nacional de Salud Pública (INSIP), *Encuesta Nacional de Salud y Nutrición* (ENSANUT). Cuernavaca, 2012, Disponible en <http://ensanut.insp.mx/> (Consultado el 10 de diciembre de 2015)

**Palabras clave:** embarazo adolescente, métodos anticonceptivos, aborto

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexting Behavior in a Large School-Based Sample of Mexican Teenagers

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**Introduction/objective:** Sexting among teenagers has garnered considerable attention in both the public and research sectors, especially regarding its potential risks. However, this attention has sometimes shifted towards blaming the victims of nonconsensual sexting, and giving teenagers the advice to simply abstain.

The objective of this study was to examine the prevalence of sexting behaviors and other dating and sexual behaviors using a large school-based sample of adolescents.

**Method/sample:** A total of 1110 teenagers from six urban, semi-rural and rural schools from four states in Mexico completed a paper-based survey (50.7% male and 49.3% female). Ages in the sample ranged from 12 to 19 ( $M = 15.83$ ).

**Results/conclusion:** Results show that teenagers have mostly received sexuality information from their teachers (79.2%), their mothers (71.7%), and their friends (58.7%). Another source of information was the internet, with 65.9% of them going online to find

sex advice, and 89.1% of them saying they have found it “useful” or “very useful”.

Of the total sample, 24.4% have sent a nude picture of themselves, 20.7% say they have felt pressured to send one, 65.3% have received an unwanted nude, and 56.7% have been shared a nude someone else received. Girls felt significantly more pressured to sext than boys.

Teenagers who were sexually active (39.5% of the sample) and those who had practiced consensual sexting were significantly older. The exchanging of nudes was associated with lower consistent condom use.

Twenty-first century teenagers are growing up with new and increasingly advanced means of communication. Understanding their experiences and perceptions can be key to establishing a more accurate educational approach. This study also points to the need for providing young people with emotional and practical support that is relevant to their unique needs and concerns.

**Keywords:** Teenagers, Sexting, Sexual behavior

**Conflict of Interest and Disclosure Statement:** None

## Experiencia Exitosa de Educación Sexual Integral al Alumnado de Nivel Básico

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**Introducción:** El país ocupa el primer lugar por abuso sexual infantil (4,5 millones por año) según datos de la OCDE (2016). Es imperante que la Educación Sexual Integral (E.S.I.) en México se otorgue desde el nivel básico en forma preventiva.

**Proyecto/población:** El presente trabajo muestra una estrategia de intervención (trabajada en escuelas oficiales y particulares) que permite brindar E.S.I. a comunidades educativas de nivel básico (Preescolar y Primaria). La propuesta se centra en analizar y proponer a cada escuela una intervención educativa de la sexualidad por CONTEXTO ESCOLAR, ÁULICO Y SOCIO FAMILIAR. En el contexto escolar se indagan creencias, valores, actitudes de directivos, docentes y apoyos técnicos respecto a la sexualidad. En el contexto Áulico se investigan y reconocen las características de los grupos de niños y niñas de preescolar y primaria, así cómo recuperar la información que poseen respecto a la sexualidad; en el contexto Socio Familiar se indaga sobre las expectativas y creencias que tienen los padres de familia sobre la sexualidad y la educación respecto al tema. Una vez

recuperada la información relevante y conociendo las características y cultura de los tres Contextos, se planean las estrategias metodológicas y didácticas para cada uno (talleres, pláticas, etc.) facilitando el logro de los propósitos de la E.S.I.

**Resultados:** Se observada un mayor impacto y aprendizaje en el alumnado, cuando se inicia el trabajo con docentes y directoras; posterior a esos los talleres con Padres de Familia constituyen la garantía de que la información y actitudes que se desarrollen con los niños y niñas respecto a la sexualidad permanezcan. Al eliminar las principales barreras que representan la ignorancia y los miedos en los adultos, los talleres de E.S.I. desde la propuesta existencial humanista, se desarrollan con éxito.

**Conflicto de interés y declaración de divulgación:** Ninguno

SEP. Aprendizajes Clave (2017)

INEGI (2014) Encuesta de Cohesión...

**Palabras clave:** Educación, sexual, infantil

## El Teatro de Títeres: Herramienta Educativa para la Visibilización de la Homosexualidad Expresada Desde la Niñez

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En México el 73.7 de niños y adolescentes sexualmente diversos se han sentido excluidos deliberadamente (2a. Encuesta Nacional sobre violencia escolar basada en la orientación sexual, identidad de género y expresión de género hacia estudiantes LGBT en México 2017) Se reporta que los niños y niñas que muestran conductas consideradas no heterosexuales, que son discriminados y rechazados en su ambiente social, educativo y familiar tienen una probabilidad mayor de tener problemas de salud mental y física: Pueden desarrollar depresión, y/ o tener problemas de baja autoestima, consumo de drogas, así como normalización de la violencia (Ryan, 2010). Esta situación se debe atender inmediatamente para prevenir y garantizar una niñez y desarrollo sin estigma ni discriminación. El teatro de títeres es una herramienta educativa que promueve la libertad de “ser, (Oltra, 2014 pags. 35-38. se ha utilizado en temas de diversidad sexual para naturalizarla. Este estudio propone al teatro de títeres como una herramienta educativa para informar, sensibilizar y visibilizar a los espectadores acerca de la orientación homosexual

manifestada desde la niñez mediante la puesta en escena “Arcoiris” cuyo tema está basado en la problemática familiar, escolar y social de un niño homosexual. Esta herramienta educativa se utiliza con la intención de abrir espacios de reflexión acerca del tema para que principalmente los adultos pongan atención en los niños y niñas no heterosexuales. Para medir los logros de la puesta en escena posterior a la presentación de ésta se realizan conversatorios con los espectadores para recoger impresiones del impacto de la obra en sus actitudes, emociones y pensamientos La pretensión de esta puesta en escena es ser una herramienta educativa que forme parte de otras muchas acciones que puedan ser realizadas por la Academia, Activistas, ONG’S e instituciones vinculadas para generar el cambio.

**Palabras clave:** Visibilización de la homosexualidad infantil, Teatro de títeres, Rechazo familiar

**Conflicto de interés y declaración de divulgación:** Ninguno

## Healthcare Provider Training Needs for Harnessing the Potential of Mobile Applications to Advance Reproductive Health Self Care

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**Introduction and objectives:** Tailored and accurate information on reproductive health can advance sexual and reproductive health and rights (SRHR). Mobile phone applications (apps) are popular, yet little is known of healthcare provider perspectives and comfort with this technology. This study aimed to explore healthcare provider knowledge, use and training needs regarding reproductive health mobile phone apps.

**Method and sample:** To inform World Health Organization normative guidance on SRHR self-care we conducted a global web-based survey using web-

based convenience sampling. We included a separate questionnaire for healthcare providers, and present descriptive statistics on reproductive health mobile app responses.

**Results:** Participants included 294 healthcare providers residing in 72 countries, including doctors (27%), pharmacists (23%), persons working at SRHR agencies (31%), nurses (9%), community workers (8%), and midwives (2%). One-third (35.2%) reported that they had provided referrals or information on reproductive health mobile phone apps, 39.9% reported they

had not, 5.6% reported that this technology was not available where they live, and one-fifth reported that it is not related to their job. Regarding confidence and information levels regarding reproductive health mobile phone apps, 42.6% felt confident and informed, 45.7% reported needing more information, and 15.1% reported needing additional training. Regarding concerns pertaining to reproductive health mobile phone apps, 44.9% indicated concerns of misuse by patient, 46.8% indicated concerns of patients not seeking health care when needed, 29.8% indicated concerns over quality of the product, and 15.1% indicated safety concerns. The top perceived benefits of reproductive health

mobile phone apps were convenience at 66.4%, empowerment at 58.3%, removal of barriers at 44.4%, reduction of health care workload (38.1%), and affordability (36.8%).

**Conclusions and recommendations:** Survey results suggest that providing healthcare provider training could improve confidence among healthcare providers to recommend and provide information on reproductive mobile phone apps to their clients and patients.

**Keywords:** healthcare provider training, mobile phone apps, reproductive health

**Conflict of Interest and Disclosure Statement:** None

## Come Together Again: The Diverse Ecosystem of Sexuality in the Universe of Music

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**Introduction & Objectives:** Sexual lyrics and themes have been contained in the musical canon for centuries (in popular, folk and country music, the blues, R&B, and rock 'n' roll, and rap and hip hop culture, not to mention classical operas and Broadway shows, and movie soundtracks, among the many subgenres of all of them. In recent decades, explicit lyrics have become more problematic for many parents, religious authorities, and political conservatives with the expansion and ease of access of the various media that make these types of music more widely available, and the often-presumed potential harm that being exposed to this material may cause young people. Many vintage works from the early days of Edison's newfangled wax-recording contraptions, and their subsequent steadily evolving early technologies, have been almost lost in various contexts, but have slowly been rediscovered by musicologists and fans as our more-advanced recording storage technologies have very quickly advanced.

**Approach:** Participants will sample and share the lyrics of various forms of music, primarily in

American culture, with some additional examples in other languages/cultures. Participants will brainstorm the possible use of the various topics addressed in the lyrics in various educational settings. Participants will discuss in small groups best scenarios and subject areas in which they might find some of the musical examples we hear to be valuable triggers for educational discussions.

**Anticipated Participant Outcomes:** Participants will be able to identify various songs that cover different sexual topics (and the emotional content that they might convey) to assess their possible value in various settings to help students assess their own values or feelings about the sexual material they hear in songs.

**Keywords:** Sexuality, Music, Education

**Source of Funding:** Possible funding from the Center for Excellence in Teaching of the Fashion Institute of Technology of the State University of New York (FIT-SUNY)

**Conflict of Interest and Disclosure Statement:** None

## Técnicas de Prevención y Protección, en la Sexualidad Infantil

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**Introducción y Justificación:** El abuso sexual infantil, el sexting, los riesgos en la red, la pornografía, la violencia en los videojuegos, y los ciberdelitos, son algunos de los temas básicos dentro de la educación sexual, no solo por el incremento de conductas de riesgo, sino porque la educación sexual es un derecho humano, Este trabajo brinda algunas técnicas breves para la Prevención de conductas de riesgo en la sexualidad, debido a la constante preocupación de padres, madres y educadores que desean tener herramientas prácticas para apoyar en la prevención y protección.

Las técnicas utilizadas han sido puestas en práctica en diferentes escenarios, resultado del trabajo de muchos años en la clínica y en la docencia, con niños, niñas.

El fondo de las Naciones Unidas para la infancia -Unicef- (2011) afirma que uno de los principales problemas de salud que enfrentan los y niñas, niñas adolescentes en el ámbito mundial son las conductas sexuales de riesgo, que son entendidas como todas aquellas situaciones que tienen el potencial de provocar daños en el desarrollo de la persona, y además tienen

la capacidad para afectar el bienestar y la salud integral del individuo.

Por lo cual se requiere reforzar la prevención y protección.

**Proyecto Población y entornos:** Dirigido a las y los educadores para que funcionen como Instructores de Niños y Niñas de 6 a 12 años de edad.

**Resultados:** Las técnicas utilizadas se basan en las teorías de la sexualidad Integral y tienen una gran aceptación en niños y niñas.

Se cumplen los objetivos de las técnicas y herramientas utilizadas ya que los padres, madres y educadores consideran que son de fácil aplicación y han tenido un gran impacto como una herramienta necesaria, consideran que cumplen el objetivo de prevención de conductas de riesgo, en la sexualidad de niños, niñas

**Palabras clave:** Técnicas, Prevención, protección

**Conflicto de interés y declaración de divulgación:** Ninguno

## De que se Habla Cuando se Habla de Sexualidad en Escuelas Medias

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**Introducción:** Pasados diez años de la Ley de Educación Sexual Integral (ESI) en Argentina su aplicación en las escuelas es muy diversa en cuanto a que, con quien y donde se aborda.

**Objetivos:** Identificar: \*que temas se tratan en el marco de la ESI en escuelas medias, \*con quienes hablan, \*en que momento/donde hablan

**Material Y Metodos:** trabajo transversal, observacional. Población: adolescentes que cursan escuela media, zona sur CABA, período marzo-junio/2018 Respondieron encuesta auto-administrada: edad, sexo, en relación a la ESI (todas de opción múltiple): que se habla, con quien y cuando/donde ANALISIS ESTADISTICO: media-desvío estándar, porcentajes

**Resultados:** 126 jóvenes incluidos, edad promedio: 15.6 años (DS 13.1, 13-18), 50% (63) mujeres. El 75% (95) a veces habla de sexualidad integral, el 4% (5) nunca. Los temas más mencionados: enfermedad de transmisión sexual (75%-95), anticoncepción (70%-88), violencia de género (69%-87), en el noviazgo (49%-62). Como referentes para hablar: docentes 55% (70), tutores 36% (46), compañeros 34% (43). El 79% (100) identifican el aula como lugar donde se aborda la ESI. Un 23% (29) refieren haber participado de jornadas y el 16% (20) de talleres

**Conclusiones:** a pesar de la obligatoriedad de la ESI todavía hay escuelas en las que no aplica y en otras su abordaje no es completo. Los temas clásicos siguen



siendo los más abordados dejando menos espacio para otros como diversidad. Los docentes se presentan como referentes tratando el mismo en el aula. Es necesario trabajar más en conjunto, salud y educación para ampliar la temática y la frecuencia con que se aborda la ESI en las escuelas medias

**Palabras clave:** Escuelas, Educación, Sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Early and Often: Sexuality Education in Early Childhood

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**Introduction and Rationale:** Despite the rallying cry in the sexuality field to discuss topics “early and often”, comprehensive curriculum plans for early childhood sexuality education are virtually non-existent. Instead there are reactive studies on how to untangle the knots of confusing messaging received in childhood as an adult. This age group, their caretakers, and their teachers are in need of educational resources that serve to inform and empower adults to navigate sexuality-based conversations.

**Project / Population and settings:** Limited qualitative research was conducted in the form of case studies. These case studies were conducted over several years in comfortable, child friendly environments with children and their parents. This was an effective way to introduce positive sexuality education in early childhood and ensure parents have the tools to reinforce that learning.

**Outcome:** Not only did children use the provided skills as a blueprint for subsequent novel interactions, parents felt more comfortable and confident addressing various topics. Children who experienced these lessons

consistently, over a period of time showed greater retention and aptitude for learning more complex concepts related to sexuality without any stressed related behaviors.

**Discussion and Recommendation:** The field of sexuality needs to recognize the disservice it does itself by not providing research and educational materials for children under the age of six. There should be a more concerted effort to create proactive efforts to educate children around sexuality basics.

### Citation of Supporting Literature:

Lage, M.T., Platt, G. T., Treglia, M. (2000). Inverting the Classroom: A Gateway to Creating an Inclusive Learning Environment. *The Journal of Economic Education*, 31(1), 30–43.

Powell, D. R. (1986). Parent education and support programs. *Young Children*, 41(3), 47–53.

**Keywords:** Early Childhood Education, Parenting, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## Conceptualización del Profesional de la Sexología en México

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La frase “Soy sexólogo/a” provoca reacciones diversas que no se parecen a las producidas cuando alguien dice que es médico o abogado. El sexólogo es el profesional formado para abordar la sexualidad en sus dimensiones bio-psico-socio-culturales como terapeuta, educador y/o investigador y éste adquiere una definición social construida a partir de la exposición pública. El papel del profesional de la sexología cumple

dos objetivos: desde la educación sexual proporciona información y asesoramiento para prevenir problemáticas relacionadas con el ejercicio de la sexualidad; desde la terapia sexual ayuda a superar los problemas sexuales que tanto impacto tienen en nuestro entorno. Al no encontrar investigaciones que den respuestas claras sobre la conceptualización del profesional de la sexología por la sociedad, y con el objetivo

de ampliar nuestra comprensión acerca del tema, este estudio de corte cualitativo exploró un grupo de 180 participantes, hombres y mujeres mayores de 18 años, residentes en su mayoría en la Ciudad de México para conocer cuáles son las características generales relacionadas al quehacer profesional de un sexólogo, los temas por los cuales acudirían a consulta y dónde se podrían encontrar estos profesionales en México. Los resultados demostraron que se espera que un profesional de la sexología brinde atención física y psicológica de manera abierta, sin establecer juicios de valor, tenga una preparación y experiencia en el campo de la psicología o medicina, ofrezca orientación, asesoría, consejería, educación e intervención clínica de

temas relacionados a trastornos sexuales y diversidad sexual en consultorios privados. Estos resultados evidencian que la conceptualización del profesional de la sexología en México es limitada lo que dificulta su reconocimiento como especialidad e interdisciplinariedad, señalando a la vez, la necesidad de tener alcance en instituciones públicas y privadas fomentando la educación y líneas de investigación que aporten al campo de la sexología en México.

**Palabras clave:** Sexología, Atención, Educación Sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Descubrirse Hombre Trans: Momento Crucial, que no Siempre es Obvio

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El Armario Abierto, México

Este fue un proyecto de investigación cualitativa que abarco 25 entrevistas a profundidad con hombres trans entre 22 y 65 años de edad en México (2015-2018). El objetivo fue entender su proceso vivencial al transitar en distintas áreas de su vida. Uno de los resultados más interesantes fueron los de la pregunta: ¿Cómo te diste cuenta que eres un hombre trans? Que parecía obvia, no lo fue.

Las conclusiones:

- - Las niñas tienden a no ser reprendidas si les gustan las actividades masculinas, por lo que muchos hombres trans se dieron cuenta que son trans cuando entraron en la pubertad y la adolescencia donde se marcan los roles de género, acompañados de los cambios secundarios y sus significados.
- - Cuando hay disconformidad corporal, la auto-percepción del cuerpo se puede negar o distorsionar al grado de no ser consiente que ese cuerpo no es coincidente con la idea de la autoimagen que se tiene.
- - Desde la negación se crean ajustes fantaseosos de tener o de llegar a tener el cuerpo que se desea durante los cambios secundarios.
- - Algunos hombres trans tuvieron un periodo donde se identificaron como lesbianas masculinas.

- - Algunos hombres trans fueron femeninas antes de salir del closet cuando dieron un giro importante para si mismos y para quienes los rodean.
- - Algunos se vivieron confundidos al ser hombres trans homosexuales.
- -El tránsito corporal y el social son indispensables.
- -El individuo realmente no transita, solo ajusta su cuerpo a su vivencia. La sociedad necesita romper sus paradigmas.
- - La importancia de tener modelos y personas con quien identificarse.
- - Internet y las redes sociales marcaron una clara diferencia para las nuevas generaciones de personas trans.

En la ponencia se presentarán ejemplos que llevaron a estas conclusiones.

**Palabras clave:** Hombres trans, Negación corporal, Genero

**Conflicto de interés y declaración de divulgación:** Ninguno

## Trabajo Conjunto Entre Organizaciones Activistas y Profesionales por los Derechos Sexuales

Magdalena Rivera

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**Introducción & justificación:** En Chile la formación sobre Derechos Sexuales y diversidad sexual de los médicos es deficiente, generando una atención inadecuada y vulneración de derechos. Para mejorar esta falencia el Departamento de Derechos Humanos del Colegio Médico en conjunto con la Sociedad Chilena de Sexualidades y la Escuela Transdisciplinaria de Sexualidad deciden realizar actividades dirigidas a quienes trabajan en salud.

**Acción & población referida:** El 2018 se realizó el seminario “Salud sexual como Derecho Humano”, en el colegio médico, al que fueron invitados representantes de grupos activistas con el objetivo de presentar, desde una mirada “en primera persona” sus necesidades en salud, contando con aproximadamente 100 asistentes más miles que vieron la transmisión en vivo. Finalizó con teatro espontáneo incluyendo relatos de los asistentes.

**Resultado:** Los invitados a exponer sintieron un acercamiento a la comunidad médica que muchas veces los ha discriminado, valoraron el ser escuchados y validados. Los asistentes en persona y quienes vieron la transmisión refirieron haber adquirido aprendizajes significativos en diversidad sexual. Se generó una motivación a seguir trabajando en conjunto y actualmente está en desarrollo la realización de material

audiovisual dirigido a profesionales de la salud. La finalización con teatro permitió un espacio en que transitaron las emociones generadas y fue muy valorado.

**Discusión & recomendaciones:** El trabajo conjunto entre grupos activistas y profesionales mostró ser una excelente estrategia para generar acciones educativas hacia los profesionales de la salud. Un punto central de esta actividad fue el que los profesionales cedieran protagonismo dando la tribuna a la experiencia vivida en primera persona. Esta forma de trabajo motivó la creación de una mesa de trabajo para dar continuidad.

**Fuente de financiamiento:** Para la realización de las actividades se contó con el financiamiento económico del Colegio Médico de Chile.

**Conflicto de interés y declaración de divulgación:** Ninguno

### Citas de la literatura de apoyo:

World Association for Sexual Health. (2014). Declaración de los Derechos Sexuales

**Palabras clave:** Derechos Sexuales, Diversidad Sexual, Formación Médica

## Inclusión Laboral Efectiva de Personas LGBT. Integración Social y Productividad Corporativa

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ADIL diversidad e inclusión laboral, México

México es considerado el país con mayor avance y visibilidad en el respeto e inclusión a las personas LGBT+ en los espacios laborales. Aunque con tan solo 10 años que se la primer empresa comenzó a hablar públicamente del tema, el crecimiento es exponencial y hoy día se identifican más de 150 empresas con acciones concretas al respecto.

Las poblaciones gay y lésbicas han sido las que principalmente se han beneficiado de este crecimiento. Falta mucho aún por trabajar en la inclusión y aceptación de las personas bisexuales y trans en los espacios corporativos de trabajo.

Con cinco años de experiencia de trabajo en esta materia en el país, hemos permeado la importancia de

la tener políticas y procedimientos congruentes con el avance legal del país dentro de los espacios laborales, con el fin de erradicar estigmas, discriminación y LGBTfobias en la cotidianidad de la experiencia diaria de cualquier trabajador/a. Observamos la importancia que cualquier persona pueda compartir libremente su identidad de género u orientación sexual y como está estrictamente relacionado con su productividad y crecimiento interno. Y del lado corporativo como hay prácticas de atracción, retención y movilidad de talento

más sanas y redituables desde el punto de vista del negocio.

Respaldamos este trabajo con encuesta nacional de homofobia en el espacio laboral 2014 y 2015; así como con la de diversidad y talento LGBT 2018.

**Palabras clave:** Salud Sexual y Trabajo, Salir del clóset, Políticas corporativas incluyentes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Hablemos de Sexo y Amor: Una Agenda Sexual Desde la Juventud

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La sexualidad ha sido y sigue siendo importante en toda comunidad humana. Cada una de ellas ha generado espacios, instituciones y estrategias para educar e informar versiones convenidas sobre el amor, la sexualidad y las relaciones. La juventud es un objetivo importante para estas estructuras, muchas veces rígidas y con narrativas muy generales, que no logran satisfacer una amplia gama de expectativas y dilemas sobre la salud sexual y reproductiva.

*Hablemos de Sexo y Amor* se presenta como un proyecto alternativo para contribuir con los espacios tradicionales y con alta vulnerabilidad en estos temas. Nace del programa *Love Matter*, de RNW Media<sup>2</sup> e implementado para Latinoamérica desde 2013. A partir de 2018, es gestionado por su socio local, la *Fundación México Vivo*<sup>1</sup>.

Mediante historias y artículos personales abordamos temas relacionados con el amor, el placer y la salud sexual y reproductiva. Somos una comunidad en línea que agrupa un sólido equipo comprometido y sensible ante la diversidad sociocultural local. A través de nuestra web y con presencia en las principales redes sociales, nuestros socios expertos interactúan con casi

dos millones de jóvenes latinoamericanos entre 18 y 30 años. Consideramos sus intereses, angustias, miedos y dudas con el fin de producir contenidos adaptados y demandados por ellos mismos. Nuestros foros ofrecen la posibilidad de plantear preguntas y participar en discusiones de igual a igual. Así, desarrollamos estrategias contextuales a través de narrativas, positivas e inclusivas, sobre prácticas y conceptos que han sido estigmatizados en la vida sexual de la juventud.

El lenguaje y las actitudes comienzan a cambiar. Nuestras comunidades están comprometiéndose e intercambiando experiencias sobre sus cuerpos, sus relaciones y el ejercicio de sus derechos sexuales y reproductivos; creando condiciones que posibilitan que un número mayor de jóvenes se sumen a hablar de sexo, libre, claro y sin rodeos.

**Palabras clave:** Sexualidad, jóvenes, redes sociales

**Conflicto de interés y declaración de divulgación:** Idana A. Rodas Pulgar y Rodrigo Moheno Hernández forman parte de la Fundación México Vivo. Elsemieke de Jong es parte del equipo de RNW Media

## El “Aborto” en los Titulares de los Diarios Argentinos

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**Introducción y Objetivos:** Sin duda, uno de los aspectos más sobresalientes de los periódicos son los titulares porque tienen el objetivo de llamar la atención del lector y anunciar el contenido de la información. Dichos titulares introducen elementos de valoración para resaltar la importancia de los contenidos. En el año 2008, la palabra “aborto” estuvo presente en un gran número de titulares de la prensa argentina; sin embargo, los titulares no favorecieron la imagen del tema, pues este sigue siendo un tabú controversial que la sociedad perpetua por falta de información veraz.

**Objetivo:** El objetivo principal de la investigación fue analizar el discurso de los titulares de las noticias que abordaron el tema del “aborto” en cuatro diarios de Argentina.

**Métodos y muestra:** Se realizó una revisión sistemática de los titulares de los artículos periodísticos que cubrieron el tema del “aborto” en Argentina en el año 2018. Se consultaron cuatro periódicos, en su versión online: El Clarín, La Nación, Página 12 y

Tiempo Argentino. Se obtuvo un total de 25840 titulares que contenían la palabra “aborto”, y se tomó como muestra el 95 por ciento de las publicaciones totales.

**Hallazgos y discusiones:** Los titulares destacaron por su frecuencia en el análisis del “aborto” los asuntos referentes a la legislación y análisis moral desde el punto de vista religioso. predominaron los titulares relacionados con legislación y religión. La cobertura de los titulares también incluyó constantemente la descripción de las marchas, enfatizando a sus organizadores y el número de participantes.

**Recomendaciones:** Realización de investigaciones que determinen la tendencia de lectura del artículo completo en base al titular cuando este incluya la palabra “aborto”.

**Palabras clave:** Aborto, Argentina, Periódicos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Conocimiento del VIH/SIDA en Profesores de Petorca-Chile

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El VIH es considerado un problema de salud pública mundial debido a su progresiva incidencia. En Chile se ha reportado el aumento alarmante de esta patología especialmente en adolescentes y adultos jóvenes. Como factores protectores frente a la transmisión se han identificado la educación en la sexualidad, la prevención en establecimientos educativos y los profesores como agentes de formación. El objetivo del presente estudio fue caracterizar el conocimiento de los profesores de la ciudad de Petorca-Chile frente al VIH/sida, con un diseño de investigación descriptivo transversal, utilizando la adaptación al español de la Escala VIH-SIDA 65. Se conformó la muestra con 22 profesores de la institución de educación pública de la ciudad de Petorca, con edades comprendidas entre 23 y

62 años ( $M = 39,91 \pm 11,86$ ). Los resultados evidencian que los profesores tienen mayormente conocimientos correctos del VIH/sida, presentan ideas erróneas en relación a las vías de transmisión (27%) y tratamiento de la enfermedad (46%), identificándose una actitud negativa en un porcentaje considerable de la muestra (41%). Se concluye que aun con los avances científicos y tecnológicos y a pesar de la expansión de campañas de educación y divulgación de información sobre el VIH, en los profesores del Liceo municipal de Petorca, aun persisten conocimientos erróneos y actitud negativa frente al VIH/sida que se configuran como barreras en la prevención la transmisión. que los docentes, pueden desempeñar un papel significativo en la psicoeducación frente al VIH y otras infecciones de

transmisión sexual, siendo necesario fortalecer programas de educación que involucren a profesores y establecimientos educacionales como agentes de cambio en sus comunidades y promoviendo factores protectores en la prevención de nuevas transmisiones.

**Palabras clave:** VIH/sida, Conocimientos, Profesores  
**Conflicto de interés y declaración de divulgación:** Ninguno

## An Exploratory Evaluation of the Sexual Health Promotion Briefs Delivered to UK Military Phase one Trainees

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### Introduction and Objectives:

Research question

What is current practice in the delivery of sexual health promotion briefs to UK military phase one trainees and does this reflect evidence-based practice?

#### Background

Military personnel appear to be at a greater risk of harms to their sexual health, including acquisition of sexually transmitted infections, than the general population. All UK military personnel complete phase one training in the first 10-12 weeks of their career. This provides an opportune stage to deliver sexual health promotion which ensures maximal coverage among this group. At present, one sexual health brief is delivered in each training establishment to UK military recruits. The delivery of these briefs is not regulated or documented and there is no available data to suggest that current practice in the content and delivery of these briefs is based on relevant evidence or guidelines.

#### Objectives

- Observe, document and analyse current practice in the delivery of sexual health promotion briefs to UK military phase one trainees.
- Conduct a literature review to determine best practice in reference to the sexual health promotion briefs delivered to UK military phase one trainees.
- Evaluate current UK military practice against the evidence-based best practice.

**Methods and sample:** Current research and guidelines have been used to determine best practice in the

delivery of sexual health promotion and education for this population group. At least three briefs will be observed and mapped against evidence-based best practice. Briefs, which are delivered to 20-60 recruits at a time, at Royal Navy, Army and Royal Air Force training establishments.

**Results:** The literature base on sexual health education, applicable to the phase one UK military recruit population, was reviewed to form evidence-based suggestions for the service evaluation. The evidence base was assimilated under the domains of presenter, content and delivery.

One phase one presentation was observed from phase one establishments from each of the Royal Navy, Army and Royal Air Force. A variety of approaches were observed, including peer delivery and didactic lectures.

**Conclusions:** Potential benefits and drawbacks of each approach were identified and discussed. Peer delivery appeared to provide teaching which was tailored to the audience, a concept which was supported by the evidence base. Conversely, didactic delivery reduced the scope for interaction with the audience which was not in keeping with suggested best practice.

**Recommendations:** This study highlighted the need for an evidence-based consensus on the presenter, content and delivery of phase one sexual health education. As the current literature base is limited, expert opinion may be required to guide this process.

**Keywords:** Military, Sexual health promotion, Sexual health education

**Conflict of Interest and Disclosure Statement:** None



## De la Capacitación a la Acción: Educación Formal de la Sexualidad en Centros de Atención Múltiple y Escuelas Incluyentes

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**Introducción y justificación:** La educación de la sexualidad está inmersa dentro de la currícula de educación básica y en la vivencia cotidiana de niñas, niños y jóvenes con discapacidad, tanto en el ámbito escolar como familiar, sin embargo, este abordaje se realiza a través de una educación informal, tomando como base los aprendizajes culturales de familiares y docentes.

**Proyecto/Población y ajustes:** Durante el 2008, se hicieron manifiestas las necesidades de los centros educativos de las delegaciones: Iztapalapa, Azcapotzalco, Gustavo A. Madero, Miguel Hidalgo y Cuajimalpa; de obtener estrategias, herramientas y recursos que les permitiera mejorar su práctica docente en materia de sexualidad.

**Resultado:** Por lo anterior con el apoyo de INDESOL y un convenio con la Dirección de Servicios Educativos Iztapalapa se realizó el Diplomado Discapacidad y Sexualidad dirigido a personal docente y paradocente de 4 Centros de Atención Múltiple y 2 Servicios de USAER beneficiando de manera directa a niñas, niños y jóvenes con discapacidad, familiares y personal docente y paradocente de dichos centros, a

través de la implementación de Programas Formales de Educación y Consejería en Sexualidad, identificando con oportunidad las necesidades de la comunidad educativa, así como la intervención para evitar la exposición a situaciones de riesgo como el abuso sexual.

**Discusión & recomendaciones:** Las evaluaciones de participantes junto con videos y testimonios de los talleres constituyen la evidencia de la implementación del programa y el impacto en la población.

**Fuente de financiamiento:** INDESOL

### Citas de la literatura de apoyo:

Consejo Nacional para Prevenir la Discriminación, (2007). Convención sobre los derechos de las personas con discapacidad. Protocolo facultativo. México: CONAPRED  
Torices, I., (2019). Sexo sin Lata... educación de la sexualidad para niñas, niños y jóvenes con [y sin] discapacidad. España: Editorial Académica Española

**Palabras clave:** Educación Integral de la Sexualidad, Discapacidad intelectual, Sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Educación Integral de la Sexualidad en Población con Discapacidad Intelectual

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**Introducción & justificación:** Hablar de sexualidad resulta complicado, particularmente cuando se trata de personas con discapacidad intelectual (DI), debido a que son estigmatizadas socialmente, se han creado estereotipos alrededor de ellas, son infantilizadas, e incluso jurídicamente se les considera incapaces de tomar decisiones que atañen a su persona.

Los obstáculos anteriores limitan su participación en diversas esferas de su desarrollo como seres sociales. No atender la sexualidad de dicha población impide que se desarrollen estrategias para ejercer sus derechos sexuales y reproductivos, no atendiendo a la Convención sobre los Derechos de las Personas con Discapacidad (2007).

**Proyecto/Población y ajustes:** Bajo este marco y la experiencia se realiza una propuesta de ejes temáticos para trabajar con la población con discapacidad intelectual, acorde con cada etapa del desarrollo, así como las estrategias específicas de intervención para la población con DI, la familia y profesionales que trabajan con esta población.

**Resultado:** A partir del trabajo realizado se han logrado identificar las dudas, temores e ideas erróneas tanto de la familia como del personal docente, de salud o asistencia al enfrentarse a preguntas y expresiones comportamentales de la sexualidad de las personas con discapacidad.

**Discusión & recomendaciones:** Es importante destacar que el desarrollo e inquietudes sobre sexualidad de las personas con DI es igual al de cualquier persona por lo que la educación de la sexualidad que ha de ofrecerse en esencia deberá ser la misma;

considerando únicamente que en la metodología se realicen ajustes acordes a sus características y necesidades particulares.

**Fuente de financiamiento:** GEISHAD A.C.

#### Citas de la literatura de apoyo:

Consejo Nacional para Prevenir la Discriminación, (2007). Convención sobre los derechos de las personas con discapacidad. Protocolo facultativo. México: CONAPRED  
Torices, I., Ávila, G. (2012). Por mi salud y tu tranquilidad hablemos de sexualidad. México: Secretaría de Educación Pública.

**Palabras clave:** Educación Integral de la Sexualidad, Discapacidad intelectual, Sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## “Ser o no Ser”, Una Educación para Aprender a Sentir

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**Introducción:** El problema mayor que genera el sistema socio-cultural es la incapacidad para expresar el amor y para recibirlo, ocasionando, autoestimas bajas, frustraciones y relaciones humanas disfuncionales.

**Justificación:** Dirigida hacia la disfuncionalidad del sistema educativo, en el fomento de la salud mental de los individuos y por lo tanto en los problemas de relaciones humanas, como es la violencia en todas sus formas de presentación. Estas características pueden ser modificadas cambiando la currícula de enseñanza aprendizaje, del sistema educativo informal y formal.

**Discusión Y Recomendaciones:** Desde la educación sexual humanista nuestra función en la familia y la escuela, es acompañar y guiar a nuestras nuevas generaciones para rescatar las potencialidades humanas. Para lograrlo se propone modificar el modelo de familia vigente y los programas básicos de educación. La

propuesta educativa sexual humanista tiende, a lograr, seres humanos, más perceptivos y sensibles, con la capacidad para tomar decisiones y actuar de manera congruente con la aceptación incondicional, respeto y amor.

**Resultados:** La Dramaturgia del Clown desde la didáctica en sexualidad existencial humanista es ideal para representar la educación para la vida y la convivencia humana, permite “darse cuenta que el valor humano más importante, es la sensibilidad conceptualizada como potencialidad”, “Ya que, si el ser humano es sensible es incapaz de hacer daño” tanto a su entorno socio afectivo como al medio ambiente. Rescatar la alegría, el amor y el derecho al placer son necesidades educativas existenciales, que requieren ser tomadas en cuenta como innegables derechos humanos en beneficio de la construcción de una nueva cultura de paz.

**Citas De La Literatura De Apoyo:** Vigneau, Alain., (2016) Clown Esencial. Barcelona, Editorial: La Llave. / Krishnamurti, J. (2012) El conocimiento de uno mismo. U.S.A., Editorial Kairós. / Frankl, Viktor. (1954) El hombre en busca de sentido. Barcelona. Editorial Herder.

**Palabras clave:** Clown, Educación, Dramaturgia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Educación Sexual Formal en Chiapas

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Institución de investigación, asistencia y docencia en sexualidad humana para el desarrollo integral de los seres humanos como parte fundamental de la salud mental. Desde 1997 ha realizado investigaciones sobre conocimientos, actitudes y comportamientos entorno a la sexualidad. Sobresaliendo la realizada a 7220 adolescentes de ambos géneros en Chiapas, la Universidad de Ciencias y Artes de Chiapas, publica el libro "Adolescentes y Sexualidad en Chiapas". En 2004 se complementa ésta investigación con: "Conocimientos, actitudes y comportamientos de docentes del Estado de Chiapas a nivel medio superior ante cuestionamientos entorno a la sexualidad". En 2012 se realiza la investigación "Importancia de la Gestalt en Educación Sexual". Únicas investigaciones en Chiapas y México, para respaldar científicamente la creación de la educación en sexualidad humana en el nivel educativo medio superior. Difunde la sexología humanista, a través de diplomados, cursos, talleres y conferencias. Además de alianzas estratégicas con universidades y ONGs con la finalidad de formar educadores de la

sexualidad, cuyo perfil humanista promueva valores humanos. Ha participado en Congresos Nacionales y en países como Perú, Venezuela, Chile, Cuba y Guatemala. Fundamentándose en sus investigaciones, en 2008 crea el plan de estudios de Maestría en Educación Sexológica con reconocimiento de validez oficial de estudios de la Secretaría de Educación (RVOE) PSU-151/2008 y Posgrado en Educación y Terapia Sexual en Cuba, en convenio con el Centro Nacional de Educación Sexual y la facultad de Ciencias Médicas de la Habana, Cuba. Trabaja en la producción de material didáctico y elaboración de protocolos de investigación orientados a conocer la problemática de Salud Pública vinculada con sexualidad y salud mental de la población. Es la primer Institución del Estado y del Sureste Mexicano que imparte estudios de postgrado en el área de la Educación Sexual.

**Palabras clave:** Educación, Sexología, Chiapas

**Conflicto de interés y declaración de divulgación:** Ninguno

## El Juego como Herramienta Pedagógica para la Educación Sexual

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**Introducción:** El presente es el trabajo final deL Máster en Sexualidad clínica y una investigación empírica en la cual se puede utilizar el juego.

El trabajo tomó como referencia la estrategia MAVEX, que ha sido desarrollada en Colombia por más de 20 años, validada y multiplicada en diferentes países de Latinoamérica.

**Objetivo:** Analizar el impacto del juego como herramienta pedagógica para la educación sexual.

**Metodología:** Se realizó un estudio exploratorio, a través de una entrevista estructurada aplicada a profesionales con experiencia entre 8 y 28 años en los procesos de educación para sexual, para dar las respuestas a las variables, formación, experiencia y evaluación

También se realizó un proceso de Investigación, Acción, Participación, con docentes y líderes comunitarios, realizando una encuesta.

**Resultados:** Se utilizaron dos técnicas de indagación: entrevista semiestructurada a 10 profesionales de diferentes áreas educativas sexuales y un proceso de investigación, acción, participación, a través de talleres y aplicación de encuesta.

Se puede establecer que la estrategia MAVEX facilita los procesos de educación sexual y motiva y facilita a través de un juego de actitudes, conductas y prácticas que promueven y el ejercicio de una sexualidad, sana, placentera, responsable, con equidad y libre de violencias.

La educación sexual es una necesidad para todos los grupos poblacionales sin distinción social, edad, etnia, u otra, ya que la sexualidad es inherente al ser humano y la vivencia, sana, responsables y placentera de la misma facilita su desarrollo integral.

Los procesos de educación sexual, deben ser claros, entendibles, agradables, participativos, metodologías que permiten interactuar y facilitar la apropiación de los conocimientos; es así, como el juego se convierte en una herramienta pedagógica que permite un desarrollo integral, siempre y cuando se tenga una intencionalidad y esta base en un marco científico y de derechos.

**Palabras clave:** Educación, Sexualidad, Juego

**Conflicto de interés y declaración de divulgación:** Ninguno

## Círculos de Autoconciencia Sexual: Modelo Psicoeducativo para el Desarrollo de la Autonomía y Placer Sexual de las Mujeres

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Culturalmente, las actividades sexuales satisfactorias se han definido en términos de lo que genera placer a los hombres. Es por ello necesario crear nuevos espacios que abran nuevas conversaciones para analizar y cuestionar los discursos dominantes sobre el cuerpo de las mujeres y la forma en que viven su placer sexual y así facilitar el desarrollo de la autonomía sexual. Este trabajo presenta el diseño psicoeducativo de los círculos de autoconciencia sexual un diseño educativo fundamentado en las investigaciones realizadas por la Dra. Fabiola Trejo Pérez los últimos 10 años en torno a la

sexualidad, la cultura y el género adaptando culturalmente los hallazgos de dichas investigaciones para población de mujeres mexicanas interesadas en aprender y desarrollar autonomía sexual con información científicamente válida y confiable en conformidad con lo señalado por los Derechos Sexuales y Reproductivos propuestos por la Organización Mundial para la Salud Sexual. Se presentan los resultados de la evaluación realizada por las asistentes a los círculos de autoconciencia sexual. A partir de una muestra no probabilística por conveniencia de 30

mujeres en edades entre 25 y 50 años de la Ciudad de México se examinó la información a través de un análisis del discurso (Wodak & Meyer) a partir del cual se observa que las participantes reportan mayor facilidad para entablar conversaciones sobre sexualidad sin vergüenza, particularmente en torno a sus orgasmos, así como cambios positivos en sus encuentros sexuales sintiéndose más en confianza para comunicar sus deseos y necesidades en pareja. De tal manera es posible concluir que el diseño psicoeducativo cumplen

con el objetivo de analizar críticamente la sexualidad y la cultura situando al placer sexual como categoría central de análisis con una perspectiva de género feminista para facilitar la construcción de estrategias y discursos centrados en la autonomía de las mujeres.

**Palabras clave:** autonomía sexual, placer sexual, género

**Conflicto de interés y declaración de divulgación:** Ninguno

## Nunca es Demasiado Temprano. Educación de la Sexualidad y Crianza en la Primera Infancia

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**Introducción:** Los primeros seis años de vida son fundamentales para la construcción de la personalidad, la *autoimagen*, la autoestima y las relaciones interpersonales, todos aspectos que a su vez conforman la construcción de la sexualidad humana. De ahí que se vuelva fundamental comenzar la educación de la sexualidad desde el nacimiento ya que además existe una estrecha relación entre ésta, la crianza y los vínculos afectivos.

**Población:** Este trabajo busca reflexionar en torno a la relevancia de la educación de la sexualidad en la primera infancia (desde el nacimiento hasta los 6 años) y su estrecha relación con la crianza. Por medio del análisis de experiencias educativas (talleres de sensibilización con niños de 1 a 6 años, padres y madres de familia) y la revisión bibliográfica en torno a la educación, la sexualidad infantil y la crianza con apego (ver bibliografía).

**Discusión y recomendaciones:** A partir de ese análisis se expondrá la relevancia de crear un lenguaje común entre la casa y la escuela que lleve a una educación de la sexualidad integral y coherente lo cual

fortalecerá el aprendizaje significativo así como las herramientas que adquieran los niños para construir su sexualidad de manera plena y saludable. Con el objetivo de proponer herramientas educativas que integren a las madres y los padres junto con sus hijos de manera que se naturalice la sexualidad y se vuelva parte de la crianza, para poder consolidar no solo la apropiación de conocimientos sino de herramientas personales que permitan a niños y niñas construir su sexualidad de manera plena y responsable así como prevenir abusos sexuales.

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Serrano, A. *Ayudando a Crecer*, PEA

**Palabras clave:** Educación y sexualidad, Crianza, Primera Infancia

**Conflicto de interés y declaración de divulgación:** Ninguno

# Evaluación Especializada de Plataforma Web Interactiva para Educación de la Sexualidad Infantil y Adolescente

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**Introducción:** La solución a los problemas de salud sexual en la infancia y adolescencia en México implican un alto costo para la salud pública. Las Tecnologías de Información y Comunicación agregan un nuevo reto a la sexualidad en estas etapas del desarrollo actuales. El desafío es utilizar las mismas TIC's como una solución educativa en Sexualidad.

**Justificación:** El consumo de los móviles está comenzando a los dos años en México (1) y se estima que los usuarios en la población infantil son de 9,303,888 20.2% Secundaria 11,262,190 24.5% Preparatoria 13,170,238 28.6% (2) Y de los 37,505,392 jóvenes de 12 a 19 años, el 50.6% son mujeres las usuarias, y es la población más vulnerada. (3, 4).

**Objetivos:** Informar y educar en Sexualidad Integral a mujeres de la población infantil y adolescente que usan las TIC's, a través de una plataforma web interactiva. La plataforma es una herramienta educativa que permite de manera accesible, inclusiva, divertida y fácil, aprender temas de sexualidad integral en cada una de las 7 etapas de la infancia y la adolescencia.

La información está basada en la teoría sistémica de los holones, incluyendo los cuidados indispensables para vivir una sexualidad libre, responsable, equitativa, igualitaria y sin violencia, basados en los derechos humanos universales. Esta es científica, clara, objetiva y oportuna, y se presenta a través de escritos cortos, gráficos y animaciones.

**Desarrollo:** Población meta: Niñas y adolescentes, Madres y Padres de Familia y cualquier usuario de internet. Su construcción y diseño web está en proceso actualmente siguiendo la cronología en tiempo y forma del proyecto. Se activará en Agosto de este año y se presenta en el Congreso WAS congreso buscando la evaluación y retroalimentación voluntaria de los asistentes expertos en sexualidad.

**Palabras clave:** education, technology, design

**Fuente de financiamiento:** Fondo SEMILLAS 2019.

**Conflicto de interés y declaración de divulgación:** Ninguno



## Discursos de Género y Sexualidad en Adolescentes en Situación de Calle

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**Introducción:** Las condiciones de vida que enfrenta la población adolescente en situación de calle, la ponen en situación de riesgo frente a una diversidad de problemas de salud y de falta de garantía de sus derechos, particularmente en relación a la vivencia de su sexualidad.

**Método, objetivo y muestra:** Inscrito en la metodología de la Investigación Acción Participativa desarrollamos un estudio con adolescentes en calle de la zona centro de Guadalajara con el objetivo de identificar los discursos de género vigentes en esta población para reconocer cómo estos impactan en la vivencia de su sexualidad.

El estudio consideró una primera fase con énfasis indagatorio descriptivo para identificar el doble discurso de género en la población adolescente en calle y una segunda fase indagatoria con énfasis comprensivo para reconocer los alcances del discurso emergente de equidad de género en la deconstrucción de

vulnerabilidades en la adolescentes en calle. En esta presentación compartimos resultados de la primera fase.

**Hallazgos, discusión, recomendaciones:** Partimos del supuesto y confirmamos que en esta población prevalece el planteamiento de inequidad de género en el que se sostienen las relaciones de poder, al mismo tiempo que aparecen en las y los adolescentes “discursos fronterizos” (Gee, 2005), los cuales emergen como un resquicio para generar procesos de empoderamiento en esta población aun en sus particulares condiciones de vulnerabilidad social. A partir de estos hallazgos proponemos algunos ejes temáticos para desarrollar propuestas coeducativas en sexualidad con adolescentes en riesgo.

**Palabras clave:** discursos de género, sexualidad adolescente, adolescentes en situación de calle

**Conflicto de interés y declaración de divulgación:** Ninguno

## Proyecto: Maternidades/Paternidades Corresponsables

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**Justificación:** La educación es esencial en la incidencia de los embarazos no planeados en adolescentes ya que, entre los factores de riesgo se encuentran los bajos niveles educativos; asimismo, entre sus posibles consecuencias están desde la disminución del desempeño académico, hasta la interrupción y/o abandono de los estudios. Así, la maternidad y la paternidad en jóvenes y adolescentes son experiencias que implican un cambio radical en su proyecto de vida

De acuerdo con los datos recabados por el Examen Médico Automatizado (EMA) que se aplicó a los estudiantes de nuevo ingreso a la UNAM, se reportaron 954 casos de embarazo; 408 llegaron a término: 35 de bachillerato y 373 de licenciatura.

**Objetivo:** Diseñar estrategias de orientación y apoyo para promover maternidades y paternidades corresponsables entre jóvenes y adolescentes, evitar la deserción escolar y favorecer el desarrollo de su proyecto de vida.

**Población:** Estudiantes Universitarios que sean madres/padres.

Este proyecto consta de dos fases: Diseño y elaboración de una serie televisiva de 5 programas “Maternidades/Paternidades Emergentes”; diseño de dos cursos uno en línea y otro presencial ¿Maternidad/Paternidad? ¡Yo decido!

**Resultados:** La serie de televisión fue transmitida en Mirador Universitario de TV UNAM y la Red EDUSAT, así como en diferentes redes sociales y

medios de comunicación electrónicos institucionales. Actualmente, la cobertura es de 5051 visitas y el curso en línea está listo para la prueba piloto.

**Discusión:** Es importante aprovechar las ventajas de los medios masivos de comunicación para favorecer la implementación de estrategias que permitan abordar temas fundamentales como la maternidad/paternidad en jóvenes y adolescentes.

**Fuente de financiamiento:** Dirección General de Orientación y Atención Educativa. Universidad Nacional Autónoma de México

**Conflicto de interés y declaración de divulgación:** Ninguno

## Referencias:

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**Palabras clave:** embarazo precoz, educación sexual, maternidad/paternidad corresponsable

## Historia de la Educación Sexual en México, Durante la Primera Mitad del Siglo XX

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La educación de la población siempre ha sido motivo de preocupación para diversas instituciones, siendo las más importantes, pero no las únicas; la Iglesia y el Estado. La educación sexual por su parte, ha sido el espacio de conflicto de ideologías educativas irreconciliables.

En este sentido México no ha sido la excepción; en el caso mexicano, la confrontación Iglesia-Estado por la educación empezó básicamente desde la consolidación republicana a finales del siglo XIX y continuó hasta el siglo XX; el momento más álgido de esta discusión se desarrolló durante la primera mitad del siglo XX; pocos años después del conflicto armado conocido como "La Cristiada" cuando el occidente católico, principalmente Jalisco, se levanto en armas contra el gobierno de Calles en 1926; ya en 1934 el secretario de educación, Narciso Bassols, intentó incluir educación sexual en la educación primaria; esto provocó una ola de manifestaciones y boicots, organizados principalmente por la Unión Nacional de Padres de Familia, quienes contaban con el apoyo de la jerarquía eclesiástica; entre los dos defendían lo que se

conoce como el "Derecho Natural", que declara a los padres como los únicos que deben enseñar sexualidad a sus hijos; mientras que el Estado buscaba consolidar su hegemonía educativa, utilizando el laicismo para combatir la influencia religiosa en las escuelas.

Las manifestaciones lograron echar abajo esta iniciativa y Bassols presentó su renuncia un simbólico 10 de mayo de 1934. Este trabajo busca explicar a fondo este evento, explorando desde los orígenes hasta sus consecuencias, se abordan otros intentos infructuosos por instalar educación sexual en México, como el Congreso Feminista de 1916 o el caso de la Universidad Popular Mexicana, los cuales sirvieron como antecedentes a la educación sexual, para la realización del mismo se utilizaron fuentes primarias hemerográficas apoyadas de fuentes secundarias o sea una bibliografía básica.

**Palabras clave:** Educación Sexual, Iglesia-Estado, Laicismo-Derecho Natural

**Conflicto de interés y declaración de divulgación:** Ninguno

## Does Sex Education Empower Young People? The Case of Burundi

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**Introduction & Objectives:** The Burundian government validated a manual for sex education in schools. This study's objective is to generate in-depth knowledge on which factors inhibit or enable the internalisation and application of knowledge and skills received through sex education by young people in Burundi, and to translate these findings into strategies strengthening current interventions.

**Methods & Sample:** In 15 intervention schools and 15 comparison schools across 3 provinces, 829 questionnaires were conducted with young people aged 12-19 years as baseline in 2018. The end line measurement is planned for May 2019, creating a longitudinal data set. The survey includes empowerment measures, e.g. knowledge on pregnancies and contraceptives, attitudes on gender, gender-based violence, and relationships, as well as agency, self-esteem, voice, communication, and uptake of health services. Additional qualitative data collection and a process evaluation add to the understanding of the results.

**Results:** We expect to find a positive effect of sex education on some of the knowledge questions which score low in the baseline (e.g. fertile period and STI knowledge). Furthermore, we foresee that the intervention will contribute to more gender equal attitudes, an increased rejection of gender-based violence, more

communication on sexuality, and increased service uptake. We expect less effect on body self-esteem and voice as they score relatively high in the baseline study. Persistent social norms and conflicting messaging in the community are expected to be a hindering factor in putting the acquired skills into practice and in sustaining the effects.

**Conclusion & Recommendations:** We expect that sex education does contribute to sexual empowerment and development of young people. Yet, that it will need to be strengthened by strong community involvement to address norms at societal level, reduce conflicting messaging and create sustainable commitment to embed sex education in existing structures.

**Keywords:** sexuality education, Burundi, empowerment

**Source of Funding:** The research is funded by the Netherlands Organisation for Scientific Research (NWO-WOTRO), and co-funded by the University of Amsterdam and Rutgers.

**Conflict of Interest and Disclosure Statement:** The first author works both for the university as for Rutgers. Rutgers is also providing technical assistance to the intervention (sexuality education) that is being evaluated.

## Diversidad Sexogenérica en la Formación Profesional en México

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**Introducción y Justificación:** En México, la incorporación de la perspectiva de género en la educación profesional ha sido un reto progresivo, el cual ha sido limitado por grupos que intentan ir en detrimento de los derechos humanos. Desde los intentos de académicos y académicas, la perspectiva de género y el análisis de la diversidad sexo genérica ha ido incrementando su incorporación, dando resultados

favorecedores a favor de la formación profesional en México.

**Proyecto:** Estudio de proyectos de incorporación de la perspectiva de género y el análisis de las diversidades sexo genéricas en la educación profesional en México, rescatando experiencias en las profesiones como psicología, trabajo social, ingeniería y derecho. En este estudio se presenta una reflexión profunda, con datos y testimonios de como la incorporación del

enfoque de género y la diversidad sexo genérica permite ampliar la mirada de las y los estudiantes en su formación y con ello, avanzar hacia una educación integral de la sexualidad y un trabajo multidisciplinar a favor de los derechos de todas las personas.

**Resultado:** Este estudio se realizó en la Universidad Nacional Autónoma de México, evidenciando procesos de investigación, proyectos sociales y evaluaciones de proyectos en la comunidad universitaria. Se analiza que la ausencia de la perspectiva de género y la diversidad sexo genérica, atenta contra los derechos humanos y hace de la formación profesional, una vertiente para la discriminación y las violencias.

## MODERATED POSTERS

### Track: 1. Sexual Rights & Ethics

## Reflexiones Éticas en Torno a la fe y la Diversidad Sexual en Jóvenes Católicos

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**Introducción:** Para contrarrestar la influencia de los discursos fundamentalistas que han ido en ascenso en los últimos años, Católicas por el Derecho a Decidir (CDD) creó *Catolicadas*, una serie animada sobre sexualidad, género y religión que se difunde por redes sociales desde 2012 y cuya audiencia principal son jóvenes de 13 a 24 años; en la página de Facebook CDD contaba con 318 mil 601 seguidores hasta el 31 de diciembre de 2018. De los 107 episodios producidos, quince cuestionan directamente el modelo heteronormativo del género y la sexualidad promovido por la moral católica hegemónica, las formas de intolerancia y exclusión hacia las personas LGBT y los efectos de esta moral en las vivencias de la fe de lesbianas y homosexuales católicos; los cuales han tenido 674 mil 382 visualizaciones completas en el canal de YouTube de CDD.

**Objetivo:** Analizar las reflexiones éticas en torno a la fe y la diversidad sexual en jóvenes católicos mexicanos seguidores de la serie animada *Catolicadas*.

**Método:** Estudio exploratorio que procesa datos cuantitativos y cualitativos provenientes de tres fuentes

**Discusión y Recomendaciones:** Tras años de trabajo a favor de la defensa del análisis de la diversidad sexo genérica en la formación profesional en México, se presenta un trabajo serio y que basado en la experiencia formativa, muestra la realidad de la formación académica en el contexto mexicano.

**Palabras clave:** Educación Sexual Integral, Educación profesional, Diversidad sexo genérica

**Conflicto de interés y declaración de divulgación:** Ninguno

de información: capítulos sobre diversidad sexual con mayor número de vistas completas en YouTube; ocho grupos focales presenciales con seguidores jóvenes de cuatro ciudades de México y cinco encuestas en Facebook con jóvenes seguidores de la serie, realizados entre 2014 y 2018.

**Resultados:** El principal hallazgo que el análisis de los datos arroja es que los contenidos que difunde *Catolicadas* ofrecen un soporte discursivo a los jóvenes para llevar a cabo una reflexión ética inédita sobre su identidad como creyentes y el lugar que ocupa en ella su orientación sexual. Seguidoras y seguidores agradecen a la serie el ejercicio de un diálogo en el cual se reconcilian con su propia espiritualidad, al incluir en sus aspiraciones valores como la igualdad, libertad, respeto, diversidad y justicia.

**Palabras clave:** Diversidad sexual, Redes sociales, Religión

**Conflicto de interés y declaración de divulgación:** Ninguno

## Ética de la Actividad Sexual

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Los diversos textos que abordan el tema de Ética Sexual, se ocupan sobre todo de los derechos sexuales del ser humano, como el derecho al placer y a la salud sexual. O bien, tratan de los aspectos éticos de la relación terapeuta-paciente de la sexología clínica. Aquí abordaremos el sentido de la Ética Individual en el momento de la actividad sexual.

Las relaciones sexuales han sido controladas y legitimadas durante siglos, en la cultura judeocristiana patriarcal, a través del matrimonio religioso y posteriormente, el matrimonio civil; siendo objeto de negociaciones tanto a nivel familiar, como de las jerarquías en el poder.

Y surgen modalidades que imponen la virginidad femenina prematrimonial, y una cierta permisividad a la actividad pre y extra conyugal para los hombres: la doble moral sexual. Esto participa a desarrollar una visión de pseudo-valores de lo moralmente “bueno” y

aceptado: las relaciones conyugales y lo moralmente “malo”: las relaciones premaritales y extraconyugales, en especial para las mujeres.

En las relaciones interpersonales, poca atención se ha dado históricamente a la intención emocional y de conciencia, con la cual se viven las relaciones sexuales entre parejas. Es la actitud de respeto al otro, de reconocimiento de su valor integral como ser humano, de entrega positiva; lo que puede reunir las características de una relación sexual ética, en su contenido mental, emocional, espiritual y aún energético. Para ello, va implícito, como antecedente necesario, el propio autorrespeto, aceptación y equilibrio del individuo. Es el tema que abordaremos aquí en profundidad.

**Palabras clave:** Ética sexual, Doble moral

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexplore the Vulvalucion

Elizabeth Cabrel<sup>a</sup> and Edith Zavala<sup>b</sup>

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Our women’s empowerment process is aimed fighting bodies control, towards exercise of sexual rights, to speak up about pleasure right, integrating Vulvas socially. Oppression/Control awareness improves relationship w/our bodies to truly own them. Visible vulvas as Goddesses in creative Quipu4 w/ love & kindness promoting social changes & empowerment.

13 years the Andean Vulva Dolls1 talking about bodies & sexuality, as artisan women handmade expressions to communicate about sexuality among youth & adults through workshops2. Since first presentation in Lima/Peru reception of dolls has shown two sides, it has been ignored, and accepted when presented in radios globally, TV show and Sexuality congresses. The Vulva Doll1 counted with rewarding reception not as Goddess yet. Sexologist Alexandra Rampolla3 presented our work at TV show “ATREVEETE”. Presented in Spain in bookstore

“Mujeres” Madrid, Sex shop Los Placeres de Lola-Lavapiés, workshops in Zaragoza, etc. In Mexico City; Sexshop Good Vibrations in San Francisco US and Good for Her in Toronto, Canada.

Art/expressions can contribute to advance social processes, issues can be addressed through art, and contribute to social transformation. The display variety of Vulvas tied to a big Quipu4 of small vulva dolls, would be admired by participants, they would be to Sexplore themselves in a loving, caring and respectful way. Women will start discussions about how their body could be explored, how they feel about them and to heal themselves in order to enjoy them, love them, accept them and embrace them. Someday diverse women to respect & love themselves in first place, blossoming autonomy.

Room space required for the installation of 25 vulvas tied to a rope Quipu4 (3 m2 wall).

1. Sacred Andean Vulvas by [www.vulvalucion.org](http://www.vulvalucion.org)
2. MUSAS Perú workshops [www.musas-peru.org](http://www.musas-peru.org)
3. Alessandra Rampolla “Atrévete” <https://youtu.be/UIvJQkN34KI>
4. Quipu (spelled khipu), or talking knots, were recording devices handcrafted from strings

historically used by a number of cultures in the region of Andean South America.

**Keywords:** empowerment, sexeducation, womensexuality  
**Conflict of Interest and Disclosure Statement:**  
 Registered Material Indecopi Copyright Vulvalución – Indecopi Registered Part 00073 -2011

## Poliamor: Una Mirada Desde el Psicoanálisis

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Universidad Nacional Autónoma de la Ciudad de México, México

**Introducción & Objetivos:** En la actualidad, en el ámbito de la Sexología, la monogamia ha sido cuestionada ante el evidente establecimiento de relaciones erótico y/o afectivas que involucran a, por lo menos, tres personas; y las dinámicas de interacciones diversas de manera simultánea, que requieren una mayor apertura individual y social. El objetivo consiste en aportar una visión que permita explicar el poliamor y el papel que este tiene en la cultura.

**Enfoques:** Aborde el tema desde un enfoque sexológico y psicoanalítico, lo cual se deriva de mi experiencia de trabajo dentro de la sexología y de mi participación en un Diplomado sobre Psicoanálisis que curse en la Universidad Autónoma de la Ciudad de México (UACM) en 2013-2014 y a partir de los cuales explico el poliamor como parte de la diversidad de expresiones de la sexualidad.

**Hallazgos & Discusiones:** Desde el psicoanálisis no existe un concepto mediante el cual se le nombre al poliamor, sin embargo, puede ser considerado como una desviación respecto al objeto, que aparece como una amenaza para la cultura, al evidenciar que esta no

es capaz de satisfacer en su totalidad las necesidades individuales, y que por el contrario es capaz de generar algún grado de displacer al imponer la monogamia, como un mecanismo mediante el cual se renuncia a la satisfacciones de las necesidades.

**Conflicto de interés y declaración de divulgación:**  
 Ninguno

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**Palabras clave:** Poliamor, Sexología, Psicoanálisis

## Litigio Estratégico de los Derechos Sexuales de las Mujeres en Campeche y México

Isabel Guadalupe Rodríguez Casanova<sup>a</sup> and Susana Hernández<sup>b</sup>

<sup>a</sup>REDMYH A.C., México; <sup>b</sup>Red de Mujeres y hombres por una opinión pública con perspectiva de género en campeche A.C., San Francisco de Campeche, Campeche, México

En campeche, y gran parte de los estados de México, el aborto no forma parte de la agenda pública del

litigio estratégico, esto derivado que las acciones se encuentran centralizadas y al ser despenalizado en la



capital, no se observan avances en la búsqueda de la despenalización restringiéndose a las excepciones convencionales (causales) las cuales se aplican con tanta dificultad. Esto contribuye a que posturas anti derechos y conservadoras aumente, e influye en la opinión pública y faltan espacios de sensibilización para el cambio de actitud y eliminación de prejuicios en torno al aborto en las/os servidoras públicas y en especial profesionales de salud, que se traducen restricciones y criminalización de las adolescentes y mujeres que desean interrumpir su embarazo. Vizibilizar la implementación de amparos para la incidencia y litigio estratégico, buscando señalar la restricción al aborto como un trato desigual para las mujeres del estado y de todo el país. Además garantizar el acceso al aborto mediante la provisión de recursos e insumos para la interrupción donde una estrategia será la formación de profesionales de salud que incluyan personal de salud generando espacios de diálogo y reflexión con jóvenes

y mujeres del estado de Campeche. La intervención se realizará desde un enfoque de derechos humanos y el modelo de evaluación de género desde una perspectiva feminista. Actualmente no hay ningún proyecto que intervenga a nivel advocacy para la incidencia en la despenalización del aborto y la promoción de recursos que estén dirigidos a transformar la opinión en torno al aborto, Campeche es una de los estados de la península con menos demanda en proyectos de intervención sobre aborto y acceso, sabiendo que aun la población es maya hablante y los contextos de criminalización obligan a las mujeres a recurrir a métodos que ponen en riesgo sus vidas.

**Palabras clave:** litigio estratégico, aborto, derechos

**Fuente de financiamiento:** Save Abortion Action Fund

**Conflicto de interés y declaración de divulgación:** Ninguno

## Anthropocentrism and Speciesism in Sexology

Lucila Soriano Flores

El Armario Abierto, Mexico

**Activism introduction & rationale:** Speciesism is the ethical result of anthropocentrism that places the interests and needs of human beings above other beings with the same ability to feel and suffer. Discrimination on the species also occurs in the sexology field, which throughout history has used non-human animals for all kinds of research that have to do with what is considered “normal” and “natural” sexuality, and also with the constant development of stimulants of all kinds to help enhance sexual pleasure without worrying about the exploitation of millions of animals.

**Action and population group concerned:** Highlight the permanent exploitation condition which non-human animals are brought under by our species for research purposes and increase of sexual pleasure in the sexological field. – Human sexuality training groups.

**Outcome:** Gradual awareness of groups which the topics of human sexuality are worked on.

**Discussion & recommendations:** Experimentation in animals looking for the causes of sexually transmitted diseases, sexual diversity and many other topics of sexological interest, as well as their use for the manufacture of aphrodisiac substances and their use in legal prostitution that occurs in some countries, cause in them pain, stress, prolonged suffering, and even death. Since sentience is precisely the capacity that makes it possible for a being to be affected in positive (pleasure) and negative ways (suffering), moral consideration should therefore be extended to include all sentient nonhuman beings as well.

**Citation of supporting literature:** FRANCIONE, Gary L. Introduction to Animal Rights: Your Child or the Dog, Temple University Press, Philadelphia, 2000.

**Keywords:** Anthropocentrism, Speciesism, Ethics

**Conflict of Interest and Disclosure Statement:** None

## Decolonising Contraception: A New Way Forward for Sexual and Reproductive Health (SRH)

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**Introduction and Rationale:** Decolonising Contraception aims to promote better understanding of the colonial history of contraception and start new conversations about reproductive justice, it aims to help those accessing Sexual and Reproductive Health (SRH) services to feel empowered.

From the creation of racial hierarchies to the unethical experimentation on colonised populations<sup>1</sup>, colonialism has shaped medical practice throughout history<sup>2</sup>. SRH has been heavily affected, such as forced sterilisation and experimental use of contraceptive pills on colonised populations<sup>3</sup>. As the UK population diversifies, and we strive to engage more communities in optimising their reproductive health, it is vital that we acknowledge how colonial history has come to shape the services that we deliver.

**Project/Population & Settings:** A collective of individuals working in SRH have created a decolonial framework for discussion of SRH issues for publicly held events. Through panel discussions and workshops, professionals and the public can interact to better understand how their belief systems have been shaped by a colonial lens.

**Outcome:** We have facilitated a variety of interactive workshops and five discussions, targeting Black, Asian, marginalized and ethnic (BAME) groups. Panels included SRH clinicians, allied professionals and lay people. 100% of attendees said they felt more empowered to access SRH services following the workshop.

**Discussion and Recommendations:** Using a decolonial framework may allow marginalised groups to better engage with discussions on SRH and have talk about barriers, which are often felt to be taboo.

### Citation of supporting literature:

1. Washington, Harriet A, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2018)
2. Bashford A, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (2004)
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**Keywords:** Colonialism, Decolonising, Contraception

**Conflict of Interest and Disclosure Statement:** None

## Abusos Sexuales a Consultantes: ¿Patriarcado o Cultura de Derechos Sexuales?

Heddy Mayanin Villaseñor Hernandez

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**Introducción:** Los tratados internacionales, leyes generales y estatales (Acceso de las Mujeres a una Vida Libre de Violencia, No Discriminación e Igualdad entre Mujeres y Hombres) tienen aterrizados los derechos sexuales como derechos humanos. La ética clínica es una luz parpadeando a roja.

**Acción y población referida:** Mujeres y niñas se enfrentan día a día a conductas que vulneran su libertad para acceder al bienestar integral, transitan odiseas sociales, institucionales, familiares y personales cuando

alguien grotescamente la hace víctima de violencia sexual en cualquier sitio y esto sucede también en el set terapéutico, donde quien abusa es el terapeuta cuando ella va por un motivo de consulta.

Con este trabajo invitamos al activismo en el tema, ya que la masculinidad hegemónica subyace a la violencia sexual en el consultorio, se evidencia en testimonios de víctimas por personal de salud mental, señalamos puntos críticos y dilemas a resolver en el 'incesto terapéutico', mostramos lecciones aprendidas

en la formación inicial del psicólogo y en la educación continua que filtran la cultura machista, recomendamos puntualmente una línea de actualización de profesionales ejerciendo y mecanismos de denuncia, hacemos propuestas para atender el 'incesto terapéutico' con valentía de cara al cumplimiento y cabal respeto a los derechos humanos, por terapeutas privados y públicos.

**Resultado y Recomendaciones:** Concluimos con el apremio a las autoridades y liderazgos gremiales de salud, que deben mostrar sensibilidad a la declaración de derechos sexuales que derivan democracia paritaria en las organizaciones y asumir criterios de cero tolerancia a las violencias en salud mental, para actualizar y equilibrar las instituciones de salud.

## Track: 2. Social & Behavioral Sciences

### Sexuality and Aging among Older Men and Women in Nigeria as an Aspect of Sexual Health

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Sexual health is a critical issue in the United states as well as all over the nations. The sharing of sex in Nigeria is viewed as something meant for reproduction and for lustful passionate youth in the earth years. This study investigates the fact concerning the sexual desires, feeling and the sexual experiences of older people to ascertain if older people still have penetrative sex, reach organism and whether older people still enjoy pleasure of sexual activities and have satisfying sexual life like in their early forties or when they were in their earlier years of marriage. The study utilized a field survey to collect primary data. The target population was 200 men and women whose age were between 65–97 years and were either married or have a current sexual partner. The sample was selected using stratified random sampling for select both men and women. The question was validated, it has a with reliability co-efficient of 0.83. The instrument was a self-constructed questionnaire titled. Sexuality and

#### Citas:

González-Serratos. Ruth. (1998) Memoria del Congreso Internacional de Sexología y Educación-Sexual, WAS y II Congreso Nacional de Educación-Sexual y Sexología. FEMESS México.

NOM-046-SSA2-2005.

Secretaría deSalud. Modelo Integrado para la prevención y atención de la violencia familiar y sexual, 2009.

**Palabras clave:** Violencia Sexual, Masculinidad Hegemónica, Salud Mental

**Conflicto de interés y declaración de divulgación:** Ninguno

aging questionnaire. It consists of two sections. Section A and B. Section A consist of demographic characteristics such as age, sex religion, mental status level of education and partner status. Section B consist of items which sought information about whether respondents often discuss sex, have a current sexual partner, still have sex, enjoy the pleasure of sex and the factors which could be responsible for their not having penetrative sex. The appropriate techniques such as Analysis of variance, chi square and Test were used. The result of the findings shows the sexual behavior and experiences of old people concerned with their sexuality. Appropriate recommendation was made concerning the improvement of sexual health of the elderly.

**Keywords:** aging, sexuality, sexual health

**Conflict of Interest and Disclosure Statement:** None

## Socio-Moral Control on Gay Fantasies in Auto Considered Heteronormative Men

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**Introduction & objectives:** Sexual fantasies play a fundamental role in desiring others and in physical actions always internalized / amplified by the mind generating pleasure. We intended to compare male fantasies and their capacity to be actually carried out in the gay versus hetero-orientation groups.

**Method(s) & Sample:** The sexual fantasies of a sample of the Portuguese adult population were investigated using Wilson's Questionnaire (2010) through the Facebook network ("snowball" method). The answers were anonymously sent to a Google Drive folder (Google Forms). Comparative descriptive statistical analysis for independent samples was performed. In the course of the factorial analysis, we compared the responses (on the idealized fantasies and their realization capacity) of the different male subgroups obtained by each self-recognition regarding sexual orientation.

**Findings & discussion:** 280 responses were obtained (148 males and 132 females) – ages 18 to 70 (average 36 years). Fantasies of "sex with strangers", "group sex", "sex with youngsters" and "pornographic stimulation", were more often found in males (v/s females). Gays /

bisexuals revealed a greater frequency of sexual arousal / masturbation and greater ability to fulfil their desires. Homosexual fantasies were also described by the heterosexual male group but with less accomplishment capacity. Each person's sexual fantasies occupies a place of intimate meanings extending sexuality to the imagined, eventually realizable pleasures. The gay group, living their sexuality in a closed social subgroup of identical imaginaries, manages to realize their fantasies and desires more easily. The possibility of performing same-sex fantasies is hampered in the heterosexual group, not only because of the fear of social response but also (and previously) by moral self-punishment.

**Recommendations:** The blurring of gender barriers and the social normalization of all sexualities may facilitate the greater capacity for sexual fulfilment of all individuals.

**Keywords:** Sexual fantasies, Sexual accomplishment, Homoerotic fantasies in heterosexuals

**Conflict of Interest and Disclosure Statement:** None

## Violencia contra la Mujer por Parte de la Pareja

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**Introducción & objetivos:** La relación donde ocurre con mayor frecuencia la violencia (física, psicológica o sexual) en la mujer es en la pareja (OMS, 2017). Las mujeres más vulnerables a sufrir violencia son las de 20 años en adelante (Solera, 2011). La ENDIREH reporta que 66.1% de las mujeres mayores de 15 años han enfrentado al menos un incidente de violencia emocional, económica, física, sexual en su relación de pareja. El propósito fue identificar las conductas de violencia (física, psicológica y/o sexual) por parte de la pareja que predomina en las mujeres.

**Método(s) & muestra:** El diseño fue descriptivo transversal, la muestra fue de 299 mujeres de 20 años en adelante del área metropolitana de Monterrey, Nuevo León, calculada con un nivel de confianza del 95% y un margen de error del 5%. El muestreo fue bola de nieve.

**Resultados:** En las conductas físicas, el 38.1% respondió que su pareja se molesta si le dice que bebe (alcohol) demasiado, el 19.1% refiere que su pareja se vuelve agresiva cuando bebe; en las conductas psicológicas, el 57.4% refiere que su pareja se muestra celoso con sus amistades y el 51.1% menciona que su

pareja se enfada si se muestra en desacuerdo con sus puntos de vista. Por último en cuanto a las conductas sexuales, el 16.7% refiere que su pareja le exige relaciones sexuales, aunque esta cansada y el 11.6% respondió que su pareja la fuerza a hacer actos sexuales que no le gustan.

**Conclusión & recomendaciones:** Se concluye que las conductas de violencia psicológica obtuvieron mayores porcentajes, seguida de la violencia física, se recomienda

analizar la violencia contra el hombre, añadir características como años de relación y número de hijos, así como tomar en cuenta el consumo de alcohol y drogas ya que esto incrementa la violencia contra la mujer.

**Palabras clave:** violencia, sexualidad, pareja

**Conflicto de interés y declaración de divulgación:** Ninguno

## Is a New Romantic Love a Key Factor to Overcome a Separation?

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**Introduction & objectives** A new romantic love was found to be one of the best predictors for a positive adaptation after the end of a relationship. Despite the rising number of later-life divorce, previous research generally focused on younger people with children. Therefore, little is known about repartnering in mid- and late-life and its impact on the development of well-being after a break-up. The aim of this study is to analyze individual trajectories of life satisfaction in the second half of life and examine the impact of a new romantic partnership after separation.

**Methods & sample** Latent growth modeling was used to analyze repeated measures from a three-wave longitudinal questionnaire study conducted in Switzerland. The chosen sample consisted of 203 people with an average age of 51.6 years ( $SD = 8.1$ ) who experienced separation in the past 5 years and were single at the beginning of the study. The trajectories of individuals who stayed single for the entire duration of the study were compared to those who entered a new romantic partnership. The influence of further

resources and variables like trait resilience, time since separation, gender or age was controlled.

**Results** Almost 40 % of the participants entered a new romantic partnership during the study. People with a new love experienced a significant increase in life satisfaction over time, whereas those who remained alone experienced no change. In addition, more than 80% of the unmated individuals wished for a new life-partner, interestingly without the desire to live together.

**Conclusion & recommendations** A new partnership represents a key factor for a positive adjustment process after a separation. New romantic love in the second half of life can vary from those of younger people. Therefore, it is essential to devote more research to this topic to understand the impact on psychological and physical health.

**Keywords:** repartnering, aging, separation

**Source of Funding:** Swiss National Science Foundation

**Conflict of Interest and Disclosure Statement:** None

## Hombre deconstruido

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**Introducción y objetivos:** El presente trabajo es a partir de una investigación doctoral, que buscaba mostrar que la deconstrucción individual de género es una opción más allá de las masculinidades o de las nuevas

masculinidades, para ampliarlas posibilidades de construcción personal en su momento. Se llevó a cabo en el 2017 y se ha seguido corroborando, desde el área terapéutica. El objetivo principal fue el de deconstruir

la perspectiva de género, para construir una perspectiva humana tanto en hombres producidos socialmente, como en los que están en proceso de formación. Dentro de los secundarios: fue el crear una forma de terapia específica y un programa psicosocioeducativo para docentes y padres de familia de humanos en formación preescolar y primaria.

**Métodos y muestras:** se hizo un cuestionario exploratorio que se difundió de forma online y presencial con la participación de 120 hombres, de ahí por criterios de inclusión y exclusión se tomaron en cuenta 55 hombres para una entrevista semi estructurada y finalmente se trabajó con 10 hombres de forma presencial. Se incluyeron hombres mexicanos, sin importar orientación sexual o si era hombre transgenero o transexual, residentes o no en México, de entre 30 a 60 años.

**Hallazgos y discusión:** se llega a las características del hombre deconstruido, a los conceptos de equidad e

inclusión humana, así como a la creación de una formaterapeutica deconstructiva y un programa preventivo. Además, de que sina la insatisfacción de los hombres de tener que ser desde lomimpuesto, pero que tampoco les funcionan conceptos similares pues los confunden. Se pueden ver características importantes entre los violentos y los invisibilizados.

**Recomendaciones:** Hablar más deconstrucción como una forma más libre y que apoya la auto responsabilidad. Se necesita investigar con mujeres y con hombres más jóvenes a los de la muestra.

**Palabras clave:** Deconstrucción, Inclusión humana, Equidad humana

**Conflicto de interés y declaración de divulgación:** Ninguno

## Redes Sociales e Infidelidad de Pareja

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El mundo actual ofrece nuevas posibilidades de organización familiar y de pareja, aparentemente más acorde con las exigencias del mercado. Bajo esta reconfiguración social, las redes virtuales se han convertido en un fenómeno amplio que atraviesa toda nuestra cultura y en gran medida torna más sencillos los vínculos humanos, ampliando el acceso a mayores posibilidades eróticas y afectivas, y con ello a vivirse en otras manifestaciones intersubjetivas de infidelidad de pareja.

Es por ello que consideramos importante investigar sobre las percepciones actuales de infidelidad y su relación con el número de cuentas personales activas en redes sociales, en la población mexicana; para ello se diseñó una encuesta que se aplicó en diferentes estados de la república mexicana.

Nuestro objetivo fue determinar si existe relación entre el número de cuentas personales activas en redes sociales y la infidelidad de pareja.

Se trató de una investigación cuantitativa correlacional, la cual busco obtener datos sobre el número de cuentas, el uso de las mismas y la relación. La encuesta

es de tipo no aleatoria por accidente/conveniencia de doscientas quince personas.

Los resultados de la investigación, arrojan los siguientes hallazgos: se encontró que un ochenta y siete por ciento de los encuestados concuerda con que la infidelidad se puede dar a través de las redes sociales; sesenta y siete por ciento considera importante la monogamia, aun cuando el cincuenta y ocho por ciento de los encuestados refiere haber sido infiel. La investigación muestra variantes relevantes de acuerdo al género. Una de las conclusiones del estudio, es que se requieren de más estudios que visibilicen las formas de relación erótica y afectiva en la actualidad, el uso cotidiano de las redes sociales tiene como propósito contribuir a redireccionar las estrategias del trabajo sexoterapéutico en pareja.

**Palabras clave:** Redes sociales, Fidelidad, Pareja

**Fuente de financiamiento:** Fundación va por la ciencia A.C., Asociación Científica el Planeta A.C., Salud e innovación farmacéutica S.A. de C.V.

**Conflicto de interés y declaración de divulgación:** Ninguno



## Erotic Art and Cognitive Behavioral Interventions in Sex Therapy: Dismantling Body Shame Among Sexual and Gender Diverse People of Color

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**Introduction & Rationale:** Sexual and gender diverse (SGD) people of color (POC) face significant challenges in accessing culturally relevant, competent, and high-quality sexual health care. When sexuality-specific health care is available to SGD POC, psychotherapy typically centers on reducing the individual's risk of sexually transmitted infections and overlooks important aspects of sexual, gender, and other cultural identities.

**Project / Population / Outcome:** This presentation extends a modified version of objectification theory to SGD POC in order to understand their experiences with body shame and sexual health concerns. We consider the potential efficacy of a treatment approach that utilizes both erotic art and cognitive behavioral interventions to dismantle internalized conceptions that sexually objectify SGD POC and reinforce body shame. We identify how erotic art can enhance traditional sex therapy approaches that utilize shame identification, mental imagery, and cognitive restructuring strategies. For example, review of erotic art on paper or in other media can help clients identify and describe shame triggers (e.g., body size, skin-tone, and gender expression) including dimensions that intensify

or ameliorate sexual problems (e.g., cultural stereotypes, gendered sexual scripts, and power exchange). In this setting SGD POC can begin to explore strategies that minimize shame and increase possibilities for enjoyment in sex. Throughout their course of care, clients are encouraged to consider how adaptive coping practices generalize to a diverse set of sexual problems and contexts.

**Discussion and Recommendations:** The use of erotic art and cognitive behavioral interventions may be beneficial in reducing body shame among SGD POC coping with sexual problems and represents an important step toward the development of culturally informed sex therapy curricula for SGD POC. Presenters will share examples and discuss practical applications of interventions. Presenters will also provide a clinical case study with questions to facilitate further thought and discussion.

**Keywords:** Sexual and Gender Diverse People of Color, Sex Therapy, Erotic Art

**Conflict of Interest and Disclosure Statement:** None

## Female Sexual Function of the Japanese Women and the Influencing Factors—Analysis with the Focus of Social Relationships and Social Conditions

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The previous studies found not a few Japanese women have low sexual function measured by FSFI. However the influencing factors on the function have not been clarified, therefore the methods to improve the sexual function cannot be developed. The team of the researchers in medical science, clinical psychology and sociology conduct a survey to investigate Japanese women's FSFI and various items including sexual life-style, experience, abuse experience, behavior, family

and couple relationships, values, procreation, to clarify the influencing factors.

The survey, conducted from March to August 2019, is questionnaire-based, consisted with 75 questions. The targets are Japanese women aged 20–39. Approximately 100 participants are expected in total, solicited by convenient sampling.

The preliminary results (n = 15) suggest there are two apparently different groups concerning FSFI full

scale score; High score group ( $20 \leq$ ) and Low score group ( $\leq 10$ ). This analysis focuses on social relationships and social conditions comparing these groups. No clear differences are found in two groups on the results concerning sexual abuse by non-family members, watching activities of erotic manga/ 'Boy's Love' /animation /games, amount of time of foreplay and sex. While differences are found in some results. For example, High group women tend to think 'equal incomes in couple' as ideal while Low group women think 'husband earns more' as ideal. Only some Low group women hate porn strongly, having never used porn. Some Low group women have negative image

on masturbation, never having had one. High group women have more sexual partners than Low group. The final results with a larger sample size will show the factors more clearly.

Unequal gender roles, negative effects of pornography, and negative thoughts about masturbation are suggested to be related with FSFI low scores. The final results will be an empirical basis for bringing sexual happiness closer to the Japanese women.

**Keywords:** Japanese women, FSFI, influencing factors

**Conflict of Interest and Disclosure Statement:** None

## Joint Effect of Sexual Identity Related Stigma on Depression and Drug Use Among Male Couples in the U.S.

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**Introduction:** Sexual identity-related stigma is associated with increased mental distress and substance use among gay and bisexual men in the United States (U.S.). Less is known about the joint experiences of stigma within male couples and individual risk of substance use and depression. We assessed non-prescription drug use, binge drinking and depression by experiences of sexual identity-related stigma among a cohort male couples.

**Methods:** We used baseline data collected from a randomized control trial of video-based HIV counseling and testing among male couples. Couples were both cis gender males at least 18 years old, residing in the U.S. and reported no HIV test in the previous 3 months. Using adjusted multilevel regression models, we assessed non-prescription drug use, binge drinking and depression by individual and partner reported homophobia, anticipated stigma and experienced stigma.

**Results:** Among 848 individuals (comprising 424 couples), 237/848 (28.0%) reported non-prescription drug use and 170/848 (20.1%) reported binge drinking alcohol in the previous three months. Concordant non-prescription drug use was reported in 15.0% (64/424) of couples and concordant binge drinking was reported in 7.3% (31/424). Over a third (294/848, 34.7%) met the

criteria for depression; both partners met the criteria for depression among 15.8% (67/424) of couples. Stigma was associated with individual depression and substance use, but partner stigma were not associated with depression or substance use. Individuals had higher odds of depression if their partner was also depressed, but partner substance use was not associated with an individual's reported substance use.

**Conclusion:** We found depression and substance use associated with individual experiences of stigma but not partner stigma – suggesting individual's experience of stigma may not influence the health or behavior of their partner. Further understanding of relationship dynamics on mental health could improve strategies for mitigating the impact of stigma among gay and bisexual men.

**Keywords:** male couples, stigma, depression and substance use

**Source of Funding:** This research is supported by the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health under award number: R01HD078131

**Conflict of Interest and Disclosure Statement:** None

## Asociación entre la Percepción de la Imagen Corporal y la Conducta Sexual en Adolescentes

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**Introducción:** La adolescencia es una etapa marcada por profundos cambios. Uno de los que cobran mayor relevancia es la imagen corporal, definida como la forma en que los individuos se perciben, se imaginan o se ven a sí mismo, incluyendo el cómo se sienten acerca de su cuerpo. La evidencia existente muestra consistencia entre una imagen corporal satisfactoria y conductas sexuales menos riesgosas en el caso de las mujeres adolescentes. En el caso de los varones, la evidencia es contradictoria.

**Objetivo:** Analizar la asociación de la percepción de la imagen corporal y la conducta sexual en adolescentes de la comuna de Concepción, Chile.

**Metodología:** Estudio cuantitativo, correlacional y transversal, en una muestra de 397 adolescentes de ambos sexos (180 hombres y 217 mujeres), con un rango de edad de 10 a 19 años a quienes se les aplicó el instrumento BSQ (Body Shape Questionnaire) y para recolectar información sobre la conducta sexual se aplicó la dimensión de sexualidad de ficha CLAP modificada. Esta investigación contó con la aprobación del Comité Ético Científico de la Universidad de Concepción.

**Resultados:** La edad de inicio sexual fue de 14.8 años. Un 30,7% está iniciado sexualmente. Se reportó un 54,8 % en mujeres y un 18,3 % en los hombres de insatisfacción corporal. El 47,3% de los adolescentes que han iniciado su actividad sexual presentan insatisfacción corporal ( $p < 0,028$ ), siendo mayor en las mujeres. El resto de las variables de la dimensión sexual como pareja (única o varias) y el uso y consejería en MAC no estaría asociado a la percepción de la imagen corporal. Conclusiones: Las mujeres adolescentes presentan una mayor insatisfacción de su imagen corporal que los hombres. Los porcentajes más altos de insatisfacción corporal se encuentran entre aquellos que ya han iniciado una actividad sexual, mayoritariamente en el grupo de mujeres.

**Palabras clave:** Conducta sexual, Imagen corporal, Adolescentes

**Fuente de financiamiento:** Este estudio cuenta con el financiamiento de la Vicerrectoría de Investigación y Desarrollo de la Universidad de Concepción. Código del proyecto: cod. 2018.A840.18-1.0.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiencias de Infancias Trans\* en las Palmas de Gran Canaria. Análisis Narrativo y Propuestas Socioeducativas

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Esta es una investigación en curso en la que se explora desde un marco sexológico crítico la experiencia de la infancia trans\* en relación con la atención en el ámbito socioeducativo y desarrollo una serie de

propuestas para el acompañamiento de la diversidad de género en la infancia.

La metodología que se propone para este trabajo es cualitativa, en concreto, el Método Biográfico

Narrativo-Interpretativo a través de cuyas entrevistas se pretende obtener la historia narrada y vivida de la atención a la diversidad de género en el contexto de los marcos de significado expresados por las personas. Para ello se entrevistará a unas 8 personas entre 13 y 18 de años. La aportación más importante de esta investigación es ofrecer un producto de análisis social sobre una realidad emergente que plantea un destacable reto desde el punto de vista de la atención socioeducativa y localizaré el trabajo en el Municipio de Las Palmas de Gran Canaria.

Este trabajo se inscribe en el proyecto de Tesis Doctoral sobre la “Atención a la diversidad de género en la infancia” dirigido por María Eugenia Cardenal (ULPGC) y Gerard Coll-Planas (UVIC) que se inscribe en el Programa de Interuniversitario en Estudios de Género: Culturas, Sociedades y Políticas” de la Universidad de Vic-Universidad Central de Cataluña.

Este proyecto de tesis surge a partir de la experiencia de colaboración con la Asociación de Familias de Menores Transexuales Chrysallis desde su constitución en Canarias en el año 2015 y la implicación profesional en el ámbito de la atención sexológica socioeducativa a la diversidad sexual y de género en entidades locales, lo que da un carácter de proceso vivo a la investigación y genera un estado de circularidad y de mutualidad entre la teoría y la práctica, fundamental en la investigación aplicada a la mejora social.

**Palabras clave:** diversidad de género, infancias trans\*, BNIM

**Fuente de financiamiento:** Fondo de Ayudas de la Fundación Universitaria de las Palmas modalidad investigación aplicada

**Conflicto de interés y declaración de divulgación:** Ninguno

## Estudio Comparativo Sobre las Actitudes Hacia la Igualdad de Género en Instituciones de Seguridad Pública de la Ciudad de Campeche, México

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En el año 2008 en México se incorporan mujeres a los Batallones del Cuerpo de Policía Militar; en el año 2010, se graduaron las dos primeras mujeres del Curso de Mando y Estado Mayor General de la Escuela Superior de Guerra, y en el 2010, se graduaron las Primeras Oficiales de la Fuerza Aérea (Secretaría de la Defensa Nacional. (2015). El propósito de la investigación fue identificar las diferencias en las actitudes hacia la igualdad de géneros en elementos de la Secretaría de Marina (SEMAR), Policía Federal (PF) y Secretaría de Seguridad Pública del Estado de Campeche (SSPCAM). Para lo cual se aplicó el Cuestionario de Actitudes hacia la Igualdad de Géneros (CAIG) (De Sola, Martínez y Meliá, 2003; adaptado en México Marfil, 2006), aplicándose en las tres instituciones que se tomaron para la muestra. Se obtuvo una muestra de 150 personas (asignadas por cada institución) divididas en 3 grupos de 50 participantes por institución. A los participantes se les dio un consentimiento informado y se garantizó su derecho a

la protección de datos personales. Se tomaron los datos de edad, género, religión, nivel educativo, dependencia y estado civil. Se encontraron diferencias significativas entre instituciones en el factor Valores y estructuras de pareja ( $p < 0.05$ ). También se encontraron algunas diferencias en algunos factores entre grupos por nivel educativo y religión. Al comparar los resultados por género se pudo observar que las mujeres presentaron actitudes más igualitarias hacia el género (no significativo) que los hombres. Los análisis por variables arrojaron los siguientes datos: la institución que más se preocupa por el aspecto de la seguridad pública es la Policía federal seguida de la Policía Estatal Preventiva del Estado de Campeche y en último lugar se encuentra la Secretaría de Marina.

**Palabras clave:** Igualdad de género, Seguridad pública, Actitudes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Valencia Emocional de Estímulos Eróticos en Mujeres y Hombres Cisgénero

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**Introducción y objetivo:** Existen estudios que han evaluado la respuesta sexual subjetiva y genital en hombres y mujeres ante la presencia de estímulos eróticos, sin embargo, estos estudios no se han enfocado en analizar la respuesta emocional, por lo tanto, el objetivo de este estudio fue evaluar la valencia emocional de estímulos eróticos en mujeres y hombres cisgénero.

**Método y muestra:** Participaron 16 hombres y 16 mujeres cisgénero en un rango de 19 a 34 años y con atracción sexual andrófila. Se evaluó su atracción y su estado emocional, posteriormente, en una habitación privada, cada participante observó individualmente 3 videos con contenido neutro, 3 videos con contenido sexual hombre-hombre, 3 videos con contenido sexual mujer-mujer y 3 videos con contenido sexual hombre-mujer y se pidió que evaluaran la valencia del video de negativa a positiva en una escala del 1 al 9. Cada video tuvo una duración de 5 minutos y fueron presentados aleatoriamente.

**Resultados:** Se realizó una Análisis de Varianza de 2 vías para muestras independientes. No se encontraron diferencias significativas para el factor género [ $F_{(1, 104)} = 3.258, P > 0.05$ ], pero sí se hallaron para el factor estímulo [ $F_{(3, 104)} = 11.023, P < 0.05$ ], la post hoc

mostró que los estímulos hombre-hombre fueron evaluados más positivamente que los estímulos mujer-mujer ( $P < 0.05$ ) y que los estímulos neutros ( $p < 0.05$ ). También se encontraron diferencias significativas para la interacción de factores [ $F_{(3, 104)} = 9.592, P < 0.05$ ], la post hoc mostró que las mujeres evaluaron más positivos los estímulos mujer-mujer ( $P < 0.05$ ) y los estímulos hombre-mujer ( $P < 0.05$ ), mientras que los hombres evaluaron más positivos que las mujeres los estímulos hombre-hombre ( $P < 0.05$ ).

**Conclusión y recomendaciones:** En general los estímulos hombre-hombre son evaluados más positivos, aunque las mujeres evalúan más positivos los estímulos mujer-mujer y hombre-mujer. Se recomienda incluir poblaciones con otras atracciones.

**Palabras clave:** Emociones, Estímulos eróticos, Androfilia

**Fuente de financiamiento:** Durante el desarrollo de este trabajo se recibió una beca para estudios de posgrado del Consejo Nacional de Ciencia y Tecnología (CONACyT) con registro 279075.

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Sexuality of Young Adults in Japan, Austria, Germany, Poland and the USA with the Focus on Sexual Norms

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**Introduction & objectives:** 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, sexual norms, behaviours, values, knowledge, body functions and gender roles included in one project. The team of researchers decided to investigate the multidimensional sexuality

of young adults in several countries, including Japan, Austria, Germany, Poland and the USA.

**Method(s) & Sample:** The online questionnaire focused on quantitative data (142 questions, predominately Likert scale) has been administered and it required approximately 25–35 minutes for completion.

The project started in 2018 and the data is still being collected starting from the beginning of March 2019.



The expected number of participants will approximately reach 900–1000 in total.

**Results:** Considering sexual norms, the preliminary results suggest significant differences in many aspects of sexual attitudes towards lifestyles and behaviours in young adults, for example among Japanese vs. American participants. American participants perceive as more acceptable some forms of sexual expression, like sex with extramarital partners, sex with friends with benefits, one-night stands, paying and receiving money for sex, open relationships, etc. Japanese participants, on the other hand, present much more conventional attitudes of potentially acceptable sexual behaviours. The final results will include a comprehensive analysis of a large number of sexual phenomena from several countries.

**Conclusion & recommendations:** The Multinational Comparative Analysis in Sexuality of Young Adults including Japan, Austria, Germany, Poland and the USA. 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.

**Keywords:** sexual norms, cross-cultural sexuality, young adults

**Conflict of Interest and Disclosure Statement:** None

## Perceptions and Attitudes of Adolescent's Towards Youth Care Health Services (PKPR) in Denpasar City, Bali-Indonesia

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Youth Care Health Service (PKPR) provides health consultations, counseling, and information for adolescents in Indonesia in public primary health care. However very few adolescents access this service. This paper aims to shed light on this low engagement by understanding the perceptions and attitudes of adolescents toward PKPR in Denpasar, Bali, in order to understand this low engagement. Using a mixed method approach this study analyzes data from the Global Early Adolescent Study (GEAS), a quantitative study collecting data from 899 girls and 854 boys aged 10-14, and Youth Voices Research, a qualitative study involving young people as co-researchers to explore young people's sexual and reproductive health experiences and behaviors. YVR data was collected through 12 in-depth interviews and 4 focus group discussions with total of 40 informants aged 18-24. GEAS results shows that only 38.2% of respondents had ever heard PKPR and only half of those had ever accessed the service. Girls reported less knowledge than boys (34.4%

vs 42.2%) and access (39.6% vs 62.5%) to PKPR compared to boys. This different is statistically significant ( $p < 0.008$ ). YVR findings provide further insight to these results. Many informants did not know the existence, benefits and objectives in accessing PKPR in Denpasar. Some who knew about PKPR were reluctant to take advantage of services due to perceived stigma from the community and fears of being seen as 'sick' because they visit a health service. PKPR access is also limited by operational hours that coincide with student school hours. We also provide insights on the gendered aspects of low engagement. Recommendations include the promotion of PKPR via social media to increase awareness, and extending accessibility by offering online services.

**Keywords:** Youth Care Health Service, Adolescent Sexual and Reproductive Health, Health Care

**Conflict of Interest and Disclosure Statement:** None



## Does Method of Entry into Sex Work Impact Mental Health Outcomes Among Female Sex Workers in India?

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While mental health amongst sex workers has been avidly studied within various South Asian contexts, the specific avenues of entering sex work in the subcontinent have not been discussed or differentiated in prior studies nor examined in terms of how they might influence mental health for female sex workers. Women in the Perna caste in New Delhi engage in intergenerational sex work as soon as they marry which is historically motivated and culturally normalized. There is awareness of future engagement in sex work from a young age in Perna families, whereas for women trafficked into Sonagachi – the largest red light district in Asia – there is often a stark transition into the sex trade through deception, often riddled with emotional and physical trauma. Fourteen Perna women and 17 women trafficked into the red light district at Sonagachi associated with a non-governmental organization operating in New Delhi and Kolkata were sampled via a community mobilizer network and interviewed using the Hopkins Symptom Checklist-25,

components of Harvard Trauma Questionnaire, and general social and demographic questionnaire. Both groups had a high proportion of cases with anxiety and depression as assessed by the Hopkins Symptom Checklist. Risk factors amongst Perna women for high levels of anxiety and depression included identifying feeling ‘trapped’ and concern for the entry of their daughters into sex work despite high levels of social support whereas women in Sonagachi reported very low levels of social support being salient. The findings suggest that programs to address human trafficking should take into account entry method into sex work when designing programs for mental health in order to enhance services in the appropriate realms for the most significant impact.

**Keywords:** sex work, India, trauma

**Source of Funding:** Parker Huang Travel Research Fellowship, Yale University

**Conflict of Interest and Disclosure Statement:** None

### Track: 3. Clinical Sciences & Therapy

#### Group-Based Programs for Offenders and Victims of Sexual Violence in Japan

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**Introduction:** Studies have shown appropriate interventions can reduce the recidivism rates of sex offenders in the US and other countries. In Japan, treatment programs for adult sex offenders have been provided in prisons and probation offices by the Ministry of Justice for about 10 years. However, in community settings they are still very limited to those run by private organizations without legal and budgetary infrastructures (Fujioka et al., 2017). The needs of support system for victims of sexual violence are recognized compared to before but yet to be sufficient.

**Project/Population and settings:** Group-based interventions for sex offenders, victims and their

families are provided by a private organization in community. All programs are outpatient, semi-closed, group-based, and Therapeutic Community oriented. Each group is facilitated by 2-3 trained staff such as clinical psychologists and social workers. 24 sessions of 90 minutes for male offenders based on Cognitive Behavioral Therapy and Good Lives Model, 10 sessions of 120 minutes for female victims, and other programs for families of sex offenders and victims of sexual abuse, have been delivered since 2014.

**Outcome, Discussion & recommendations:** Despite an evaluation is yet to be done, findings so far from clinical experiences are that; 1) there are strong needs

for treatment programs in community as number of participants are growing and they come from all over Japan; 2) group-based treatment programs with trained staffs bring safety and connection which support participants; 3) there are significant gaps in perception of sex offenders, victims, and their families. Audiences are welcome to join in the discussion on future possibilities and challenges in reducing sexual violence through group-based interventions.

**Citation:** Fujioka et al. 2018. *Survey on Therapeutic Interventions on Sexual Violence in Japan*. The 37th Annual Research and Treatment Conference sponsored by the Association for the Treatment of Sexual Abusers.

**Keywords:** sexual violence, community-based program, group intervention

**Conflict of Interest and Disclosure Statement:** None

## Influences on Sexual Arousal of Age, Educational Level and Difficulties with Erection

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**Objectives:** Identifying behaviors can be exciting and signification by age group, by educational level and erection dysfunction.

**Methods & Sample:** Anonymous research was answered online for 674 heterosexual men. Pearson's chi-square and analysis of adjusted residuals were used. The level of significance was 5% ( $P < 0.005$ ) and analyses were performed using SPSS 21.0.

**Results:** Behaviors were significant for men up to 20 years of age: He focuses on the intercourse. Getting involved with the coitus; He is subjected to her desires and initiatives; He receives some kind of physical aggression, as he is a masochist; Her moaning. For men aged 41 years or older: He thinks of an erotic fantasy; Having sex ALWAYS using some sexual fetish without EVER removing it during sex; He imagines having sex with another person; He stimulates her anal area; She stimulates his anal area; She asks to have anal sex. For both groups: She kisses him at a specific place.

For men up to with primary school: She says erotic words; Listening to music during intercourse; Watching

porno movies; Remembering something erotic or sexual he has done with another person; Having oral sex before the coitus intercourse; He receives some kind of physical aggression, as you are a masochist. For men with post-graduate or higher: Her body.

For men with some difficulties with erection were significant: He says erotic words; Watching porno movies; Remembering something couple has done and that was very arousing ; Remembering something erotic or sexual he has done with another person; He has sex while partially dressed (with ordinary clothes); He imagines having sex with another person; He caresses her clitoris during intercourse.

**Conclusions:** Behaviors facilitating erection differs among men by age group, by level of education and in the presence of difficulties with erection. Knowledge of these details can help patients.

**Keywords:** Sexual arousal, Age, Sexual Dysfunction

**Conflict of Interest and Disclosure Statement:** None

## Estudio Sobre Deseo Sexual en Hombres

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**Introducción y Objetivos:** El deseo sexual hipoactivo es la disfunción sexual menos estudiada en el hombre.

El objetivo del presente trabajo es analizar el deseo sexual en una amplia muestra de hombres.

**Método y muestra:** se utilizó la escala de deseo sexual del cuestionario Deseo Sexual y Aversión (DESEA). La muestra se obtuvo mediante un muestreo no probabilístico, método de muestreo casual o incidental. Los participantes contestaron al cuestionario a través de un enlace habilitado en la página web de la Academia Internacional de Sexología Médica y del Instituto Andaluz de Sexología y Psicología. La muestra estaba formada por 1894 hombres de 39 países, con una media de edad de 36.87 años y una desviación típica de 11.34. Se analizó el deseo en función de la edad, orientación sexual y tipo de pareja.

**Resultados:** mediante la prueba de Kruskal-Wallis, se detectó que había diferencias significativas, siendo los hombres entre 29 y 38 años los que obtienen una

mayor puntuación media (11.99) y los hombres 69-78 (9.67) los de menor puntuación. En cuanto a la pareja los hombres que tienen una relación en exclusiva (12.09 > 11.08) pero no conviven son los de mayor nivel de deseo y en cuanto a orientación las puntuaciones más altas las obtienen quienes se declaran bisexuales (45.69 > 42.17).

**Conclusiones:** Los hombres con más deseo son los que tienen una pareja pero no conviven con ella, en un margen de edad entre 29 y 39 años, y de orientación bisexual.

**Palabras clave:** desea, deseo sexual, hombres

**Conflicto de interés y declaración de divulgación:** Ninguno

## Towards Understanding Sexual Boredom: Preliminary Findings

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**Introduction & objectives:** Sexual boredom is widely discussed in the media but does not seem to appeal to researchers of human sexuality. This may be related with the apparent overlap with other constructs such as sexual desire and sexual satisfaction. However, when we integrate the existent scientific knowledge on general boredom into a preliminary theory of sexual boredom the last seems to diverge from the other sexuality concepts. Nevertheless, the empirical data on sexual boredom seems anecdotal and both qualitative and quantitative studies are much needed. It is the aim of this project to shed some light over sexual boredom processes and implications for adults, namely in what concerns meanings of sexual boredom in lay people's voices, the cognitive-emotional and physiological processes that may play a role and clarify the relation with other individual, relationship and sexuality factors.

**Methods & sample:** This research project will comprise three studies. A qualitative study with in-person focus groups will be conducted with 6-8 participants from the community paired by sex and age group; responses will be subject to thematic analysis. In a

laboratory study will be collected quantitative psychophysiological data using erotic clips and affect induction with of 40 men and women divided in experimental and control groups. The last study will collect information from self-report measures with an online sample of 500 men and women.

**Results:** This is an ongoing project in the context of the Doctoral Program of Human Sexuality in Porto, Portugal. Preliminary findings of the qualitative study will be presented.

**Conclusion & recommendations:** Sexual boredom may be a construct in its own name and a phenomenon contributing to the over diagnosis of sexual dysfunction. It seems relevant to conduct empirical researches on sexual boredom as they are practically non-existent and might have implications for the sexual health of couples.

**Keywords:** sexual boredom, sex, relationships

**Source of Funding:** Foundation for Science and Technology – PORTUGAL Grant #SFRH/BD/136088/2018

**Conflict of Interest and Disclosure Statement:** None

## What Sociodemographic and Biopsychosocial Variables are Involved in Female Sexual Pain?

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**Introduction & Objectives:** Sexual pain can be defined as persistent pain that affects many women in their sexual activity. Although research shows that this is a phenomenon influenced by biological and psychosocial factors, many health professionals continue to present a reduced and medicalized view of it. More and more arguments that argue that sexual pain is best explained through a biopsychosocial perspective. This study aims to explore different biopsychosocial variables such as sociodemographic and medical variables, variables related to the phenomenon of pain, sexual activity, pregnancy and contraception in women with and without sexual pain.

**Method & Sample:** The sample will be collected through online questionnaires, nationally and internationally. It is intended to collect a sample with a total of 400 women over the age of 18: 200 women

with sexual pain and 200 women who do not present this difficulty.

**Findings & Discussion:** The results of this study may contribute to a deeper exploration of different biopsychosocial variables associated with sexual pain, allowing and reinforcing the need for a broader understanding and evaluation of this difficulty. As the collection of data is still in progress, results will be available in the Congress.

**Conclusion & Recommendations:** With this study, it is intended to contribute to the improvement of intervention protocols and the change of attitudes and procedures from the different health professionals.

**Keywords:** sexual Pain, sexual activity, sociodemographic variables

**Conflict of Interest and Disclosure Statement:** None

## Constructos Personales y Narrativa del Delito en Ofensores Sexuales

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**Introducción & objetivos:** Los seres humanos construyen su realidad desde coordenadas histórico-sociales, para Kelly (1955) la realidad no se manifiesta directamente sino a través de nuestros Constructos Personales, lo cual anticipa que una situación pueda ser vivida de formas muy distintas, idiosincráticas, por distintas personas, el presente trabajo busca acercarse a la experiencia de los ofensores o delincuentes sexuales, vinculando la narración del delito a los Constructos Personales que describen y anticipan la subjetivación de la experiencia de reclusión.

**Método(s) & muestra:** Se realizó entrevista a profundidad, el inventario de exploración clínica (Caballo y Salazar, 2005) y la rejilla de constructos personales

de Kelly (Feixas G.; y Cornejo J. M. 1996) a ocho hombres privados de su libertad sentenciados por violación, que firmaron consentimiento y aceptan el delito. Realizándose la triangulación como técnica de validación.

**Hallazgos & discusión:** A partir del análisis de los once corolarios de la rejilla los participantes canalizan psicológicamente la narración del delito en la anticipación de acontecimientos, donde la reclusión es determinante en la creación de nuevos constructos para organizar su mundo, desde las funciones integrativa y predictiva, los constructos que cambian significativamente son: yo antes de la reclusión, hombres, sexo y víctima. Desde la codificación abierta, axial y

selectiva de las categorías para explorar el proceso en que se gesta el delito es importante la cantidad de detalles cognitivos, afectivos, conductuales y evolutivos comunes en las historias individuales.

**Recomendaciones:** El entendimiento en la vivencia de violar, requiere intervenciones multifactoriales y una aproximación viable puede ser la elaboración de

modelos descriptivos más comprensivos derivados de la experiencia de los ofensores.

**Palabras clave:** Ofensores sexuales, Constructos personales, Narrativa delito

**Conflicto de interés y declaración de divulgación:** Ninguno

## Menopause, Sexual Dysfunctions and Hormone Replacement Therapy (HRT)

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Multiple factors produce the female sexual dysfunctions, especially in menopause. Although, two of them surge as the main reasons that affect the majority, in many occasions it is in combination of factors. The two are as follows:

1. The educational myth that human sexuality is equal to reproduction (in most of the cases not clearly and conscientiously understood).
2. The ineludible aspect of biological aging, its consequent decrease in hormonal production and its direct effect in the sexual function through deteriorating actions in the neurological, sensorial and genito-urinary systems as well as in the motivation and cognition. The hormone replacement therapy continue being, despite its historic ups and downs in the pharmacological field (especially after the WHI study published in 2002 and 2004). The most effective way to avoid, prevent and

treat the corporal deterioration, including the sexual function, produced by the accelerating aging due to the absence of hormones. The hypoactive sexual desire disorder (HSDD), the motivation and sexual ideations (thoughts and fantasies), the sexual dysfunctions in the stages of arousal and orgasm are frankly improved when the hormone therapy is appropriately used. The medical, psychological and sexual consequences of the genitourinary syndrome of menopause are also affectively avoided, prevented and treated.

The main objective of the presentation is to de-mystify. The still well rooted belief that HRT is dangerous and cancer producer and show the immense role that this therapy play in menopause.

**Keywords:** Menopause, Sexual Dysfunction, Hormone Replacement Therapy

**Conflict of Interest and Disclosure Statement:** None

## Competencias del Profesional de la Sexología Clínica con Enfoque Humanista

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**Introducción y objetivos:** La sexología es una ciencia multidisciplinaria que tiene como objeto de estudio la vivencia de la sexualidad humana. Uno de sus campos de acción es la clínica, lugar que requiere de un perfil específico, y que no se identifica con claridad en la bibliografía existente. Es por ello que el objetivo de la siguiente investigación fue describir las competencias necesarias para el ejercicio de la sexología clínica humanista.

**Método y muestra:** Fue un estudio cualitativo, fenomenológico en el que participaron seis profesionales dedicados a la sexología clínica con una media de tiempo de servicio de cinco años, se utilizó entrevista a profundidad. Los datos fueron analizados por medio del programa Atlas. Ti del cual resultaron categorías de las diferentes competencias.

**Resultados:** Los resultados se atomizan en los tres componentes principales de las competencias: conocimientos, habilidades y actitudes, que se clasificaron en tres categorías más, relacionadas con el nivel de complejidad. La primera: de ingreso, se refiere a aquellas competencias mínimas necesarias para ejercer, como son: pertenencia de las temáticas sexológicas fundamentales, corresponsabilidad y autogestión en el

sistema terapéutico. La segunda: de aprendiz, se engloban aquellas competencias identificadas como posibles para aprender en la práctica y de complejidad intermedia como son: seguimiento de casos, supervisión de casos, compensaciones positivas del terapeuta y dominio del proceso terapéutico (inicio, desarrollo y cierre). La tercera: de proceso (nivel avanzado) se reconoce que el sexoterapeuta se ha apropiado de la práctica, es decir, acepta que puede tener errores y la capacidad de seguirse construyendo, por medio de competencias como sabiduría intuitiva terapéutica y creatividad terapéutica.

**Conclusión y resultados:** Existe la necesidad de identificar las competencias necesarias para la práctica con el fin de hacer un gremio de la sexología especializada y científica. Metodológicamente se sugiere hacer un estudio con una muestra más grande.

**Palabras clave:** Competencias, Perfil profesional, Sexología clínica

**Fuente de financiamiento:** La misma institución: Unidad Especializada en Salud Sexual (UNESEX)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Cambios en la Función Sexual en Pacientes con Cáncer Digestivo con y Sin Ostoma en un Hospital de Lima

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**Introducción & objetivos:** La presente investigación empírica buscó reflejar si los pacientes a quienes se les ha practicado una ostomía desarrollan cambios en su vida sexual dada la permanente relación de factores orgánicos, psicoemocionales y socioculturales. Se busca identificar los cambios y las causas que lo precipitan así como examinar las diferencias que pueden existir

entre el uso de los dispositivos de un ostoma para un paciente con cáncer gástrico.

Se trata de un estudio de tipo cuantitativo ya que la variable fue observada, medida y analizada; se trata de una investigación aplicada ya que permitió conocer diferentes aspectos del funcionamiento sexual del paciente con cáncer digestivo y enfatizando en el



paciente ostomizado del Instituto Nacional Enfermedades Neoplásicas (INEN) en corto periodo, ya que se aplicó el instrumento a los pacientes luego de dos meses, y de tipo descriptivo comparando dos grupos similares de pacientes.

**Método(s) & muestra:** La población de estudio fué conformada por 41 pacientes con cáncer digestivo que recibían atención en el INEN durante el período Agosto – Diciembre 2018. El instrumento utilizado fué el Cuestionario de cambios en la función sexual (CSFQ) de Clayton.

**Resultados:** Se obtuvieron cambios significativos en el grupo 2 (pacientes ostomizados) comparado con el grupo 1 (pacientes sin ostoma) luego de dos meses de transcurrido el proceso de cáncer digestivo,

principalmente en la dimensión deseo y en el puntaje sexual global.

**Conclusión & recomendaciones:** Las alteraciones en la función sexual de los pacientes portadores de un ostoma en el cáncer digestivo son, una condición infraestimada, pero con una importante prevalencia. Es posible que parte de esto sea las molestias físicas, falta de autoestima, dolor y problemática psicosocial que rodea a los enfermos con esta situación, siendo de gran importancia seguir investigando la función sexual de estos pacientes.

**Palabras clave:** Ostoma, función sexual, cáncer

**Conflicto de interés y declaración de divulgación:** Ninguno

## Assessment and Treatment of Low Desire and Desire Discrepancy

Barry McCarthy

American University, USA

This conceptual/clinical presentation focuses on the most common sexual problem with couples-low desire and desire discrepancies. The traditional sex therapy approach focused on arousal and orgasm dysfunctions with the assumption that functional sex would resolve any problems with desire. The new mantra in sex therapy is desire/pleasure/eroticism/satisfaction with desire as the core dimension. Secondary desire problems effecting women and men are the most common cause of referral to sex therapy. Clinically, the keys to desire are anticipation, feeling each partner deserves sexual pleasure, freedom and choice, and unpredictable sexual scenarios and techniques. The couple learns to value both intimacy and eroticism while recognizing the multiple roles, meanings, and outcomes for couple sexuality.

The four-session assessment model is highly recommended. The first session is conducted as a couple to reinforce the core message of intimacy and sexuality as a couple issue. The second and third sessions are conducted individually so the clinician gets a genuine

understanding of each person's psychological, relational, and sexual strengths and vulnerabilities. The fourth session is a 90-minute couple session which bridges the assessment and treatment phases. A key for success is to break the intercourse frequency power struggle and emphasize sexuality involving sensual, playful, and erotic scenarios in addition to intercourse. Core therapeutic concepts are creating a new couple sexual style, adopting the Good Enough Sex (GES) model, utilizing psychosexual skill exercises of comfort, attraction, trust, create preferred scenario, bridges to sexual desire, and strategies to deal with desire discrepancies. The couple learn to value touching and pleasuring as an intimate sexual team. This approach is crucial in changing low desire and maintaining strong, resilient sexual desire.

**Keywords:** low sexual desire, Good Enough Sex model, couple sex therapy

**Conflict of Interest and Disclosure Statement:** None

## The Keys to Couple Sexuality After Age 60

Barry McCarthy

American University, USA

This conceptual/clinical presentation explores what facilitates and what subverts couple sexuality from 60-85. The psychobiosocial model of assessment and treatment illustrates sexuality and aging as multi-causal and multi-dimensional with individual, couple, cultural, and value differences.

Two major constructs are central to maintaining desire/pleasure/eroticism/satisfaction for aging couples. First, replace the traditional double standard model with the female-male equity model. Second, replace the individual performance model with the Good Enough Sex (GES) model. With aging, the challenge is to focus on psychological, relational, and psychosexual skill factors. Partners value both intimacy and eroticism and accept both synchronous and asynchronous sexual scenarios. Couples accept wonderful, good mediocre,

and dysfunctional sexual scenarios and turn toward each other as an intimate sexual team. Desire and satisfaction is more important than intercourse and orgasm. Sexuality is defined as involving sensual, playful, and erotic scenarios in addition to intercourse. Couple sexuality with aging illustrates the multiple roles, meaning, and outcomes of sexuality.

A clinical case example illustrates the couple psychobiosocial approach while recognizing that “Sexually, one size never fits all”. This model of sexuality and aging is applicable to married and partnered couples, as well as straight and gay couples

**Keywords:** sex and aging, Good Enough Sex model, female-male sexual equity

**Conflict of Interest and Disclosure Statement:** None

## New Signs & Symptoms in the Genito-Urinary Syndrome of Menopause (GSM): Impact on Sexuality & Sexuality's Impact on Them

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The Genitourinary Syndrome of Menopause (GSM) in 2014 described by the International Society for the Study of Women Sexual Health (ISSWSH) and the North American Menopause Society (NAMS) was previously known as the Vulvovaginal Atrophy (VVA) and involved signs and symptoms as: vaginal atrophy and dryness, secondary dyspareunia, recurrent vaginal itching and urinary tract infections (UTI), urinary stress incontinence, uterine or vaginal prolapse, cystocele and/or rectocele and/or total procidentia, marked atrophy of the labia majora and minora. We have found new signs undescrbed to date as part of the GSM with important repercussions in the genito-urinary health and sexual activity aspects of women's health and they are as follows:

1. The development of the urethral caruncle.

2. The presence of abnormally false cervical dysplasias
3. Total fusion or obliteration of the labia majora or vulva with urocolpos and ascending bilateral megalo-urethers and hydronephrosis.
4. In the centenarians, due to their incapacity to verbalize their feelings or sensations, the development of sepsis and death secondary to undiagnosed UTI's.

The consequences of the lack of diagnosis and proper treatment are discussed.

**Keywords:** Genito-urinary Syndrome of Menopause, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## The Role of Early Maladaptive Schemas in Shaping the Boundaries of Sex Offenders

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**Introduction & objectives:** Young's Early Maladaptive Schemas are formed as a result of long-term deprived emotional needs and are associated with appearance of specific negative beliefs in the individual, which over time become the basis of behavioral, personality and axis I disorders. The aim of the study was to identify early maladaptive patterns in the Polish population of sex offenders and compare their severity within 2 separate groups: child sexual offenders (CSO) and sexual offenders against adults (SOA).

**Methods & sample:** 107 sexual offenders (54 CSO and 53 SOA), completed the self-reported Young Schema Questionnaire. Obtained information was subjected to statistical analysis using R-3.5.0. To examine hypothesized group differences in EMSs and schema domains, T-student test was used.

**Results:** 1) Statistically significant differences among the sex offenders is visible within the schema: entitlement/gradiosity. The higher severity of this pattern was observed in SOA compared to CSO. 2) A higher, but statistically insignificant difference occurs in the schema: enmeshment/undeveloped self and in the

domain of impaired limits: In comparison with child molesters, SOAs had a higher severity of this patterns.

**Conclusion:** The results of statistically significant or emerging trends oscillate around the occurrence of domains and schemas related to violating the borders of others and the offender's own borders in SOA. Shaping the perception of one's own borders seems to be the basis of sexual freedom. Therapeutical interventions for sex offenders should therefore place special emphasis on shaping a healthy system of borders. The Young's concept of early maladaptive schemas seems to be helpful in understanding the sources of the damaged system of borders among offenders. The results correspond with conclusions from other studies and indicate that the concept of Young's early maladaptive schemas is helpful in understanding maladaptive patterns that may play a role in sexual offenses.

**Keywords:** Sex offenders, Early maladaptive schemas, Boundaries

**Conflict of Interest and Disclosure Statement:** None

## Función Sexual en Mujeres con Depresión y su Relación con Experiencias Traumáticas Tempranas

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**Introducción & objetivos:** La depresión es más frecuente en mujeres y puede afectar el Funcionamiento Sexual (FS), cuyas alteraciones originan Disfunciones Sexuales (DS). Trauma Temprano (TT) es la exposición a eventos altamente estresantes durante la infancia y adolescencia; a mayor exposición a TT

mayor psicopatología. El TT aumenta el riesgo de depresión y ha mostrado efectos sobre el FS. El objetivo del estudio fue determinar la relación entre la exposición a TT y el FS de mujeres con depresión.

**Métodos & muestra:** Estudio observacional, transversal y analítico, con mujeres de la consulta externa

del INPRFM, de 18-60 años, con depresión, actividad sexual y sin psicofármacos el último mes. Se recabaron datos sociodemográficos y clínicos, se aplicaron entrevista y clinimetría para medir depresión, TT y FS. Variables categóricas se describen con frecuencias y porcentajes, variables dimensionales con media; se realizó correlación de Pearson; la predicción del FS se efectuó con regresión lineal múltiple. Se empleó SPSS V21.

**Resultado:** 30 participantes, edad 36.5-años(media), escolaridad 11.3-años(media), 70% religión católica/cristiana, 63.3% actividad no remunerada, 53.3% con pareja, 93.3% heterosexuales, 26.7% postmenopausia, 40% con episiotomía, 46.7% con anticoncepción. La depresión inició a los 26.2-años(media), evolución media 13.8 semanas del episodio actual, episodios en la vida 2.4(media). Se encontró como predictor que a

mayor exposición a TT, inicio más temprano de depresión y religión católica/cristiana, mayor dificultad en FS.

**Conclusiones & recomendaciones:** Existe relación entre TT y FS femenino, evidencia que confirma que, mayor exposición a TT se relaciona con mayor DS en mujeres con depresión. Por ser transversal, el presente estudio no permite distinguir la secuencia temporal de presentación de la depresión y las DS, por ello no es posible hacer conclusiones de causalidad y mediación. Los datos que se aportan permiten un mejor conocimiento de la relación entre los fenómenos en estudio.

**Palabras clave:** Función sexual femenina, Depresión, Trauma temprano

**Conflicto de interés y declaración de divulgación:** Ninguno

## Oxytocin as a Catalyst for Cranial Nerve Synchronization and the Potential of Orgasm as a Healing Intervention

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### Why this issue? Why now?

According to the World Economic Forum, the yearly global cost for treatment of chronic diseases will reach \$47 trillion by 2030. In the U.S., costs related to chronic disease already consume 75% of the \$2.2 trillion spent on healthcare annually. When it comes to diseases like cancer, neurological disorders, autoimmune conditions and others, it's clear the healthcare industry is woefully inadequate at actually eradicating the diseases it's become so effective at diagnosing over the last sixty years. This is due in part to the reductionist, allopathic philosophy that the body is primarily a collection of autonomous organs and systems performing separate functions with mostly rudimentary relation to one another and virtually none to the body as a whole. This idea has led to the increasing hyper-specialization of healthcare, further fragmenting the perspective toward ever-smaller components and away from the reality that it's the interrelation between otherwise healthy parts that results in coordination and optimal performance.

When we speak of health what we really mean is a body that is synchronized where all parts are working in a coordinated fashion for a unified purpose—wellness. When we affect the element(s) at the top of such a system, all the subsequent parts and processes become modified by that change and function in a more coordinated and cohesive way. Considering the continued rise in chronic disease costs and the fact that modern medicine has little to offer but symptom management, it is imperative that we now take a functional approach to healing and work within the body's existing capabilities to restore equilibrium and eradicate disease. In this regard, the activation of cranial nerve zero (CN0) and the up-regulation of oxytocin are showing great promise.

### What's Important to Know

Since the third century, it was thought there were only 12 cranial nerves governing the various body systems. However in 1878, a 13th cranial nerve was discovered in the brain of a shark and by 1913, the terminal nerve or cranial nerve zero (CN0) as it's called had been

identified in nearly all vertebrates and humans. Even so, it doesn't appear in medical textbooks, so most physicians are unaware of its existence.

CN0 extends from the brain and ends in the nose but isn't involved in the sense of smell. CN1 or the olfactory nerve that also ends in the nose handles that function. CN0 instead bypasses the olfactory bulb and sends its signals to the areas of the brain that deal with sexual reproduction. These include the lateral septal nuclei and preoptic areas that deal with things like the release of hormones, and other primal urges such as thirst and hunger. Evidence strongly suggests that CN0 is involved in subliminal sexual attraction by transferring signals from pheromones received in the nasal cavities to the brain.

When CN0 is activated, gonadotropin-releasing hormone (GnRH) is released, acting as the catalyst for other important hormonal changes, including the up-regulation of oxytocin, which reaches peak levels during orgasm. High levels of oxytocin as produced via stimulation of CN0 and ultimately orgasm have been shown to synchronize the other 12 cranial nerves and by association all the body processes they govern, as functioning shifts from the sympathetic nervous system to the parasympathetic. This includes immediate improvements in heart regulation, blood pressure, clotting capability, production of immunoglobulin, neurotransmitter function,

levels of norepinephrine, epinephrine, histamine, melatonin and sex hormones normalize, the production of natural killer cells improves, and the hypothalamic-pituitary-adrenal (HPA) axis is realigned, just to name a few health benefits.

### Data & Discussion

With regard to serious illness, initial research results on oxytocin are encouraging. Tumor cells have receptor sites for oxytocin, and in vitro lab studies have shown oxytocin to inhibit neoplastic cells in the epithelial layer of breast tissue and the uterus. In vivo tests showed oxytocin continued to inhibit proliferation of breast cancer in mice and rats.

In the past, the health benefits of sex were only anecdotally reported (usually with a winking eye) and limited to "better circulation" and the number of calories burned during intercourse. Today, research is showing that oxytocin via CN0 activation and orgasm holds much greater potential to return the body to homeostasis. It's time to discuss sex as a medical intervention for treating illness and to explore ways to harness the healing power of oxytocin for specific acute and chronic disease processes.

**Keywords:** Cranial Nerve Zero, Orgasm, Oxytocin

**Conflict of Interest and Disclosure Statement:** None

## Treatment of Vaginismus in Tunisia: Desensitization by Introduction of Sexual Education, Vaginal Dilators with Vibration and Erotic Exercises

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**Introduction:** Vaginismus is a couple problem. It is the source of unconsummated marriage and the quality of the couple's sexual relationship. It is summarized in the impossibility to have sex with vaginal penetration. It is defined by an involuntary contraction of the external third of the vagina preventing any penetration. It is often associated with a more general contraction of the whole region, abdominal, buttocks, adductors of the thighs, thus preventing any approach of the partner. Despite the apparent climate of "sexual liberation", consulting to discuss sexual difficulties is still a taboo in Tunisia.

**Objective:** To determine the various factors that trigger primary vaginismus and to verify the effectiveness of desensitization exercises with vaginal vibratory dilators in combination with introducing sexual education for the couple as a basic element to succeed in an erotic and sexual relationship (explain to them the body, the anatomy of the penis and the vagina, the erogenous zones, the preliminaries ...); introducing also a series of sensory and erotic exercises (mutual caresses, caresses of exploration of the region), genital stimulating caresses and play with excitement, petting up to orgasm, introduction of the penis without movement,

coitus with exploratory movements) in the treatment of vaginismus.

**Method:** This study would report a case of unconsummated marriage in Tunisia due to “vaginismus”.

A consecutive random sample of 50 clients followed in cognitive-behavioral sexotherapy. All clients were treated until symptoms decreased as a result of a structured treatment program. The stability of successful sex therapeutics was verified after each session.

**Results:** 47 (97%) of the clients had full intercourse after an average of 12 sessions.

**Conclusions:** If vaginismus is a female sexual cognitive-behavioral disorder, in daily practice, it is a

cognitive-behavioral disorder of the couple. Consulting a sexologist / sex therapist and a sex educator for a vaginismus problem is easier nowadays in a patriarchal society like Tunisia.

Desensitization by exercises with vaginal vibratory dilators in combination with a series of sensory and erotic exercises is a very effective method today, to treat vaginismus.

**Keywords:** vaginismus, sextherapy, Vaginal vibratory dilators

**Conflict of Interest and Disclosure Statement:** None

## The Role of the Psychologist in the Multi-Disciplinary Management of Chronic Pelvic Pain in Women

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In this paper I describe my role in a hospital multidisciplinary clinic working with patients with chronic pelvic pain conditions such as endometriosis, and the staff caring for their needs within the inpatient setting. This theoretical and practical model has evolved over many years and aims to address the needs of women with straightforward as well as complex presentations. In particular, our resources were challenged by a small subgroup of women who often presented in crisis with severe pain and psychosocial stressors and who did not seem to benefit from the standard approach used by staff at the time. The aim has been to facilitate faster access to acute gynaecological and pain services when

these are required, to shorten length of stay in hospital, and to encourage better use of outpatient coping mechanisms

### References:

St Martin, L (2017) The Role of a Psychologist in the Multidisciplinary management of Chronic Pelvic Pain. Ngau Mamae, Quarterly Publication of the New Zealand Pain Society Inc. Winter. 19–23.

**Keywords:** chronic pelvic pain, patient experience,

**Conflict of Interest and Disclosure Statement:** None

## Eros, Horse and Woman: Collective Imaginary and Contemporary Art

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**Introduction & objectives:** Eroticism is often associated with the image of a horse and riding a horse. The horse and the riding are used as metaphors of

animality, instinct, sex and drive that cannot be governed by reason. The relationship of female sexuality with the horse, the woman and her way of interpreting



and experiencing femininity is witnessed in the stories and narratives existing in every culture and in the artistic production of every time.

**Method(s) & Sample:** The purpose of this work is to highlight the variety of experiences related to sexuality starting from representations of different authors up to the interpretation of sexuality by contemporary female artists. The writings of different authors such as Saffo or the misogynist Semonide, the stories of Kamasutra, the myths of the Amazons and Valkyries, the legend of Queen Joan of Naples and Catherine of Russia, of Lady Godiva and clinical case of Miss Belle by Robert Stoller are taken into consideration. Up to the modern interpretations of 20 contemporary female artists that we present in our work. The Authors,

starting from a horse profile that is the same for all, have interpreted the erotic theme in a very specific way with very interesting results on the artistic and clinical level.

**Findings & discussion and Recommendations:** Sexuality, while based on common biological and genetic bases, is extremely diversified in its way of being imagined, interpreted and lived. Our work illustrates and confirms in an original way the great variety and beauty with which women relate to eros.

**Keywords:** Female sexuality, Sexual imagery, Eroticism and art

**Conflict of Interest and Disclosure Statement:** None

## The Couple, Sexuality and Time

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**Introduction & objectives:** Couple and sexuality can be observed within the perspective of time. Up to now, attention has been focused on the different times of the male and female orgasm and on the male's ability to last in sexual intercourse.

The objective of our study is to evaluate the couple and sexuality in relation to: different periods of the life of human beings on earth; different moments in a person's life as a single individual; different timing of sexual functionality and dynamics between partners.

**Method(s) & Sample:** Considerations on sexuality as "acted and lived" in modern world and observation and description of clinical cases and creative artworks by contemporary artists.

**Findings & discussion and Recommendations:** Sexuality, originally a means of reproduction and couple's stability, has become over time a way to satisfy personal needs and pleasures. Subjective needs and pleasure change during human lifetime. The same is true for the Individual timing of sexual response and

the progression of erotic dynamics (beginning, becoming and realization of the sexual relationship).

Chronological time and optimal time are witnesses of a different capacity to act sexuality and to signify it on a symbolic and phantasmic level. Individual differences are not easily compatible with the needs of couple complementarity.

Some questions must be asked. Will the couple survive over time? What kind of pair will be possible tomorrow? Will the human have sex only in a virtual world or through a drug or a self-stimulation of the cerebral circuits of pleasure

Will humans only have sex in the virtual world or will they access sexual ecstasy thanks to drugs or a self-stimulation of the brain's pleasure centers?

**Keywords:** Couple sexuality, Sexual dynamics, Virtual sex

**Conflict of Interest and Disclosure Statement:** None

## Vocal Satisfaction of a Group of Brazilian Male to Female Transsexuals – Preliminary Data

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**Introduction and objectives:** Voice is an important gender marker in the transition process in personal and social acceptance of the new gender identity transsexual male to female (TMtF). The present study had as objective to evaluate the vocal satisfaction of a group of TMtF.

**Methods and sample:** We selected 30 TMtF participants from the gender identity program of the Hospital de Clínicas de Porto Alegre, Brazil, aged between 19 and 52 years, to answer questions about the voice. The two questions used in this study were: “What do you think of your own voice?” and “What do others think of your voice?” Adolescents were discarded due to vocal changes and individuals over 55 years of age due to possible laryngeal and vocal changes due to vocal function decline.

**Results and discussion:** Concerning the question “What do you think of your own voice?” it was verified that 33.33% of TMtF liked their own voice;

13.33% found their voice to be neutral and 53.33% did not like their voice. When questioned about “What do others think of their voice?”, 60% answered that others considered their voice female, 13.33% considered the voice to be neutral and 26.66% reported having their voices identified as masculine by others. In the present study, the majority of TMtFs were dissatisfied with their own voices, contrary to the percentage of TMtF that had their voices considered female, which suggests a great self-criticism by TMtF.

**Recommendations:** We recommend further studies on the subject, since it is a new field to be studied.

**Keywords:** Gender dysphoria, Voice, transsexual

**Source of Funding:** This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brasil (CAPES) – Finance Code 001

**Conflict of Interest and Disclosure Statement:** None

### Track: 4. Basic Science

## The Effect of Sexual Assertiveness on Attraction in Heterosexual Partnerships

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**Introduction & objectives:** Previous research on sexual assertiveness has shown its relevance and fundamental role in sexual desire and sexual satisfaction. However, the effect of sexual assertiveness within a partnership has rarely been studied so far. The aim of this study is to examine the effect of sexual assertiveness on the affective and physical attraction of both the individual and their partner.

**Method(s) & Sample:** Between June 2018 and March 2019, a total of 126 heterosexual couples (average age 35 years) from Switzerland completed an

online questionnaire about sexuality, relationships and well-being. An Actor-Partner Interdependence Model (APIM) was calculated to test the effect of sexual assertiveness on both the individual’s (actor effects) as well as their partner’s attraction (partner effects).

**Results:** The APIM shows that only women’s sexual assertiveness has a positive effect on the affective and physical attraction of their partner. The men’s assertiveness shows no partner effects. The actor effects were predominantly significant, i.e., sexual assertiveness

predicts the own affective and physical attraction in women, but only the physical attraction in men.

**Conclusion & recommendations:** The study suggests that sexual assertiveness can have a positive effect on one's attraction towards their partner. Sexual assertiveness is an important resource for one's own

sexuality and that of the couple. Therefore, it should be promoted in sexual counseling and clinical practice.

**Keywords:** sexual assertiveness, attraction, dyadic data

**Conflict of Interest and Disclosure Statement:** None

## Track: 5. Sexual Medicine

### Uso de Estimulantes Sexuales en Hombres de 20 A 44 Años en Santiago, Chile Año 2018

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**Introducción & objetivos:** El uso de potenciadores sexuales en hombres adolescentes y jóvenes, está íntimamente asociado a la ansiedad de una óptima ejecución del acto sexual, es decir hombres que experimentaron fracaso en el logro o mantención de la erección, por lo cual surge el temor e inseguridad al momento de tener relaciones sexuales; en cuanto a hombres adultos el uso está relacionado principalmente ante la presencia de algún grado de trastorno eréctil.

**Objetivo:** Determinar el porcentaje de uso de estimulantes en hombres de 20 a 44 años.

**Método(s) & muestra:** Se realizó un estudio de enfoque cuantitativo con un diseño descriptivo longitudinal, se aplicó una encuesta anónima en una muestra de aleatoria de 296 hombres entre 20 y 44 años de nacionalidad chilena, con residencia en Santiago.

**Resultados:** Se analizaron los resultados en programa estadístico SPSS versión 23, mostrando que el

grupo etéreo predominante fue de 20-24 años en un 49% seguido por 25-29 años en un 14%, en cuanto a la orientación sexual el 82% se declara hetero. Se observa que el 34% del total declara haber tenido problemas para tener o mantener una erección durante la relación sexual y el 10% del total en la masturbación. En cuanto al uso de medicamentos, el 15% ha utilizado para potenciar la erección y el 10% para mantener la erección durante la relación sexual durante el último año. **Conclusión:** el uso de estimulantes sexuales va en aumento en la población joven, causado principalmente por el estrés de la vida diaria y la presión de mantener la erección en la relación sexual.

**Palabras clave:** estimulante sexual, hombre, adulto joven

**Conflicto de interés y declaración de divulgación:** Ninguno

### Afrontamiento a la Discriminación y Conductas Sexuales en Hombres Que Tienen Sexo con Hombres

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**Introducción:** Valdez, Castillo, Olvera, Onofre y Caudillo (2015); han señalado que los hombres que tienen sexo con hombres (HSH) mantienen conductas

sexuales riesgosas, como lo son tener sexo oral, anal y/o vaginal sin uso del condón, tener relaciones casuales con personas desconocidas, tener múltiples parejas

sexuales, uso inconsistente del condón y consumo de alcohol o drogas previo a encuentros sexuales son precedentes de alta incidencia de casos de VIH/sida a nivel Latino América. En la epidemia del VIH se reconoce que las conductas sexuales desprotegidas entre los HSH son un factor de riesgo para la transmisión del virus y se practican por razones emocionales, sociales, culturales o del comportamiento. Además, dado que en los entornos familiares y sociales suelen estar presentes elevados niveles de estigma, discriminación y homofobia, se comprueba un aumento de los factores de vulnerabilidad de los HSH, lo que les dificulta el acceso a insumos y servicios de prevención, a que los usen de forma consistente, a que obtengan un diagnóstico temprano y a que, de necesitarlo, reciban tratamiento oportuno para el VIH o ITS.

**Objetivo:** Describir el afrontamiento a la discriminación y conductas sexuales en hombres que tienen sexo con hombres.

## Incesto Terapéutico y de Otros Tipos

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**Introducción:** Aunque la mayoría de los diccionarios define el incesto como la relación sexual entre dos personas de la misma familia a los cuales no les está permitido el matrimonio, me tomé una licencia en el título pues he escuchado a infinidad de mujeres enojadas e indignadas porque profesionales de diversas áreas como pueden ser médicos, terapeutas, ministros religiosos y profesores entre otros, las obligaron a tocamientos no deseados, a que se desnudaran cuando no era necesario, a realizar actos sexuales (supuestamente) como parte del tratamiento e incluso a tener relaciones sexuales en contra de su voluntad.

**Objetivos:** Sensibilizar y concientizar a quienes asistan sobre la importancia de usar con mucho respeto y cuidado el poder que detentamos en calidad de profesionales de la Sexualología, para bajo ninguna circunstancia aprovecharnos de ello con el propósito de intimar sexualmente con quienes requieren de nuestro servicio.

**Métodos & Muestra:** Diseño descriptivo, de tipo transversal. La muestra estuvo conformada por 124 HSH mayores de 18 años.

**Resultados & Conclusiones:** Referente a Afrontamiento Contra la Discriminación, los HSH mostraron una media de 64.79 (min= 25-max =150), dando como resultado un valor medio-bajo de afrontamiento contra la discriminación. Según el comportamiento sexual de protección de los HSH en el último mes se mostró una Media de 9.55 (DE= 5.15, min= 4-max =16), lo que se puede deducir que los HSH presentaron uso inconsistente del condón en los últimos meses con pareja ocasional y/o estable masculina.

**Recomendaciones:** Incluir variables referentes a aspectos culturales de los individuos

**Palabras clave:** Afrontamiento a la discriminación, Conducta sexual, Hombres que tienen sexo con Hombres

**Conflicto de interés y declaración de divulgación:** Ninguno

**Enfoque:** Análisis de artículos, textos, entrevistas con terapeutas y comentarios de consultantes.

**Fuentes:** Textos de: Ajit Bhide & Sunita Simon Kurpad, Crooks & Baur, Delfín Lara Francisco, Eva-Condemarin Pedro; Michel Fariña Juan Jorge, Pope Kenneth S., entre otros. Además encuesta y entrevistas a 15 terapeutas sexuales.

**Hallazgos:** El abuso sexual a mujeres que solicitan servicios de profesionales de la salud o de terapeutas sexuales es un fenómeno poco explorado, más no por ello inexistente que puede ocasionar repercusiones importantes en quienes lo padecen.

**Discusiones:** El tema se discutió con terapeutas sexuales y se concluyó que resulta de fundamental importancia no sólo contar con un Código de Ética sino ser congruentes con el mismo.

**Palabras clave:** Abuso sexual, Incesto, Ética

**Conflicto de interés y declaración de divulgación:** Ninguno

## Role of Combined Medical/Physical Therapies in Treatment of Erectile Dysfunction

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Erectile dysfunction (ED) has ever been a huge problem of the masculinity and the manhood in all cultures

The medical treatment of ED has achieved unprecedented progress after the discovery of PDE5 inhibitors, but being confined to the arteriogenic ED makes the problem unsolved if it is due to venogenic cause or hypoactive pelvic syndrome.

The aim of this work was detecting the effect of restoring the normal physiology of the pelvis on improvement of penile circulation and erectile rigidity as pre-assessed by coloured penile doppler imaging measuring the penile arterial flow and return.

The study included 387 patients (ages 28-65) complaining of ED and who were not practicing any regular physical activity, patients with physical CVS and/or neurogenic illnesses were excluded clinically and by laboratory works

the cases were divided in 3 groups (according to age); group1: 28-40, group2: 40-52; group3:52-65

All patients underwent a 3-week-long therapy sessions including pelvic decongestion techniques carried out by a qualified physical therapist together with a daily physical practice regime, special diet, and supportive medical treatment ensuring a good pelvic circulation

The pre-assessment and follow-up were taken over by coloured penile doppler imaging measuring the penile arterial flow and return.

Results: progression was highly significant in group 1 ( $P=0.0001$ ), also highly significant in group 2 ( $P=0.002$ ), significant in group 3 ( $P=0.01$ )

Discussion & recommendations: the policy of treating ED by sole medical treatment should be changed to multidisciplinary management of the cases as a way of restoring the normal physiology of the pelvic organs ruined by the modern life

**Keywords:** multidisciplinary erection dysfunction, cure erectile dysfunction, physiotherapy cure erection

**Conflict of Interest and Disclosure Statement:** None

## MSM Group Sexuality in the Context of Dual Control Model in Polish Population

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**Introduction & objectives:** Currently available literature shows that homosexual men have different levels of sexual excitement (SES) and inhibition (SIS1) compared to heterosexual men, according to the Dual Control Model of sexual response. For example in the American population, homosexual men score higher on the SES and SIS1 compared to heterosexual males. Additionally, homosexual men were found to report more common sexual dysfunctions, such as premature ejaculation, decreased sexual desire and erectile dysfunctions. The aim of this study was to verify these observations in the Polish population.

**Method(s) & Sample, Results:** In the study 490 men were included: 294 MSM identifying themselves as gay, bisexual or any other variant and 196 exclusively heterosexual men declaring to have sexual contacts only with women. All of the studied subjects filled an online survey consisting of the Polish version of Sexual Inhibition/ Sexual Excitation Scales (SIS/SES).

We found that levels of sexual excitement (SES) and inhibition (SIS1) were similar in men who have sexual contacts exclusively with the opposite sex and in those who also have sex with men (both exclusively and

inclusively). However, MSM subjects scored higher in the tendency to inhibit sexual response due to the threats related to the consequences of sexual fulfilment (SIS2). Moreover, MSM subjects complaint more often on diminished sexual desire level and reported less frequently problems with premature ejaculation, compared to heterosexual men. There were no significant differences in the prevalence of erectile disorders.

**Conclusion & recommendations:** Our study revealed no differences between MSM and homosexual men in SES and SIS1. We show that Polish MSMs express different picture of the tendency to react with sexual excitation and inhibition than homosexual men from other countries.

**Keywords:** LGBT, Dual Control Model, SIS/SES

**Conflict of Interest and Disclosure Statement:** None

## Molecular Characterization and Functional Roles for KV7 Channels in Human Prostatic Smooth Muscle

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**Introduction & Objectives:** Male lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH) is driven by increased prostate smooth muscle tone and/or prostatic enlargement. Regulation of prostate smooth muscle tone is an important strategy for medical treatment of voiding symptoms.

KCNQ-encoded voltage-gated potassium channels (Kv7) are key regulator of smooth muscle excitability and contractility. Kv7 channel have a specific tissue distribution profiles and pathophysiological role. Loss of function mutations in four of the five Kv7 genes lead to distinct inherited diseases. However, their physiological role in prostatic smooth muscle has yet to be determined. In this study, we examined the molecular expression and physiological roles of Kv7 channels in human prostatic smooth muscle (HPrSM).

**Methods:** Expression of KCNQ1–5 (pore-forming  $\alpha$ -subunits) and KCNE 1-5 ( $\beta$ -regulatory subunits) isoforms in HPrSM cells were examined using Real-time PCR. Using the organ bath technique and amphotericin-B perforated patch-clamp electrophysiology, functional responses to Kv7 channel subtype specific modulators were evaluated.

**Results:** Of the five KCNQ and KCNE subtypes, KCNQ4, KCNQ5 and KCNE4 isoform predominant in HPrSM cells. ML213, an activator of Kv7.2, 7.4 and 7.5, induced concentration-dependent relaxation of NE-induced contraction in HPrSM strips. In electrophysiology studies, ML213 caused a significant increase in the amplitude of whole cell Kv7 currents. The effect was greater potency than retigabine, an activator of Kv7.2-7.5, (ML213: 49%, retigabine: 24%,  $n = 9-11$ ,  $P < 0.01$ ). ML213-induced currents was significantly inhibit by Kv7 channel blocker XE991 ( $n = 9$ ,  $P < 0.01$  vs ML213).

**Conclusions & recommendation:** We have shown that Kv7 channels are expressed and functionally active in prostatic smooth muscle. These data suggest that Kv7.4 and 7.5 channels play a critical role in the regulation of PrSM tone, and Kv7 channel subtypes might be novel therapeutic targets for treatment of LUTS associated with BPH.

**Keywords:** Kv7channel, prostatic smooth muscle, LUTS

**Conflict of Interest and Disclosure Statement:** None



## Regulatory Mechanisms of Sperm Motility by Onion (*Allium cepa* L.) Peel Extract (OPE): Modulation of Intracellular Calcium and Protein Tyrosine Phosphorylation

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**Introduction & Objectives:** Approximately 45-50% of all infertility cases are due to male infertility. However, there is no specific therapy or effective treatment for male infertility. We previously reported that Onion (*Allium cepa* L.) peel extract (OPE) exhibited a beneficial effect on sperm motility. In the present study, we further investigated the signal transduction pathways of OPE in the regulation of sperm motility.

**Methods & Sample:** Onion peels were extracted three times with ethanol under reflux for 3 h. The changes in  $[Ca^{2+}]_i$  and cAMP levels were measured in boar sperm using the fluorescent  $Ca^{2+}$  indicator Fura-2 AM and the enzyme immunoassay kit (R&D system), respectively. Protein tyrosine phosphorylation was analyzed by Western blot.

**Results:** OPE significantly increased the  $[Ca^{2+}]_i$  in boar sperm ( $0.2 \pm 0.01$  at  $0 \mu\text{g/ml}$ ,  $0.3 \pm 0.01$  at  $10 \mu\text{g/ml}$ ,  $0.5 \pm 0.03$  at  $20 \mu\text{g/ml}$ ,  $n = 40$ ,  $p < 0.001$  vs.  $0 \mu\text{g/ml}$ ). The level of  $Ca^{2+}$  was high in the head regions. OPE-induced increase in  $[Ca^{2+}]_i$  started from the head, followed by increases in the tail. In addition, OPE markedly increased the level of cAMP in boar sperm,

in a dose-dependent manner. The cAMP levels reached a peak at  $50 \mu\text{g/ml}$  and decreased at the highest concentration of OPE ( $100 \mu\text{g/ml}$ ) ( $15.5 \text{ pmol} \pm 0.6$  at  $0 \mu\text{g/ml}$ ,  $14.6 \pm 1.5$  at  $10 \mu\text{g/ml}$ ,  $17.3 \pm 2.0$  at  $30 \mu\text{g/ml}$ ,  $18.9 \pm 1.1$  at  $50 \mu\text{g/ml}$ ,  $17.7 \pm 0.8$  at  $100 \mu\text{g/ml}$ ,  $n = 7$ ). Furthermore, the tyrosine phosphorylation of boar sperm proteins were also promoted by OPE, in a dose-dependent manner. The tyrosine phosphorylations reached the highest levels when incubated with  $50 \mu\text{g/ml}$  OPE.

**Conclusions & recommendation:** Our results indicated that OPE promote sperm motility by regulation of the protein phosphorylation through cAMP-mediated signal transduction and the  $Ca^{2+}$  signaling cascade. The present study provided some novel insights into the molecular mechanism underlying the beneficial effect of OPE on male fertility.

**Keywords:** Onion (*Allium cepa*) peel extract, sperm motility, protein-tyrosine phosphorylation

**Source of Funding:** Korean National Research Fund

**Conflict of Interest and Disclosure Statement:** None

## Terapia Familiar en Disforia de Género Enfocado a Adolescentes Trans

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**Introducción:** Las personas transgénero experimentan inconformidad entre el cómo se perciben como masculinos o femeninos y el sexo que les fue asignado al nacer, como fenotipo o los roles de género preestablecidos. Esta inconsistencia, que se expresa como un

sentimiento de angustia constante, actualmente es conocida como disforia de género. En el presente trabajo abordaremos el enfoque de la terapia familiar como un medio para lograr el desarrollo óptimo en el proceso de transición y desarrollo en este tipo de pacientes.

**Objetivo:** Presentar la terapia de familia dentro del abordaje psicosocial de los pacientes con disforia de género en la adolescencia, y su impacto en el pronóstico.

**Métodos:** Se realizó una revisión extensiva de la literatura, utilizando motores de búsqueda como MEDLINE, Science direct, Pubmed and Google scholar, desde Enero de 2015, a enero de 2019, utilizando los términos “Terapia familiar” “adolescentes” “disforia de género”, “transgénero”. Estos estudios incluyen en su mayoría revisiones de la literatura enfocados al abordaje psicosocial y el pronóstico.

**Resultados y discusión:** Dentro del abordaje de los adolescentes con disforia de género es necesario evaluar cuánto soporte u oposición a la expresión de género está presente en la familia. Es importante para el pronóstico la edad del paciente.

El trabajo terapéutico familiar se enfoca en crear y mejorar las estrategias de afrontamiento. Una vez que la familia experimenta lazos sanos, se puede avanzar a la siguiente fase, donde se exploran opciones en conjunto para procurar al niño a que experimente comodidad y tranquilidad en su expresión de género. Después se debe explorar y ayudar las opciones de expresión de género/ transición.

**Recomendaciones:** Creemos necesario incluir la terapia familiar en los pacientes transgénero, sobre todo en el paciente más jóvenes para evitar comorbilidad psiquiátrica futura como suicidios o conductas autolesivas.

**Palabras clave:** Terapia familiar, Disforia de género, Transgénero

**Conflicto de interés y declaración de divulgación:** Ninguno

## Paroxetine Daily Use in Treating Premature Ejaculation: A UK Clinic’s Experience

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**Introduction:** As we have observed a high drop-out rate of patients with Premature Ejaculation (PE), who used Dapoxetine on demand (for a variety of reasons), we tried to explore an alternative treatment. Although Paroxetine is not approved in most countries in treating PE, its use has been reported in many studies. However, different studies have reported different levels of efficacy and side effects.

**Objectives:** To evaluate the efficacy of daily Paroxetine and its side effects in our patients with PE, as a real-life practice.

**Methods:** Our patients were treated with 20 mg Paroxetine once daily (off-label use). This dose was reached gradually over 1 week. This was only combined with simple sexual education and counselling. We used the PE Profile (PEP) to measure the patient reported outcome (PRO) once before and again 6-8 weeks after starting treatment.

**Results:** We included 22 men, with PE only, in our study: 14 with primary PE and 8 with secondary PE.

All were heterosexual and 19 patients were in stable relationship. The average score per person on the PEP, before treatment, was 2.6. However, this increased to 12, after treatment. This means 4.6-fold improvement of PRO. Nineteen patients reported no side effects. Two patients reported mild symptoms for few days. This included dizziness, increase sleep period, and insomnia. One patient reported delayed ejaculation for few times. Six patients reported being calmer, less anxious and less argumentative, after treatment.

**Conclusion:** Using daily Paroxetine in our patients with PE was effective, satisfying and well tolerated.

**Recommendation:** More studies, in using Paroxetine to treat PE, are needed to increase the experience in its use in real-world practice. It would be useful to submit the required data to obtain the approval in using Paroxetine in PE.

**Keywords:** Premature Ejaculation, Paroxetine, PE

**Conflict of Interest and Disclosure Statement:** None

## Déficit de Vitamina D en Hombres y Mujeres con Deseo Sexual Hipoactivo. Estudio de Prevalencia

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**Introducción:** El deseo sexual hipoactivo (DSH) se define como una deficiencia (o ausencia) persistente o recurrente de fantasías sexuales y deseo de actividad sexual que causa angustia marcada o dificultad interpersonal, la cual no se explica de forma exclusiva por una condición médica o psiquiátrica o al uso de una sustancia (por ejemplo, medicamentos) (1,2).

**Objetivo:** Establecer la prevalencia del déficit de vitamina D en hombres y mujeres con deseo sexual hipoactivo.

**Metodología:** Estudio observacional, descriptivo, de corte transversal, realizado de mayo de 2011 a noviembre de 2017 en Armenia (Quindío), Colombia. Se reclutó, de forma consecutiva, una muestra de 107 pacientes diagnosticados con deseo sexual hipoactivo. El muestreo fue probabilístico por conveniencia y consecutivo. Se incluyeron hombres y mujeres mayores de edad. Se excluyeron analfabetas, gestantes, los que presentaban enfermedad neoplásica, mujeres con menopausia quirúrgica, hombres prostatectomizados,

padecimientos metabólicos, trastornos mentales o déficit mental. Los resultados se exponen de manera agrupada para el total de la población.

**Resultados:** La prevalencia del déficit de vitamina D fue del 63,55 %, de los cuales el 34,57 % eran hombres y el 28,97 % eran mujeres. Los niveles de vitamina D fueron inferiores en los hombres respecto a las mujeres, (34,57 vs. 41,36;  $p < 0,001$ ), con mayor porcentaje de deficiencia (21,49 vs. 14,95 %  $p < 0,007$ ) y de insuficiencia (16,82 vs. 10,28 %,  $p < 0,001$ ).

**Conclusión:** Es considerable la prevalencia del déficit de vitamina D, en hombres y mujeres con deseo sexual hipoactivo. Se hace necesaria la cuantificación de sus niveles a fin de establecer la suplencia como parte del tratamiento.

**Palabras clave:** Disfunciones sexuales fisiológicas, diagnóstico, hombres, mujeres, prevalencia, vitamina D

**Conflicto de interés y declaración de divulgación:** Ninguno

## Citología y Tipificación del Virus Papiloma Humano en Hombres

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El siguiente estudio exploratorio trata de la pesquisa de Virus Papiloma Humano en hombres a través de la toma del examen Papanicolaou. Desde el enfoque de derechos sexuales y reproductivos, toda persona tiene derecho a una atención de calidad, íntegra y respetuosa, a recibir una información fidedigna y con base científica respecto de la prevención de ITS, esto incluye entonces, el derecho a vivir una sexualidad libre, plena, alejada de violencia y coerción; dentro de este marco es que se ha planteado la toma de PAP en hombres como un derecho a conocer su estado

serológico de VPH, prevenir otras ITS y la prevención de transmisión a sus parejas sexuales.

**Objetivo:** Evaluar la efectividad del examen Papanicolaou y tipificación del VPH en hombres.

**Material y Métodos:** Análisis cuantitativo con alcance exploratorio descriptivo, y diseño prospectivo transversal de muestras citológicas y tipificación para VPH realizadas mediante PAP por fundación APROFA Chile.

**Resultados:** Del total de muestras analizadas 40% corresponden a muestras negativas y 60% resultaron ser inespecíficas para células neoplásicas malignas.

**Conclusión y Recomendaciones:** Se sugiere realizar más estudios exploratorios con una población representativa a nivel nacional con el objetivo de pesquisar y prevenir la transmisión de VPH en la población.

**Palabras clave:** Virus Papiloma Humano, Papanicolau, Salud Sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Effects of Daily Tadalafil 5mg Administration on Post Micturition Dribbling (PMD) in Men with Lower Urinary Tract Symptoms: A Prospective, Multicenter, Double-Blind, Placebo-Controlled, Randomized Clinical Study

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**Introduction & objectives:** Post-micturition dribbling (PMD) is a very uncomfortable symptom of lower urinary tract symptoms (LUTS) which is underestimated in the clinical field. As part of aging change, decreased volume of penile corpus cavernosum and associated dilation of the bulbous urethra occurs, these are thought to be associated with symptoms of PMD. So we investigated the effect of daily dosing of 5 mg tadalafil on PMD.

**Methods:** From Nov 2017 to Aug 2018, patients aged 20 to 70 years with IPSS score of 8 or higher and had PMD symptoms were included. In total, 102 patients were enrolled from 3 hospitals participated in this study. Eligible patients were randomly assigned to the tadalafil 5mg group (TG) or tadalafil placebo group (PG). Primary endpoint was the changes in PMD symptoms that were evaluated through the “Hallym Post Micturition Dribbling Questionnaire (HPMDQ),” which was designed for this study. IPSS, IIEF, PEDT,

PEP, IELT questionnaire were compared among groups at 4 and 12 weeks.

**Results:** After 12 weeks of treatment, HPMDQ score was improved to  $3.2 \pm 2.2$  compared to  $5.4 \pm 1.8$  for initial score in the TG ( $p < 0.05$ ). In the PG, initial HPMDQ score was  $5.2 \pm 2.0$  and after 12 weeks of treatment, score was improved to  $4.4 \pm 2.1$ . Compared with the reduction of HPMDQ by 2 points or more, there was a significant difference of 69% in the TG and 32% in the PG ( $p < 0.001$ ). The PMD volume was decreased to improve to  $0.5 \pm 0.3$  compared to  $0.8 \pm 0.2$  for initial score in the TG ( $p < 0.05$ ). In the PG, initial volume was  $1.0 \pm 0.2$  and after 12 weeks of treatment, score was improved to  $0.8 \pm 0.2$ . TG also significantly improved the EF domain score compared to PG ( $p < 0.01$ ) and IPSS score ( $p < 0.05$ .) without any serious adverse events.

**Keywords:** Post-micturition dribbling, tadalafil, aging

**Conflict of Interest and Disclosure Statement:** None

## Track: 6. Public Health and Public policies

### Sexual Violence Among Professional Sportsmen and Women: Evidence from a Tunisian Cross-Sectional Study

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**Introduction and objectives:** Sexual violence among sportsmen and women has been incriminated in poor performance and even sporting career's abandonment. In Tunisia, it is still a taboo subject. Some scarce incidents

have been mediatized. Meanwhile the extent of the problem, the profile of victims and offenders remain fairly unknown.

The aim of this study was to investigate the prevalence of sexual violence and its correlates among Tunisian sportsmen and women.

**Method:** We carried out a cross-sectional study among sportsmen and women registered in professional sports' organizations official records in Sousse governorate, Tunisia during the duration of the study. Participants were assessed for sociodemographic and practiced sport features, experienced sexual violence, perception of liability and coping strategies.

**Results:** A total of 143 sportsmen and women were recruited. The prevalence of sexual victimization was 82.5%. 59.3% of victims were male. Sexual harassment, indecent assault, offense to public decency, rape or attempted rape were reported respectively by 81.8%, 64.4%, 52.5% and 9.1% by the victims. 90.6% of them have experienced repetitive violence. The mean age when first experienced sexual violence was  $16.86 \pm 4.14$ . In half cases, the offender was another sportsman. 94.1% n% considered they were at least

partially responsible for the victimization. Only 22% revealed the act to their surroundings and just 5% took judiciary action against the offender. The main coping strategies reported by the victims were the severity of the acts suffered minimization (61.9%) and the self-incrimination (50.8%).

**Conclusion & recommendations:** The results of our study highlighted sexual victimization among sportsmen and women in Tunisia regardless the gender. Results revealed that adolescents experiencing sexual bullying were more likely to develop adjustment difficulties and less propound to disclosure. Further studies with larger sample sizes are needed to raise the profile of sexual violence victims and offenders in order set up specific preventive measures.

**Keywords:** professional sport, sexual violence, sexual victimization

**Conflict of Interest and Disclosure Statement:** None

## Blurring the Boundaries of Public Health: Making Safer Sex Porn and Erotic Sex Education

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**Introduction:** Unsafe sex is now the biggest risk factor for deaths of young women globally and the second biggest for young men. Alongside this, pornography, which rarely shows safer sex, is one of the key channels, if not the key channel for sex education globally.

**Action:** The average age at which an American person first sees porn online is estimated to be 11 years. By 2015, 3.2 billion people were estimated to be internet users, an eightfold increase from 2000. By 2017 the number of mobile phone users was forecast to reach 4.77 billion. Access to new free content porn sites, is fatally combined with school-based sex education that is often inadequate, focusing on biological aspects of sexuality and avoiding information on pleasurable aspects of sexuality.

**Outcome:** Our literature review found that there is considerable inconclusive, biased and methodologically weak research on whether porn encourages a norm of unsafe sex, and little research on how we might use this communication channel to encourage safer sex, improve

self-esteem, challenge gender norms, or empower the viewer. These bias limits evidence on how to use this media channel to ensure positive behaviour change.

**Discussion:** The public health world, and international agencies with a responsibility for sexual health, do not have time or the moral 'luxury' to shun working with the porn industry. Higher quality research is needed, whilst the sex education world should engage to ensure that viewing porn can promote safe sex choices and consent, as well as pleasure. We call for more unbiased research and programme innovation into porn's impact, and its potential for enhanced well-being.

(Vogel 2011).

(World Bank 2016).

(Watson and Smith 2012; Vogel 2011; Hare et al. 2015).

(Knerr and Philpott 2012).

**Keywords:** pleasure, pornography, safer sex

**Conflict of Interest and Disclosure Statement:** None



## Follow-up study on Gender Dysphoria in Southern Brazil: preliminary estimates

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**Introdução e objetivos:** Nos últimos anos, tem havido um aumento no número de pessoas que procuram serviços hospitalares para serviços clínicos relacionados à Disforia de Gênero (DG). Neste estudo, fornecemos os dados preliminares de prevalência e procedimentos realizados ao longo de dezoito anos no Centro de Referência Latino-Americano para Transgêneros Brasil.

**Método (s) e Amostra:** Foi realizado um estudo quantitativo, descritivo, retrospectivo e documental em um hospital credenciado para cirurgias de afirmação sexual entre janeiro de 2000 e dezembro de 2018. A coleta de dados foi realizada nos prontuários que procuraram o serviço pela clínica-cirúrgica. procedimentos relacionados com a DG. Os critérios de especialidade, diagnóstico de DG (DSM-5) e F64 (CID-10) foram aplicados, com pelo menos três meses de consulta e acima de 15 anos de idade.

**Resultados:** Após ajuste para os critérios de elegibilidade, a amostra foi N = 756 (p =, 010) 77,6% transexuais e 22,4% transexuais masculinos. 86,4% brancos, 3,4% pardos e 10,25 negros (p =, 959), 31,2% com ensino médio completo (p =, 259), 94,6%

autodeclarados e M = 28,2 anos. A cada seis anos houve um aumento de 22,2%, 30,2% e 47,3%, respectivamente. De acordo com o protocolo ambulatorial de duas cirurgias mensais, foram realizadas 205 cirurgias de penectomia e 13 próteses mamárias em mulheres, 30 mastectomias e histerectomias e 15 colecistomias em homens. 45,5% (DP =498) receberam tratamento endocrinológico.

**Conclusão e recomendações:** A população analisada é restrita àqueles que procuraram o único serviço especializado no sul do Brasil. É um importante instrumento epidemiológico para apresentar o escopo de atendimento, o cenário atual de acesso e demandas desse público e encaminhar novas estratégias de saúde. Novos estudos de estimativas de prevalência populacional estão sendo conduzidos com os dados coletados.

**Palabras clave:** transgenders, PROTIG, population estimates

**Conflicto de interés y declaración de divulgación:** Ninguno

## Salud Sexual y Personas de Edad Avanzada en Puerto Rico

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**Introducción:** La Salud Pública y los Derechos Sexuales promueven la justicia social, acceso a servicios y apoderamiento de las personas para disfrutar de experiencias sexuales satisfactorias y seguras. Un 14.8% del total de casos en Puerto Rico diagnosticado hasta el 2018 con el virus de inmunodeficiencia humana eran personas de 55 años o más. El contacto sexual fue el principal factor de riesgo (heterosexual 57.5%, hombre con hombre 15.3%). En 2013, un 67.3% se encontraban recibiendo tratamiento. Recientemente los

medios de comunicación en masa han fomentado una imagen de esta población mas positiva y saludable.

**Objetivo:** Analizar la imagen general y sexual de las personas de edad avanzada en los medios de comunicación en masa. Método: Analisis de contenido de anuncios de aseguradoras de salud, teléfonos, bancos, farmaceuticas y campañas de prevención de VIH.

**Resultados:** La imagen general de estas personas es una mas activa y positiva, validando la expresión sexual como un aspecto natural e importante en la



promoción de la salud sexual. De igual forma en esfuerzos de prevención de VIH son incorporadas. En la campaña “El amor no tiene edad” que promueve el uso del condón, los comentarios en las redes sociales validan la expresión sexual en varones aunque otros dudan o se burlan de su capacidad sexual. Recomiendan el uso de condones, abstinencia y monogamia. Sugieren en las mujeres cambiar la palabra “amor” por “sexo”.

**Recomendaciones:** Continuar validando los derechos sexuales y las campañas de prevención en esta

población, considerando el estado civil, orientación sexual, identidad de género, y los determinantes sociales de la salud.

**Referencia:** HIV Surveillance Program. November 30, 2018. Puerto Rico Health Department.

**Palabras clave:** Personas de Edad Avanzada, Medios de Comunicación Masiva, Salud Sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Outsider vs Insider-Without Researcher Status: Methodological Lessons Working with Migrant Women who have Undergone Female Genital Mutilation/Cutting (FGM/C) in Australia

Elizabeth Tekanyo and P. J. Matt Tilley

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**Introduction & objectives:** According to Dwyer and Buckle (2009), researcher positioning within the study group (insider vs outsider status) is an important multi-dimensional consideration to qualitative methodological design. Asselin (2003) notes that although a researcher with insider status aims to gather data with “eyes open” from within one’s own culture, the researcher may not understand more specific sub-cultural contexts. Within the field of sexological research, working with women who have undergone FGM/C in Australia creates unique complexities for researcher status. Identified as an outsider in regard to undergoing FGM/C herself yet an insider in regard to gender, migrant status and age, the researcher is better positioned as having an insider-without status. Given the relatively insular nature of migrant communities within Australia, participants may find it difficult to openly discuss taboo issues with peers (insider status) due to fear of gossip (Vloeberghs et al., 2013). Yet numerous difficulties arise when trying to reach a study population as an outsider. Rather than examining researcher roles through a dichotomous binary of insider verses outsider status, the purpose of this methodological reflection is to better understand researcher positioning from the space between, allowing the researcher to occupy both insider and outsider roles within the research study sample itself.

**Method(s) & Sample:** This reflection on insider/outsider research is based on the researcher’s experience conducting a qualitative pilot study of women in Australia with FGM/C. The study was guided by a phenomenological approach through semi-structured, in-depth, 60–90 minute interviews of 19 participants recruited from across Australia. The researcher maintained a reflexive journal which is used here to explore methodological questions surrounding the research process and the ontological complicity that lies within the interrelationship of researcher and the field of research.

**Findings & discussion:** When working with difficult-to-reach populations such as migrant women who have undergone FGM/C a number of issues arose with community access and “breaking the silence” of a traditionally taboo subject. Traditional means of ‘outsider’ recruitment through organizational contacts (hospitals, FGM/C clinics, centers, etc.), flyer distribution or direct advertising on social media did not yield adequate numbers. Fluidly shifting roles from ‘outsider’ to ‘insider,’ attending local events and engaging the community directly using cultural appropriate language and social contacts, allowed the researcher the ability to quickly meet study sample requirements.

**Recommendations:** The insider/outsider distinction in FGM/C research is not a static or a singular status,

but situational and fluid. Like many social roles, the researcher must adapt to prevailing cultural, political, social or religious values of the particular study context. Maintaining reflexivity, humility and cultural competency while acknowledging the role of researcher in fostering justice for our participants is crucial when

working within the sphere of sexuality, gender and immigration research.

**Keywords:** female genital mutilation/cutting, Australia, migration, insider/outsider research

**Conflict of Interest and Disclosure Statement:** None

## Treatment Needs, Experiences and Sexual Quality of Life (SQL) for Women who have Undergone Female Genital Mutilation/Cutting (FGM/C) in Australia: A Pilot Study

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**Introduction & objectives:** With increasing migration across the globe, female genital mutilation/cutting (FGM/C) has become a worldwide phenomenon with an estimated 53,000 to 770,329 women who have undergone FGM/C in Australia alone (Australia Institute of Health and Welfare, 2019, Williams, Gbla, & Ferrari, 2018). The World Health Organization (WHO) (2016) guidelines suggest that women with FGM/C experience significant long-term physical and psychosexual health consequences. However, there is little research to explain the effect of FGM/C on migrants in Western countries, much less in an Australian context. The purpose of following study is to explore the lived experiences, wellbeing, treatment needs and sexual quality of life for women who have undergone FGM/C before moving to Australia. To the authors' knowledge, this is the first study of its kind to explore experiences of this unique population within an Australian context.

**Method(s) & Sample:** The qualitative study was guided by a phenomenological approach through semi-structured, in-depth, 60–90 minute interviews. Participants were recruited through convenient and snowball sampling techniques from across Australia. Interviews took place through face-to-face or via web conferencing software such as Skype. Data was thematically coded using NVIVO software and analyzed for relevant themes.

**Findings & discussion:** Preliminary pilot data was based on the interviews of 19 participants (ranging in age and FGM/C type) who had moved to Australia from Indonesia, Malaysia, India, Sierra Leone, Zimbabwe, Nigeria and United Arab Emirates. Relevant themes included 1. Breaking the Silence and Stigma 2. Building Awareness and Information Sharing 3. Diversity of Experience, Meanings and Values and 4. Resilience and Identity. Over 80% of participants did not know that the practice was illegal in Australia. One important and significantly under-researched experience described by participants was that nearly 30% of participants were un-aware that they had undergone FGM/C until they reached adulthood or were contacted for the study.

**Conclusion & recommendations:** These findings highlight the dearth of literature in the area of migrant research particularly for women who have migrated to Western countries. This study has revealed the importance of recognizing the diversity of experience, meanings and attitudes towards FGM/C as well as the need for cross-cultural collaboration between women in Australia who have undergone FGM/C and relevant community stakeholders, government and healthcare providers.

**Keywords:** female genital mutilation/cutting, Australia, migration

**Conflict of Interest and Disclosure Statement:** None

## Track: 7. Education

### Collaborative Digital Platform France – Cuba: Oncorehabilitation in Reproductive and Sexual Health

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**Introduction & rationale:** Mutualizing human and material resources and promoting cooperation is the most appropriate response to deal with the complex health pathways in the Caribbean territories.

**Project / Population and settings:** We propose to set up a collaborative digital platform adapted to the Caribbean specificities (epidemiological, island, cultural, etc.) for strengthening professional connections and skills in oncofertility and oncosexology and reduce inequalities in access to care in reproductive and sexual health for cancer patients. Through this collaborative digital platform, professionals will be able to share expertise, acquire knowledge, know-how and skills in the field of fertility preservation and sexual rehabilitation after cancer.

**Outcome:** The network will lead to new professional connections and enhanced skills. Main activities will include:

1. e-learning (Paul Sabatier University) including educational resources adapted to low-speed Internet (UNFM).
2. Biotechnology transfer and integration of new technologies for optimizing care.
3. Digital Multidisciplinary Meetings (e-RCP) for medical decision to be taken for complex clinical cases (CECOS CARAIBES and CECOS Midi-Pyrénées).

The platform will benefit from a recurring and lasting evaluation with the support of cancer registries.

#### Discussion & recommendations:

This project meets the national priorities of the Cuban and the French health policies (cancer plans and national strategies for sexual health). It will be implemented in liaison with the Health Agencies and the Embassy of France in Cuba. The project and its impact will be recurrently evaluated by the cancer registries of Martinique and Cuba, which have been cooperating since 1990 in cancer surveillance.

**Citation of supporting literature:** The present project is a continuation of collaboration initiated with Cuba for the development of bilateral scientific and medical actions. Oncofertility and Oncosexology cares have to be developed in our regions. This is a new field of legal recommendations to be included in care standards.

*Joachim, Clarisse, et al. "Building capacity for cancer surveillance and public health research: The Cancer Task Force Project for Cooperation in the Caribbean and Aging Research." Journal of global health 9.2 (2019).*

**Keywords:** Oncosexology, Oncofertility, Collaborative platform

**Conflict of Interest and Disclosure Statement:** None

### Sexuality Education via Instagram

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There is no sexuality education in Russian educational system, what leads to sexual ignorance and numerous

of vagina-owners anorgasmia. Therefore, it was decided to create an educational program in the Internet.

Project: Online training course for vagina-owners dedicated to orgasm – physiology, psychology and techniques – one week, very small groups (5-7 people), 3 online live-video 60 minutes each, 15 practice tasks, online support via Instagram and WhatsApp.

12 groups, 70 vagina-owners from all over the Russia.

All participants noted that it was a very rewarding experience: 92,8% of participants indicated an increase in knowledge. 71,4% noted significant improvements in their sex life. And 14,2% said that improvements were radical, «life-changing» (they experienced orgasm first time during partner sex).

Format of online training is very convenient as people use social media a lot nowadays – live-video translations are saved in Instagram for 24 hours, so each

person can watch it when has time for it. All tasks are interesting and visual, participants took it's as a playful learning experience. Participation in Instagram training does not require additional courage, which requires a visit to sexologist in a country where it is not customary to talk about sexuality.

The Internet and social media are a modern way of spreading sexuality education around the world, including areas where sex ed is excluded or limited in the traditional educational system. This is a great method to educate and help people to improve their sexual life.

**Keywords:** sexuality, education, Instagram

**Conflict of Interest and Disclosure Statement:** None

## Importancia de la Educacion Sexual para Adolescentes nas Escolas

Sheiva Cherman

Sathya – Instituto Cultural, Brasil

**Introducción:** Este proyecto objetiva el enseño curricular de la sexualidad de jovenes entre 11 y 13 anos en las escuelas públicas y privadas.

**Objetivo:** Orientar y conscientizar sobre el comportamiento sexual-afectivo del adolescente y sus respectivos padres, así como minimizar los conflictos ya existentes.

### Rationale:

- Qué hago con mis dudas sobre mi cuerpo sexual?
- Qué és el orgasmo? Cómo conseguirlo?
- La masturbación és normal?

### Operacionalidad:

4 encuentros de 1 hora con los adolescentes.

4 atendimientos de 1 hora en la Escuela para cada estudiante individual qui tiene conflictos . \_

2 encuentros nocturnos : duración: 1h 30 minutos solamente para los padres.

### Temas de los 4 encuentros con los estudiantes:

1. Conocimiento del cuerpo sexual físico y emocional
2. Orgasmo
3. Masturbación
4. D.S.T.

### Dudas Comunes de los estudiantes:

- “Qué hago con mis dudas ??”
- “Tengo miedo de mostrar lo que siento”
- “Cuándo me hago vulnerable ??”
- “Hago todo lo posible para hacer sexo con ella (e)??”
- “El patron listo mI sirve?”
- “Llevo un apagado, y ahora?”
- “Estoy vulnerable o me garantizo?”
- “Cuando es que pierdo la cabeza?”

### Conflicto de interés y declaración de divulgación:

I am the author of this project which is based in my own experience working five days a week in the Official Juvenile Court of the State of Rio de Janeiro with teenagers who had behavioral, criminal and sexual conflicts.

### Supporting Literature:

Cherman, S. A Força Vital. 3. ed. São Paulo. Saraiva, 1993.  
Cherman, S. Sexo X Afeto, o Grande Desafio. 4.ed. São Paulo. Saraiva, 1991.

**Palabras clave:** Educacción, Escolas, Adolescentes

## ESCUN. Una Propuesta Alternativa de Educación Sexual

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**Introducción & justificación:** La ESCUN es una propuesta de intervención educativa creada desde principios de los años noventa utilizada para abordar temas de sexualidad, prevención de VIH y otras infecciones de transmisión sexual (ITS).

**Proyecto/Población y entornos:** Este proyecto se ha utilizado con niños, adolescentes y adultos; tanto en entornos urbanos como rurales; y en varios países de Latinoamérica (Cuba, México, Puerto Rico y Ecuador).

**Resultado:** Hasta la fecha hemos obtenido logros muy alentadores y gratificantes, pues a través de la ESCUN los participantes han sido capaces de modificar conceptos erróneos, han adquirido nuevos conocimientos y han enriquecido los ya existentes referentes a la sexualidad, el VIH y otras ITS. Además refieren que se les ha hecho más fácil y ameno comprender los mensajes educativos.

**Discusión & recomendaciones:** En esta propuesta educativa utilizamos una estrategia metodológica, que parte de un “Diagnóstico de Necesidades Básicas de Aprendizaje” (diagnóstico inicial), para lo cual se

utiliza: lluvia de ideas, juegos, narraciones orales y/o la observación directa; luego se realiza la programación de la intervención y posteriormente la acción educativa, mediante técnicas específicas diseñadas para la intervención individual, grupal o masiva, según sea el caso. Y por último, se realiza una evaluación (diagnóstico final) con los mismos instrumentos utilizados en el diagnóstico inicial. Asimismo, recomendamos no olvidar realizar y partir siempre desde el “Diagnóstico de Necesidades Básicas de Aprendizaje”, en esta propuesta.

**Citas de la literatura de apoyo:** Clemades T. Educación de la sexualidad a través de cuentos. Una alternativa para prevenir el VIH/SIDA. México: Fontamara, 2011. Clemades T. Manual del Taller de capacitación de ITS y VIH/SIDA para promotoras comunitarias de salud. México: MEXFAM, 2007.

**Palabras clave:** ESCUN, propuesta educativa, ITS

**Conflicto de interés y declaración de divulgación:** Ninguno

## Jóvenes, Líderes Pares en Salud Sexual y Reproductiva

Doris Forero Murillo

Colegio El Jazmín, I.E.D., Colombia

Entender la sexualidad como dimensión inherente al ser humano, desde sus características biológicas y fisiológicas que nos dan identidad sexual, como sus dimensiones psicológicas que nos hacen vivir el sexo de una manera peculiar según seamos hombres o mujeres, son temas debatibles, censurados y prohibidos que necesitan ser reflexionados a la luz de conversatorios sobre sexualidad como derecho, así como la vulneración de estos. El proyecto de educación sexual del colegio El Jazmín, busca que los jóvenes de grados 7° a 11° asuman posturas reflexivas y críticas sobre los sentimientos, emociones, sensaciones, afectividad, sexualidad para que tengan la posibilidad de decidir de forma autónoma sobre su propia vida de manera

responsable. Se forma a un grupo de estudiantes Líderes de grados 10° y 11°, en temas de salud sexual y reproductiva, al término del año se cierra con una Feria de la Sexualidad como muestra de los avances realizados en este tema y con el fin de brindar la posibilidad a los estudiantes que tengan un espacio en donde puedan dialogar entre jóvenes, ya que son ellos mismos los que manejan este espacio, unido a estos objetivos está el de celebrar el día mundial de la Salud Sexual y Reproductiva. Dicha actividad se realiza en forma de rotación por stand con diferentes temas en salud sexual y reproductiva, también los temas de grooming, sexting, y demás delitos informáticos, ya que actualmente estos están provocando en nuestros

niños, niñas y adolescentes graves dificultades de convivencia y son motivos de grandes conflictos, al punto de llegar al cutting y/o intento de suicidio. Como gran impacto de esta experiencia se ha reducido en la institución el número de estudiantes en estado de embarazo y los casos que se presentaban de acoso por homofobia o actitudes sexistas, lo mismo que la

desmitificación de algunos mitos. <https://www.youtube.com/watch?v=gekhQ2yPs3Q>

**Palabras clave:** Líderes pares, Formación, Salud sexual y reproductiva

**Conflicto de interés y declaración de divulgación:** Ninguno

## Análisis Comparativo de los Programas de Educación Sexual en México

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Este documento tiene el propósito de hacer una comparación histórica de los modelos de educación sexual que se han propuesto en México en los últimos 20 años. Aún cuando México fue uno de los países pioneros en introducir los temas de educación sexual en la primaria, hoy en día pertenece al grupo de países en Latinoamérica con bajo nivel en la materia. Se analizarán las diferencias y similitudes de cada modelo, las prórrogas que ha recibido por parte del gobierno y la ciudadanía, el posible impacto que tuvieron y qué cualidades se pueden tomar de cada uno con la finalidad de generar un modelo educativo efectivo desde preescolar hasta secundaria. Éste análisis propone una guía basada en el protocolo chileno de educación sexual, donde se invita a instituciones educativas a nivel nacional a generar un programa educativo que posteriormente será evaluado por la Secretaría de Educación Pública para mantenerlo en un portafolio de

programas que se le podrá ofrecer a cualquier escuela. De ésta manera se otorga una estructura de enseñanza que cuente con una variedad de enfoques hacia la temática para que las escuelas puedan elegir el mejor acercamiento, basándose en sus valores como institución. Todo esto con la intención de lograr la “disminución a cero los nacimientos en niñas de 10 a 14 años y reducir en un 50% la tasa específica de fecundidad de las adolescentes de 15 a 19 años para el año 2030” (SEP, 2016). Puntualizando que como profesionales de la salud estamos buscando prevenir las consecuencias que desencadena el hecho de que los niños no reciben una educación sexual digna, incluyente, completa y digerible para el nivel que están cursando.

**Palabras clave:** Educación, Sexualidad, Comparativo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Violencia Sexual: Los Derechos Vulnerados en Niños, Niñas y Adolescentes

Olivia Guerrero

FIGUEROA, México

**Introducción/Justificación:** En México, de acuerdo al Censo Nacional de Justicia de Procuración Estatal 2016, arroja que en las carpetas de investigación 7 de cada 10 denuncias son por abuso sexual o violación y cuatro de cada diez víctimas son menores de 15 años. De ellas 58% son mujeres, 14% son hombres y 28% no se encuentran desagregados por sexo<sup>1</sup>. Estos datos nos refieren la magnitud del problema en el que hay

consecuencias notables como los embarazos en la adolescencia, la adquisición de una infección de transmisión sexual o las secuelas psicológicas que dejan huella en las historias de vida.

**Proyecto/Población/entornos:** La educación sexual es una herramienta que ayuda a prevenir y detectar el abuso sexual, sin embargo, una vez que se descubre que un niño, niña o adolescente ha vivido algún tipo



de violencia es fundamental realizar una intervención. Los profesionistas de la salud encargados de la atención a este sector de la población, debemos contar con un modelo estructurado de atención a la violencia sexual.

**Resultado:** A través de la experiencia terapéutica se ha demostrado que las secuelas psicológicas que experimenta una persona disminuyen si los padres y madres de familia se responsabilizan y toman acciones para la protección de los menores de edad. En la Asociación Mexicana para la Salud Sexual AC, contamos con un modelo a través del cual realizamos una intervención en este sector.

**Discusión/recomendaciones:** Bastan menos 5 minutos para que se cometa un abuso sexual, la intervención terapéutica oportuna disminuye las secuelas traumáticas, sin embargo, para que esto suceda se requiere de la

corresponsabilidad entre familias, escuela, gobierno, instituciones de la sociedad civil para hacer valer los derechos de los niños/as y adolescentes.

#### Citas:

1. IPAS, México; (2018); Violencia sexual y embarazo infantil en México: un problema de salud pública y derechos humanos; Recuperado de: <https://www.ipas-mexico.org/wpcontent/uploads/2018/06/Brochure%20Violencia%20Sexual%20y%20Embarazo%20Infantil%20en%20México,%20un%20problema%20de%20salud%20pública%20y%20derechos%20humanos.pdf>

**Palabras clave:** abuso sexual, modelo de intervención del abuso sexual, violencia sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Estrategia Educativa Sobre Sexualidad y Género para Estudiantes y Profesores

Juan Carlos Gutiérrez Pérez

Universidad Central, Cuba

**Introducción:** Los conocimientos sobre sexualidad y género en las carreras del área de las ciencias sociales y humanísticas en la Universidad Central “Marta Abreu” de Las Villas, en Cuba, son escasos e insuficientemente abordados. En la nueva carrera Gestión Sociocultural para el Desarrollo se necesita incluir los conocimientos sobre sexualidad y género.

#### Objetivos:

1. Fundamentar los principales referentes sobre la preparación en temas de sexualidad y género en la carrera Gestión Sociocultural para el Desarrollo.
2. Caracterizar el estado actual de la preparación sobre temas de sexualidad y género en la carrera Gestión Sociocultural para el Desarrollo.
3. Elaborar una estrategia educativa sobre sexualidad y género dirigida a dirigida a estudiantes y profesores de la carrera Gestión Sociocultural para el Desarrollo.

**Métodos:** Observación participante, entrevistas semi-estructuradas, encuestas, dinámicas grupales, análisis de documentos y triangulación de métodos.

**Muestra:** Profesores y estudiantes de la carrera Gestión Sociocultural para el desarrollo de la UCLV. (53)

**Hallazgos & discusión:** La estrategia educativa consta de tres etapas: diagnóstico, planificación y ejecución.

#### Acciones:

1. Transversalidad de contenidos sobre sexualidad y género en las asignaturas del currículo de la carrera
2. Proyectos de extensión universitaria vinculado a los temas de sexualidad y género
3. Preparación del claustro sobre sexualidad y género
4. Grupos científicos estudiantiles vinculados a los temas de sexualidad y género en los proyectos científicos del departamento y de la UCLV.

**Recomendaciones:**

- Que se repliquen las buenas prácticas aprendidas sobre la presente estrategia educativa en otras carreras o universidades de Cuba y el mundo.
- Que se continúen los estudios sobre la perspectiva de género y sexualidad en los espacios educativos en sus diferentes niveles.
- Que se considere la aplicación de la estrategia educativa presentada en esta investigación en

los procesos de formación del estudiantado de la carrera Gestión Sociocultural para el Desarrollo.

**Palabras clave:** sexualidad, género, estrategia educativa

**Conflicto de interés y declaración de divulgación:** Ninguno

## Ambulatory Strategies for Male Sexual Health Reconstruction

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**Introduction & rationale:** Albeit the human penis has been studied for millennia, it has not been fully elucidated until recent decades. The tunica albuginea was described as a single circular layer enclosing the corpora cavernosa, and a single deep dorsal vein was depicted between Buck's fascia and the tunica albuginea. These models are outdated, begging the question: are surgeries based on them effective?

**Project / Population and settings:** To overview how the *de novo* penile anatomy benefits penile morphology reconstruction, erection restoration, and penile implantation. It is commonly agreed that although the precision of penile morphology reconstruction leaves room for improvement, the coldness and shrinkage of glans in recipients of implants or distal corporoplasty are unavoidable. These drawbacks result from a traditional understanding of the penile anatomy, which overlooks the essential outer tunica and overly simplifies the drainage veins.

**Outcome:** The erection-related veins drain blood from the corpora cavernosa and involve one deep dorsal vein, two cavernosal veins and 4 para-arterial veins which intertwine with a bi-layered tunica albuginea. The tunica albuginea is composed of a 360° inner circular layer and a 300° outer longitudinal coat. The tunica surrounds the corpora cavernosa, which is the most ideal milieu within the human body to apply Pascal's law. The outer tunica is the determinant structure for penile morphology and major prosthesis protector. This anatomical knowledge has underpinned our thousands of surgical procedures, all performed on

an ambulatory basis under acupuncture-aided local anesthesia and without the need for distal corporoplasty or prosthesis extrusion. Patients who received a penile implant did not suffer from coldness or shrinkage of the glans and even benefited from a novel technique for enhancing the glans.

**Discussion & recommendations:** Accurate anatomical knowledge is a prerequisite for performing a penile nerve block and for varied strategies in restoring sexual health.

**Conflict of Interest and Disclosure Statement:** None

### Citation of supporting literature.

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**Keywords:** Bi-layered tunica albuginea, erection-related veins, penile implantation

## Promotoras de Salud Comunitarias en Puerto Rico: Un Modelo Interdisciplinario

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Las promotoras de salud comunitaria “Promotoras” son el vínculo entre la comunidad y los servicios de atención primaria; portavoces de las necesidades de salud de sus barrios; y defensoras de las políticas de solidaridad con los grupos más vulnerables. En el 2017, luego del paso de los huracanes Irma y María por Puerto Rico, muchas personas brindaron primera respuesta a la emergencia. Las mujeres desempeñaron un papel vital en este proceso, mitigando los daños y promoviendo la salud de sus comunidades.

Con el apoyo de la organización no gubernamental Taller Salud, en Loíza, un pueblo rural y costero al noreste de la Isla surgió un modelo de capacitación en salud comunitaria para mujeres. El mismo combina de forma interdisciplinaria aspectos claves de la promoción de la salud a nivel comunitario, capacitación en educación sexual integral, metodología participativas y educación popular. Dentro del modelo, los derechos sexuales y reproductivos son parte fundamental del proceso educativo, enfatizando en áreas como: el derecho al placer, el consentimiento y la negociación, la prevención de infecciones de

transmisión sexual, cuidado vaginal, estigma y tabú en el ejercicio de la sexualidad, enlace a servicios clínicos y enfermedades relacionadas a la salud sexual. Además, vincula aspectos claves de la negritud, identidad y la experiencia afro-puertorriqueña en los procesos reflexivos y discusiones grupales.

En esta sesión oral, las Promotoras y el equipo de formación: discutirán su experiencia en la respuesta a sus comunidades; Discutirán los aspectos innovadores de la promoción de la salud sexual y describirán la metodología de educación popular utilizada en la Formación. Como resultado, el grupo de Promotoras completó un proceso que motivó a más mujeres de la comunidad a participar en los siguientes ciclos de formación, realizar diversos laboratorios de acción comunitaria y estar vinculadas a los esfuerzos de incidencia en sus comunidades.

**Palabras clave:** Salud Sexual, Educación Popular, Puerto Rico

**Conflicto de interés y declaración de divulgación:** Ninguno

## Infancias Trans o Cómo Fue que el Rey Pelé Me Salvó la Vida

Silvia Susana Jácome

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Diversos autores, como el psicólogo e investigador de la universidad King’s College de Londres, en Reino Unido, Patrick Leman, señalan que la identidad de

género se descubre a muy temprana edad, entre los dos y los tres años de edad.

Esto origina que muchas niñas y niños trans exijan que se les trate y que se les permita expresarse en el género con el que se identifiquen –y no con el género asignado al nacer- lo que no pocas veces provoca confusiones y rechazo por parte de las familias y las escuelas.

Con esta actividad lo que busco es compartir mi propia experiencia vivida en mi infancia y adolescencia, y dar pie a la reflexión en torno a las maneras más adecuadas para brindar apoyo a las niñas y niños trans.

Además de mi propio testimonio –para lo que echaré mano de algunos objetos evocadores- brindaré algunos datos que reflejan las consecuencias que tiene

el rechazo o la aceptación en la adolescencia, particularmente un estudio realizado por Caitlyn Ryan, de la Universidad Estatal de San Francisco –titulado ‘The Family Acceptance Project’- que señala, entre otros resultados- que las y los adolescentes LGBTTTI que viven rechazo familiar tienen ocho veces más probabilidades de intentar suicidarse y tres veces más de consumir drogas que aquellas y aquellos que viven aceptación en sus hogares.

**Palabras clave:** Familias, LGBTTTI, Infancias

**Conflicto de interés y declaración de divulgación:** Ninguno

## Profesionalización de Terapeutas en Violencias de Género: Experiencia de Prosexhum

Ena Eréndira Niño-Calixto

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El género es una construcción psico-socio-cultural que históricamente ha propiciado relaciones asimétricas e inequitativas entre hombres y mujeres, entre hombres y entre mujeres. Una expresión de estas relaciones jerárquicas es la Violencia.

La violencia es cualquier acción u omisión de una persona contra otra derivada de su condición de género, orientación y/o preferencia sexual que resulte en malestar o daño físico, psicológico, patrimonial, económico, sexual e inclusive la muerte. Para estudiarla, hay que analizar el contexto cultural, social y personal en el que se produce. La violencia se ha invisibilizado porque se recrea y se reproduce en la convivencia cotidiana considerándola normal y tolerada.

Actualmente la violencia es prioridad de salud pública en México, ya que transgrede los derechos humanos y daña la integridad física y psicológica de las personas que la viven.

Ante esta problemática el Programa de Sexualidad Humana –PROSEXHUM- de la Facultad de Psicología de la UNAM, diseño e implementó en 2009 el programa de profesionalización ‘‘Psicoterapia en violencia de género: reinserción psicosocial’’ dirigido a las estudiantes de la licenciatura en Psicología.

Su objetivo es la formación de terapeutas que acompañen a las personas objeto de violencias para su reinserción psicosocial en la vida cotidiana.

La Formación teórica incorpora estudios en sexualidad humana, estudios de género, vida cotidiana y violencia sexual y de género, aunada al desarrollo de competencias metodológicas y técnicas. Un rasgo importante de la profesionalización es la capacitación en escenarios reales, bajo la supervisión de terapeutas expertas.

De 2009 a la fecha se han formado 90 psicólogos como terapeutas en violencia sexual y de género.

**Fuente de financiamiento:** Universidad Nacional Autónoma de México – UNAM.

**Conflicto de interés y declaración de divulgación:** Ninguno

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**Palabras clave:** Formación profesional, Psicoterapia, Violencias de género

## Mass Media & Sex Education & Human Sexuality Programs in the USA

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Sex is the most potent magnet to attract the attention of viewers, audiences and readers. That's the main reason for the majority of programs about sex education and human sexuality in the USA. However, appropriately handling the situation, it is a great opportunity for the serious sexologist to educate massive groups of people. The producer of the programs orchestrates the chosen characteristics such as, the programs content, length and frequency, but the producers personality, beliefs and religious or liberal tendencies, etc. impact what is presented. Rarely the content has to do with the real need of the audience or viewers. The lives of the movie stars, musicians and personalities play an important role. In both English and Spanish communities, the presence of pseudo-sexologists or pseudo-therapists are frequently found. In general, people, producers and interviewers do not capture the difference. In that way, many myths and wrong reasonings are promoted and spread. So frequently, a famous

interview or star is placed in the role to speak about sex as an authority and if there isn't a educated sexologist or sex therapist in the programs, the messages are usually a disaster. In general, mass media is not conscious of the immense role they could play in the education of people they are more focused in the manipulation of them.

**Conflict of Interest and Disclosure Statement:** None

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**Keywords:** Social Media, Sex Education,

## Formación en Sexualidad: Desafíos para una Propuesta Efectivamente Coherente con los Derechos Sexuales

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**Introducción:** Esta presentación sistematiza una propuesta de formación en sexualidad que, de manera transversal, actualiza la bibliografía disponible bajo el prisma de los Derechos Sexuales para garantizar una atención respetuosa de las diversidades, siendo crítica de la heteronorma, feminista, y situada en el contexto social, político y económico del país.

**Proyecto:** Diplomado en Sexualidad dirigido a profesionales de la salud, ciencias sociales y educación, desde un abordaje transdisciplinario para realizar

consejería y actividades de educación sexual, integrando la teoría a la práctica profesional respetuosa de los DDSS. Trabajamos con metodologías mixtas combinando clases expositivas y participativas, incluyendo como docentes a personas provenientes de la academia y del activismo, incentivando en todo momento la reflexión personal, la aplicación de los conocimientos a la realidad local e integrando una lectura crítica a visiones heteronormadas y binarias de la sexualidad.

**Resultado:** Hemos realizado 3 versiones del diplomado, estando el 2019 en curso la cuarta y quinta versiones. Los participantes refieren un cambio de mirada, la adquisición de herramientas útiles para el trabajo en sexualidad y el adoptar una perspectiva crítica del patriarcado, la heteronorma y las categorías de discriminación, así como también la incorporación de los DDSS como base de su trabajo.

**Discusión:** Este modo de trabajar presenta diversos desafíos entre los que se encuentra el tener que darle nuevas lecturas a la literatura existente, identificando críticamente los sesgos de heteronorma, discriminaciones de género u otros que puedan tener. Propiciar la reflexión crítica de los estudiantes es un pilar fundamental que permite constantemente ir revisando si el accionar es acorde al respeto de los DDSS o si sigue reproduciendo discriminaciones. Integrar lo que sucede

a nivel social mientras se imparte la formación es relevante.

**Fuente de financiamiento:** El financiamiento del Diplomado viene desde la matrícula y arancel de los mismos estudiantes que participan del proceso de formación. Además, contamos con una alianza con el Departamento de Atención Primaria y Salud Familiar de la Escuela de Medicina de la Universidad de Chile, para el uso de sus dependencias y salas de clases.

**Conflicto de interés y declaración de divulgación:** Ninguno

WAS (2009). Salud sexual para el milenio.

**Palabras clave:** Derechos Sexuales, Formación Profesional, Educación Sexual

## Prevención de la Violencia Sexual Más Allá del Discurso

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Hoy sabemos que 1 de cada 3 estudiantes mujeres viven violencia sexual durante su paso por la universidad, 1 de 6 estudiantes son hombres, estas estadísticas solo las tenemos en las universidades americanas por su experiencia desde la legislación del Title IX.

El proyecto nos permitió reconocer la prevención de la violencia sexual y el consentimiento sexual en los espacios académicos mexicanos, identificar los elementos efectivos así como áreas de oportunidad de las estrategias de prevención.

Demostración de buenas prácticas en otras universidades además culminaremos con la demostración de recursos elaborados en nuestra universidad para el consentimiento sexual y prevención de la violencia sexual con técnicas de innovación educativa (inmersión, 360) con la finalidad de asegurar que las y los estudiantes tengan espacios seguros para su desarrollo y permanencia en la universidad.

**Conflicto de interés y declaración de divulgación:** Ninguno

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**Palabras clave:** Violencia sexual, Universidades, Innovación educativa



## Adolescents, Sexual Education and Pornography

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**Introduction & Objectives:** Adolescence is a critical period of sexuality development. Several studies point out the possible risks linked to the use of online pornography in adolescents, that may be mediated by various variables, and also the shortcomings of sexual education in education systems. Therefore, it is necessary to delve into adolescents' sexual behaviour to understand how they develop sexually in this new technological era. The aim of this study is to know young people's sexual behaviours, the sexual education they have received and the way they consume pornography.

**Method & Sample:** An online survey was conducted with the informed consent of the parents. Sample: (N = 138) 52.2% Men 47.8% Women. Average age: 14 years. Sexual orientation: 89.9% heterosexual. 8% Bisexual 3.1% Homosexual.

**Results:** 79% had not had sexual relationships. 21% considered that they are emotionally dependent. 74.60% had seen pornography, mainly through the mobile phone (63%). 37% thought that pornography

makes them see people as objects, 31.90% increases sexism, 31.2% helps them to learn about sexuality and 21% let them know about the human body. In addition, 14.5% use it to reduce stress or tension. 13.80% feel insecure when they compare themselves to online videos. 76.1% have never talked about pornography with their parents and 39.1% have not talked about sexuality either. 64.5% said that they would like to have a subject of sexual education at school.

**Conclusions & Recommendations:** The ways adolescents use pornography are diverse and the effect of this consumption still remain uncertain. Thereby, it is of interest to include sexual education schools' learning agenda, also involving and integrating the parents in such education, since young people demand it, and also including topics on the use of por

**Keywords:** Adolescents, Sexual Education, Pornography use

**Conflict of Interest and Disclosure Statement:** None

## POSTERS

### Track: 1. Sexual Rights & Ethics

## Reporting of Sexual Violence in the Deaf Community

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One in three women within the US will experience some form of sexual violence (SV) within their lifetime (CDC, 2017). Prevalence rates of SV among women are believed to be even higher within vulnerable populations. In the United States, 41 in 1000 people are deaf or hard of hearing (U.S Census Bureau, 2002). Past research has reported prevalence rates of coercive sex experienced by females of the deaf community ranging from 20% to 61% (Francavillo, 2009; Anderson & Leigh, 2011). Many past studies have used convenience sampling from universities with the highest

number of deaf students in the US which might make these findings inappropriate to generalize to the general population. This presentation will examine data reported to the National Crime Victimization Survey (NCVS) and discuss future directions for both research and clinical interventions.

The NCVS is an ongoing survey of a nationally-representative sample which asks participants to report on crimes committed against them. The 2016 edition of the survey had 12,971 participants, 377 of which reported being deaf or having serious difficulty

hearing. Using SPSS, the publically available raw data from 2016 was analyzed using both descriptive statistics and a chi-squared test.

Results: 2.1% of the deaf sample reported experiencing sexual coercion in the past 6 months compared with 1.0% of the hearing participants who reported similar experiences. There was a significant association between experiencing an act of forced or coerced sex and a participant being deaf or having serious difficulty hearing  $\chi^2(1) = 3.968$  ( $p = 0.046$ ).

These findings support previous research stating that deaf women are more than two times as likely to be sexually assaulted compared to their hearing counterparts. Future studies should continue to collect data from more nationally representative populations of deaf individuals and tailor victim advocacy programs to ensure ease of utilization for this population.

**Keywords:** Forced or Coerced sex, Deaf Community, National Crime Victimization Survey

**Conflict of Interest and Disclosure Statement:** None

## Transfobia, Interseccionalidad y Discriminación

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México

**Introducción:** En el presente trabajo se abordan narrativas de mujeres transgénero que refieren haber experimentado transfobia, discriminación y otras violencias dentro de su misma comunidad (LGBTTTTIQA).

**Objetivos:** Visibilizar la interseccionalidad dentro de la comunidad trans.

**Muestra:** Tres entrevistas a personas transgénero en la ciudad de México que refieren haber experimentado discriminación por su condición, dentro de la comunidad Trans.

**Hallazgos y discusión:** Se pudo identificar que a pesar de que las mujeres transgénero entrevistadas conviven en diferentes contextos que se podrían percibir como comunidades respetuosas, abiertas, empáticas e incluyentes, éstas relatan que aún dentro de la comunidad se viven discriminadas, juzgadas e incluso violentadas por no ajustarse a la expectativa del estereotipo de la mujer trans, como un supuesto al que “deberían” adaptarse y asumir.

Dando paso a ejemplos de interseccionalidad: en los que se siguen exigiendo o demandando que se cubra el “deber ser”, acorde a lo que es o no es una mujer trans. Como consecuencia se puede observar que uno

de los impactos que causa es el rechazo, el aislamiento y la marginación.

Sin embargo y a pesar de ser minoría, buscan y generan espacios en los que puedan expresarse, desarrollarse y desenvolverse con la libertad y seguridad que las personas necesitan en cualquier ámbito, es decir una vida libre de estereotipos, prejuicios, presión social y violencia.

**Recomendaciones:** Se identifica la necesidad de abordar esta temática desde la perspectiva de género y se reconoce la urgencia de generar espacios, de sensibilización al rededor de esta comunidad y dentro de la misma.

**Conflicto de interés y declaración de divulgación:** Ninguno

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**Palabras clave:** Transfobia, Interseccionalidad, Perspectiva de género

## ¿Se Precisa Una Ética Para Tiempos de Postrevolución Sexual y Tecnología?

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La revolución sexual facilitó el encuentro sexual, “la caída en el grado cero del sentido y del valor” -Ricoeur. La sexualidad hoy tiene precio, además es barata, no requiere esfuerzo y la tecnología la hace accesible, tinder, grind, wapa facilitan los encuentros, se intercambian fotos, videos, una adolescente se menosprecia e intenta quitarse la vida después de acceder a citas a través de tinder “ya estaba allí... como me negaba, así una y otra vez”, un joven con orientación homosexual tiene sexo acordado a través de grind, “tuve miedo que me agrediera si me negaba...”

Se identifican dos visiones de la sexualidad, la visión sensualista que considera la sexualidad como una vivencia hedonista, productora de placer -Goldman, y la visión intencional que considera la sexualidad como una experiencia humana significativa - Nagel y Scruton.

La visión sensualista lleva a posturas más permisivas, si el deseo erótico es moralmente intrascendente, poco o nada puede prohibirse, si hay consentimiento. Para la visión intencional el encuentro sexual tiene

exigencias morales propias, reconoce los principios deontológicos, pero el consentimiento no es suficiente.

En sexología clínica dos ideologías éticas pueden orientar, la ética clásica o aristotélica que supone que el ser humano busca la excelencia o la virtud, o la ética deontológica, que se formula en torno a nociones de deber, obligación. La ideología ética establece diferencia “entre ser buena persona en el sentido de excelente, o ser buena persona si cumple la ley”. A la ética de la virtud le interesan los ideales de vida buena, la educación moral busca el cultivo de cualidades, para la ética deontológica la educación es intelectual y normativa, busca la adhesión a normas, interiorizarlas. Las éticas deontológicas preguntan cómo debo vivir, no “en qué tipo de persona me debo convertir”. Comportamientos sexuales éticos contribuirán a la salud.

**Palabras clave:** Ética, Sexualidad, Salud

**Fuente de financiamiento:** Universidad de Caldas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Nursing Homes & Sexuality

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For the first time, in 2016, the New York Times published an article regarding how in certain nursing homes in New York and New Jersey states, the precision of certain parties for initiating and maintaining romantic and/or sexual relations made the administrators consider to facilitate rooms in which these “de novo couples” could spend nights together. The results were surprising in terms of frank improvement in the social relations of the subjects involved in the experiment. Their medical problems such as, diabetes, chronic hypertension, depression, chronic pain syndrome, apathy, isolation, aggressiveness, etc., were also improved. Collaboration with the daily tasks assigned

in the home were more easily accepted and performed. Several other homes follow the example and experience. We analyze the extreme importance of a close and intimate relationship at any age in men and women along with the new studies that support the need of sexual activity as a way to maintain our health. In the same way as exercise or nutrition and the new era of discoveries around the production of oxytocin during the close relationships and its effect in the emotional, social and romantic behavior of the human being.

**Conflict of Interest and Disclosure Statement:** None

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**Keywords:** Nursing Homes, Sexuality,

## The Path of Sexual Pleasure and Female Orgasm: Individual and Relational Aspects

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**Introduction:** Sexual pleasure is a central aspect of sexuality and one of the most important motivating factors for sexual activity. However, for centuries, women were influenced by feelings of shame and guilt about their sexuality, persisting a high degree of secrecy, devaluation and ignorance about sexual excitement, orgasms and pleasure, which limited their sexual exploration and well-being.

**Aim:** The main goal of this study is to explore female sexual pleasure and orgasm, and to understand how they are related to each other, and to different individual and relational factors such as sexual autonomy, masturbation, body dissatisfaction, sexual fantasies, sexual functioning, fear of intimacy, assertive sexual communication, sexual practices with partner, and partner-related variables.

**Methods & Sample:** A sample of heterosexual and sexually active Portuguese women, aged 18 or over, will answer an online protocol that will include a general introductory questionnaire, and a set of questionnaires (e.g. SPS, GBDs, FSFI, HISA, HISF, FICQ).

**Expected Results:** We expect to find strong positive correlations between sexual pleasure and orgasm, and strong associations between sexual pleasure and orgasm, and the different individual and relational factors.

**Keywords:** Sexual pleasure, Orgasm, Sexual assertiveness

**Conflict of Interest and Disclosure Statement:** None

## Erotismo deconstruido: Placer y empoderamiento

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**Introducción y justificación:** El presente trabajo se ha hecho desde hace 2 años en diferentes lugares e instituciones, comenzó siendo un taller de movimiento hasta convertirse en uno de erotismo, de constructivo y de empoderamiento personal, a partir del placer, la conciencia corporal, y rompimiento de creencias patriarcales. Se hace necesario para toda persona que tenga miedo o no sepa cómodo mostrarse, de empoderarse, no solo en su erotismo y placer sino en su

cotidianidad, ya que este taller apoya todas las áreas de la persona.

**proyecto/población y ajustes:** este proyecto abarca a cualquier persona, de cualquier edad igual o mayor a los 18 años, sin importar sexo, género, identidad de género y orientación sexual. La persona más joven ha sido de 18 años y la más grande de 80. Se ha dado a grupos mixtos y solo a mujeres, también se ha dado

en la comunidad Bds. Se ha ajustado en tiempos y dirección específica de lo que se busca mostrar.

**Resultado:** en todos los talleres se ha visto una gran diferencia de como empiezan el taller con miedos, timidez, debilidad, cerrados y como se van transformando a lo largo del mismo. Es impresionante verles y compartir sus experiencias personales finales. Además de como lo llegan a usar en sus vidas cuando lo comparten.

**Discusión y recomendaciones:** la idea del erotismo y del placer sigue siendo un tabú y se sigue negando, por lo que apoyarlo ayuda a lograr mayor felicidad, libertad y empoderamiento, así como el cambio de

perspectiva social del erotismo y el placer no solo en lo sexual, sino en lo cotidiano. Sería maravilloso recibir apoyo de diferentes instituciones con poblaciones vulnerables para ponerlo en práctica, pues se han visto grandes resultados.

**Citas bibliográficas:**

Bauman, Z., (2016) Miedo líquido. Diegolan. Recuperado de [www. Lectulandia.com](http://www.Lectulandia.com)

**Palabras clave:** Erotismo

**Decinstrucción, Empoderamiento**

**Conflicto de interés y declaración de divulgación:**

Ninguno

## Analysis of Internet Information and Magazine Articles on Foreskin Care in Japan

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**Introduction & objectives:** While the pros and cons of male circumcision are heavily debated, a “third way” to care for the foreskin seems the cultural norm in Japan. There are no standard guidelines for taking care of a newborn’s penis, but there seems to be growing discourse among health care professionals in Japan that promotes manual retraction of the foreskin starting in the newborn period to keep the inside of the foreskin clean and prevent phimosis. This exploratory study investigates information disseminated on the Internet and articles in popular parenting magazines targeting mothers to determine the nature of discourse on foreskin care.

**Method(s) & Sample:** Articles published in the last 10 years on taking care of foreskin in popular parenting magazines, related books, and information available on the Internet in Japanese has been collected and analyzed (in process) to identify themes and recommendations.

**Findings & discussion:** It was confirmed that promoting the retraction of the foreskin from the newborn period to keep inside the foreskin clean and prevent phimosis has become entrenched in discourse.

While benefits and negative consequences of this practice are discussed, the term “pseudo-phimosis” or “false phimosis” is heavily used with negative connotations. Parents describe the child’s resistance when trying to follow the recommendation and ask “To pull or not to pull”? The prominence of this view on phimosis may influence this practice as well as the psychology of boys who can develop negative body image towards a natural penis.

**Recommendations:** There has been little professional exploration of the effects of the practice of manually retracting foreskin in the newborn period. Considering the prevalence of the promotion of this practice in Japan, much more investigation and discussion is needed. Does early retraction of the foreskin in fact prove beneficial? An evidence-based approach is needed.

**Keywords:** retraction of the foreskin, pseudo-phimosis, Japan

**Source of Funding:** This work was supported by JSPS KAKENHI Grant Number 18K02070

**Conflict of Interest and Disclosure Statement:** None

## Demographic Diversity of Sexual Practice in India

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India is a vast country depicting wide social, cultural and sexual variations. Indian concept of sexuality has evolved over time and has been immensely influenced by various rulers and religions. India's cultural history includes prehistoric mountain cave paintings in Ajanta, the exquisite beauty of the Taj Mahal in Agra, the rare sensitivity and warm emotions of the erotic Hindu temple sculptures of the 9th-century Chandella rulers, and the Kutab Minar in Delhi.

India is the second largest country in the world accounting for 17% of world's population with 25 million births annually. Population of India has increased three times since independence. Female literacy rate is increasing. Last decade has witnessed a great change in women empowerment. Social roles, economic freedom, contraceptive acceptance has increased, but similarly

there is an increase in stress, stress-related illnesses, drug and alcohol addiction, sexual dysfunction, sexually transmitted diseases (STDs), and human immunodeficiency virus (HIV) infection, etc.

Indian sexuality is manifested in our attire, behavior, recreation, literature, sculptures, scriptures, religion and sports. It has influenced the way we perceive our health, disease and device remedies for the same. In modern era, with rapid globalization the unique Indian sexuality is getting diffused. The time has come to rediscover ourselves in terms of sexuality to attain individual freedom and to reinvest our energy to social issues related to sexuality.

**Keywords:** sexuality, India, Sexual Practice

**Conflict of Interest and Disclosure Statement:** None

## Proceso de Apropiación de la Sexualidad en las Mujeres

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**Introducción y objetivos:** Las mujeres han sido objetivizadas, pues el único fin que deberían tener es “servir al otro”, por lo tanto, no hay un derecho a obtener un desarrollo de su vida sexual, mucho menos poseer satisfacción sexual. La experiencia subjetiva de la sexualidad femenina no recibe la atención que requiere, pues hay una visión patriarcal de la sexualidad, es decir, centrada en el género masculino.

En este estudio se pretende describir el *proceso de apropiación de la sexualidad* que tienen las mujeres, específicamente se busca:

1. Identificar elementos de ideas y conductas machistas (sexistas) que impacten su sexualidad.
2. Describir el proceso de aprendizaje y deconstrucción que adquieren las mujeres para vivir una sexualidad centrada en el placer.

**Método(s) y muestra:** Se llevaron a cabo tres sesiones de grupo focal con duración de aproximadamente dos horas cada uno.

Se contó con siete participantes universitarias de 18 a 25 años radicantes en CDMX. En la segunda y tercera sesión, asistieron únicamente seis participantes.

**Hallazgos y discusión:** Los resultados obtenidos muestran que dicho proceso comienza a partir de las enseñanzas dadas a las mujeres en sus primeros años de vida, enseñanzas luego cuestionadas debido a experiencias desagradables que no hacen sentido con su vivencia, para por último lograr apropiarse de su sexualidad.

Se encontraron similitudes con la teoría feminista, se habla de la opresión de las mujeres desde tiempos remotos, donde han sido posicionadas como objeto que está al servicio del otro. Autores como De Beauvoir, Hierro, Artous, entre otros, sustentan lo anterior.

**Recomendaciones:** Para futuros estudios, se recomienda utilizar una muestra mayor para poder recabar información más específica sobre el placer sexual



femenino; así como incluir la perspectiva masculina sobre la sexualidad femenina. También la creación de talleres que hablen sobre el proceso de apropiación de la sexualidad femenina.

**Palabras clave:** Apropiación de la sexualidad, Sexualidad femenina, Objetivizadas

**Conflicto de interés y declaración de divulgación:** Ninguno

## LGBT+ Declaration in Warsaw vs. Sexual Education of Children – Philosophical, Legal, Clinical and Political Aspects

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**Introduction:** After signing the LGBT + declaration by the President of Warsaw in Poland, a debate broke out with the participation of state institutions, such as the Ombudsman, the Ombudsman for Children, mainstream political parties, and various organizations, e.g. the Catholic Association of Physicians, Ordo Iuris Association. The most controversial issue is using “Standards for Sexuality Education in Europe”, prepared by the Regional Office for Europe and BZgA, in schools of the capital of Poland.

**Method:** The statements of the protagonists and antagonists of these regulations published in Polish on websites available without subscription fees were analyzed. The collected arguments were divided into types: philosophical – by the branches of philosophy (e.g. ethics, philosophical anthropology, metaphysics), legal, clinical (psychiatry and clinical psychology), political.

**Results:** Some opinions contain non-substantive arguments. However, they keep eristic and rhetorical meaning, which may be important in shaping public opinion and subsequent debates.

The use of philosophical arguments by both parties results from the adaptation of different philosophical

systems, e.g. regarding philosophical anthropology, some people assume the immutability of human nature, and others assume its variability and susceptibility to any shaping, e.g. of human sexuality. In legal terms, some people emphasize the importance of non-discrimination, while others indicate the need to consider parents’ opinions in indicating the directions of their children’s education. Some psychiatrists and psychologists refer to the psychodynamic concepts of sexual development, others – to social or cultural ideas. This year in Poland there will be elections for the European Parliament and the Polish Parliament. This problem is therefore used in political debates.

**Recommendations:** Different forms of anti-discrimination activities, education of children and youth and expressions of sexual minority should be conducted with consistent cooperation of all relevant institutions. In particular, it cannot be used for the benefit of political parties or act against parents.

**Keywords:** sexual education, children, standards

**Conflict of Interest and Disclosure Statement:** None

## Espacios de homosocialización en Puerto Vallarta: de clandestino a visible

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Universidad de Guadalajara, México

**Introducción & objetivos:** Este estudio busca identificar los procesos históricos que generaron la construcción de espacios para la homosocialización en Puerto Vallarta como un factor que contribuyó a posicionarlo como un destino LGBT+

**Método(s) & muestra:** Análisis de narrativa de historias de vida y fuentes documentales

**Hallazgos & discusión:** Se estableció una línea del tiempo identificando 5 etapas en las que destacan 4 factores: mercado turístico, mercado del sexo, espacios de interacción y los procesos de visibilidad de la diversidad sexual. El proceso de construcción social del espacio gay en Puerto Vallarta, inicia con los primeros encuentros entre turistas extranjeros, y hombres de la

localidad, cuyos espacios de homosocialización eran los mismos utilizados por el turismo tradicional, los encuentros sexuales se realizaban en la zona más apartada de la ciudad: el extremo sur de la Playa de Los Muertos. A partir de lo cual, los empresarios locales, realizaron adaptaciones en sus negocios, para permitir estos encuentros homoeróticos, sin provocar la desaprobación social. Durante los primeros 30 años, los espacios se fueron adaptando en función de las demandas de un mercado emergente y al mismo tiempo surgió un nuevo empresariado. Posteriormente, en esta lógica se insertan las comunidades gays locales, participando algunas como usuarios de estos negocios y otros convirtiéndose en propietarios, desarrollando acciones organizativas que les permitieron establecer alianzas con la propia comunidad y con los gobiernos

locales, dando por resultado diversas formas de ordenación de esa porción del territorio y mejorar la infraestructura urbana. A partir del 2005 la comunidad LGBT+, integrada por residentes locales y extranjeros, toma las calles de manera pacífica, a través de la organización de diversos eventos a favor de los derechos y el respeto a la diversidad.

**Recomendaciones:** Apoyar estrategias para una mayor incidencia entre organizaciones LGBT+ y políticas públicas.

**Palabras clave:** homosocialización, diversidad sexual, turismo LGBT+

**Conflicto de interés y declaración de divulgación:** Ninguno

## El Ejercicio Sexual en Personas Privadas de la Libertad en Centros Penitenciarios de América Latina

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México

**Introducción & objetivos:** Las instituciones penitenciarias en América Latina, a pesar de los esfuerzos, mantienen rasgos punitivos. Esto implica carencias de salud, alimentarias, entre otras. La vida sexual de personas privadas de la libertad está oficialmente limitada a las visitas conyugales y a la abstinencia, dado que las conductas autoexploratorias y el contacto sexual con otros(as) internos(as) son prohibidos.

**Enfoques:** Se realizó una exploración en los testimonios de personas privadas de la libertad respecto a sus experiencias sexuales y la manera de vivirlas.

**Fuentes:** Se usaron registros testimoniales de centros penitenciarios de Argentina, México y Costa Rica.

**Hallazgos:** Las prácticas homosexuales en centros penitenciarios para hombres se basan en el dominio que un hombre puede ejercer sobre otro, ya sea para reafirmar su poder o por los beneficios que el sumiso pueda obtener. El hombre pasivo será violentado física y verbalmente, siento invalidado en todo momento que intente mostrarse viril, mientras que el *“hombre que pisa hombres, es dos veces hombre”*. En cuanto a mujeres, con frecuencia se crean alianzas afectivas para

mediar la sensación de abandono, soledad, o necesidad de protección frente a otras de carácter más agresivo. Las visitas conyugales autorizadas son usadas como reforzador para la buena conducta, aunque con frecuencia son negadas, yendo en contra de la premisa de castigar al alma y no al cuerpo por cuestiones no relacionadas al delito cometido, y de los derechos sexuales y reproductivos básicos.

**Discusiones:** En el caso de prácticas no autorizadas, se puede identificar carácter machista. La prohibición de las prácticas sexuales entre internos(as) implica que las autoridades no otorgan preservativos, aumentando el riesgo y frecuencia de contagio de infecciones de transmisión sexual. Se debe reconocer el deseo y las prácticas sexuales para asegurar a los(as) internos(as) el respeto a sus derechos.

**Palabras clave:** Derechos sexuales y reproductivos, Personas privadas de la libertad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Perceived and Enacted Stigma Among Tunisian LGBTQ Persons: An Exploratory Study

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**Introduction & objectives:** Recent research pointed out the potential harmful impact of stigma on well-being and mental health. LGBTQ persons experience stigma and discrimination on a daily basis. In Tunisia, there has been considerable progress in terms of collective rights and freedoms since the revolution. Meanwhile, there is still a reigning conservative culture impregnated by religion which clearly condemn homosexuality.

The aim of our study was to investigate perceived and enacted stigma among Tunisian LGBTQ persons.

**Method(s) & Sample:** We conducted an exploratory study. Participants were recruited using a convenience sampling by means of social networks. They were assessed with an adapted version of the Sexual Stigma Scale, A 12 items auto-questionnaire that explores perceived stigma and enacted stigma among LGBTQ persons.

**Results:** A total of 147 LGBTQ persons were recruited. 48.3% of them were cisgender female, 47.6%

were cisgender male and 0.7% transgender. 42.9% identified as gay, 19.0% as lesbian and 34.0% as bisexual. Their mean age was years-old. 87.1% had a university educational level. 44.9% still living with their parents and 13.6% live with their partner. The majority of participants did report experiencing perceived sexual stigma. 69% had already pretended to be straight in order to be accepted. 50% had already felt their family was hurt and embarrassed because they are LGBTQ. Most of them reported never experiencing enacted stigma

**Conclusion & recommendations:** The results of our study pointed out the high proportion of perceived stigma among Tunisian LGBT in contrast to enacted stigma. Further studies in larger and more heterogeneous sample are needed to confirm or redress these results.

**Keywords:** LGBT persons, social stigma, mental health

**Conflict of Interest and Disclosure Statement:** None

## Polyamory: What is It, Where, How and When

Márcia Rocha

WAS – SRC, Brazil

**Introduction:** In 2011, the Brazilian Supreme Court decided that the legal institute of “Stable Union” should be legally equate to marriage.

Since 2012, some stable union in between more than two persons have been registered in the Brazilian notaries.

In 2015 the Supreme Court was asked about the possibility of the marriage between three or more people, but they still didn’t decide about it.

### Action and Population group concerned:

What is Polyamory, who are looking for its legal recognition and why?

Is it a problem for the society?

Who is against it?

### Outcome, discussion and recommendations:

Is it legally possible? Yes.

Is it socially desirable? Why not?

### Citations:

MARTINS, Ivan

Dias, Maria Berenice

Iotti, Paulo Roberto

Lins, Regina Navarro

Brasil. Constituição

Brasil. Código Civil

**Keywords:** Polyamory, law, society

**Conflict of Interest and Disclosure Statement:** None

## Decolonising Contraception: Acknowledging the Effects of Colonialism on Sexual & Reproductive Health (SRH)

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**Introduction and Rationale:** Decolonising Contraception (DC) is a community group led by black & people of colour; DC aims to promote better understanding of the colonial history of contraception and start new conversations about reproductive justice, it aims to help those accessing Sexual and Reproductive Health (SRH) services to feel empowered.

From the creation of racial hierarchies to the unethical experimentation on colonised populations<sup>1</sup>, colonialism has shaped medical practice throughout history<sup>2</sup>; SRH has been heavily affected, such as forced sterilisation and experimental use of contraceptive pills on colonised populations<sup>3</sup>.

**Action & Population Group:** A collective of black & people of colour working in SRH that use a decolonial framework to create panels for other black & people of colour. These environments act as 'safe space' to better understand how their belief systems have been shaped by a colonial lens & what we can do to effect change.

**Outcome:** We have facilitated a variety of interactive workshops and discussions, targeting black & people of colour. Panels included SRH clinicians, allied

professionals and lay people. 100% of attendees said they felt more empowered to access SRH services following the workshop.

**Discussion and Recommendations:** As the UK population diversifies, and we strive to engage more communities in optimising their reproductive health, it is vital that we acknowledge how colonial history has come to shape the services that we deliver.

### Citation of supporting literature:

1. Washington, Harriet A, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2018)
2. Bashford A, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (2004)
3. Cade T, The pill: genocide or liberation? *Onyx Magazine*, August 1969, reprinted in: Cade T, ed., *The Black Woman: An Anthology*, New York: Mentor, 1970, p. 162.

**Keywords:** Decolonising, Colonialism, Contraception

**Conflict of Interest and Disclosure Statement:** None

## Enfoque de Derechos en el Curso de la Vida. Abolición del Embarazo Precoz y del Forzado. Life Span Rights Framework: Forced and Early Pregnancy Abolition

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Comision de Genero. Law Faculty UNAM, Gender Committee, México

**Introducción/justificación:** Toda ley secundaria precisa una adecuación al enfoque de Derechos, deberes y libertades fundamentales (DDyLF) a partir de la Reforma Constitucional mexicana (RC/2011) y resoluciones judiciales posteriores. Los Derechos de la salud sexual y reproductiva (DSSyR) muestran franco rezago en la violencia sexual, intrafamiliar, institucional y cultural.

Los DSSyR son DDyLF exigibles y justiciables en la vida diaria, forman parte de sistema de Derechos

Económicos, Sociales, Culturales y Ambientales (DESCA). La trascendencia de la familia como red afectiva y de apoyo es tan innegable como lo es la dinámica sociodemográfica. La educación sexual integral es un imperativo de la capacidad de autodeterminación e interdependencia social.

**Data:** Aunque la prohibición del matrimonio antes de los 18 años cuando se alcanza la capacidad de ejercicio plena, tiene bases razonables, ignora la evidencia de que en existen: relaciones intrafamiliares violentas,

uniones inestables, uniones informales e incluso prácticas de asimilación de compraventa o trueque, principalmente de niñas.

**Discusión:** Los códigos civiles, penales y familiares en México, carecen de un modelo de armonización respecto al interés superior del menor, principio aún vago; tampoco consideran la perspectiva de la madre y del eventual producto en un sentido integral, no sólo de salud biofísica.

**Resultado/recomendaciones:** Urge una Ley familiar marco que modele dichos vínculos delineando indicadores para las condiciones de posibilidad, balanceando DDyLF para una crianza integral, favorable al desarrollo sustentable con calidad de vida. Apartados claves

son la consideración del curso de vida, la intergeneracionalidad y la desestimulación del embarazo precoz y la proscripción del embarazo forzado. Esto supone una argumentación basada en evidencia fiable y requisitos precisos del consentimiento libre e informado, así como el deber de formular un plan de vida sustentable libre de violencia.

**Palabras clave:** Forced pregnancy abolition; Abolición del embarazo forzado., Early pregnancy abolition; Abolición del embarazo precoz., Lifespan rights framework. Derechos en el curso de la vida

**Conflicto de interés y declaración de divulgación:** Ninguno

## Inclusión y Diversidad en las Universidades-Aire Colectivo LGBT+

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La deserción escolar es una característica de la población LGBT+, muchos jóvenes padecen de proceso de adaptación, vulnerabilidades y sobre todo de una lucha constante por mostrarse tal cual son.

El presente proyecto consiste en compartir las buenas prácticas de incidencia y de estrategia cuando un grupo estudiantil trabaja por y para generar la inclusión hacia la diversidad sexual en su comunidad.

AIRE desde el 2015 ha trabajado por educar a sus pares a través de generar comunidad, programas y actividades incluyentes y fomentar la salud sexual. Se presentarán lecciones aprendidas, dificultades y propuestas para la formación, educación de la comunidad en general.

**Conflicto de interés y declaración de divulgación:** Ninguno

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Lozano-Verduzco I. Barriers to sexual expression and safe-sex among Mexican gay men: A qualitative approach. *American Journal of Men's Health* 2016;10(4):270–847.

**Palabras clave:** Diversidad sexual, Universidades, Inclusión

## Changing Perspectives on Sexual Assault

Leanna Wolfe

Wise Woman Sex and Relationship Consulting, USA

**Introduction:** When the rape of a female bus rider in India generated impassioned marches covered by the international media, the plight of a Pakistani woman who survived an honor killing won a 2016 Academy Award and the Stanford University rapist Brock Turner's victim's statement went viral via social media, I sensed the world climate had begun to change. As

the #MeToo Movement emerged in October 2017, I began weaving in contemporary conversations regarding "sexual misconduct" into my research.

**Methods and Sample:** To better understand these changes, I disseminated an international survey titled, "What is Sexual Assault?" to explore differences between genders, ethnicities and generations. There

were 258 respondents with 72% female and just 28% male.

**Findings:** Findings reveal 88% of females report having been sexually harassed, 75% of females having suffered at least one rape (with 29% having suffered four or more rapes) and 35% of respondents do not consider attempted penetration to be “rape,” and 13% do not consider forced fellatio to be rape.

There was limited consensus between males and females regarding the contemporary consent training language of “Yes means Yes.” 15% more Females than Males believe that you cannot proceed with sexual activity unless there is a mutual “Yes” and each new sexual activity requires a Separate “Yes”.

There were also significant differences between Millennials and Boomers. 32.5% more Millennials than

Boomers believe that you cannot proceed with sexual activity unless there is a mutual “Yes,” 20% more Millennials believe that each new activity requires a Separate “Yes,” while 10% more Boomers believe “Yes Means Yes” makes all sexual activities possible.

**Conclusions & Recommendations:** Consent Training on College Campuses may explain differences between Millennial and Boomer beliefs and practices. Hopefully my presentation will afford a reassessment of how differently the generations and genders regard “bad sex,” “seduction,” “groping” and “sexual assault”.

**Keywords:** Sexual Misconduct, Sexual Assault, Consent

**Conflict of Interest and Disclosure Statement:** None

## Track: 2. Social & Behavioral Sciences

### Masturbation and Anal Sex: A Survey Assessing Personal Representations of Normal Sexuality, Gender and Sexual Orientation in France

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**Introduction:** Personal representations of sexual normality towards masturbation (active or passive) and anal activities (penetrative or receptive) have been insufficiently studied, but seem to correlate with real or supposed representations of the family or friends, but also with real or supposed majority representations within the society.

**Objective:** This study aims to analyze and understand the notion of normality within sexual activities, as perceived by respondents.

**Methods & sample:** A 79 items online questionnaire was distributed through social networks and e-mail and the link was available for 1 month. There was no criteria of sex or age for responding. The questionnaire was composed of six large parts, analyzing different dimensions. A large part was dedicated to the criteria of normality in three or four dimensions (“I think it’s normal to...”, “I think it’s normal for someone around me to...” those close to me consider “... as normal sexual activity”; “In France, currently, ... is considered as a normal sexual activity”) on a 4 dimensions Likert scale (from “strongly

agree” to “strongly disagree”). A focus was made on masturbation and anal sexual activities.

**Findings & discussion:** We analyzed 342 responses. Our data reveals that regarding masturbation and anal sex, the further one move away from his self-representation, the more a sexual activity is considered less normal and harder to describe. When it comes to sexuality, the large majority of the respondents share the point of view of their social circles. A person is more likely to consider sexual activities normal if their family and friends do so, rather than sexual activities socially and culturally considered as normal.

**Recommendations:** The concept of “normal sexuality” would be more accurate when it refers to the set of sexual activities of a close acquaintance, but not when it refers to one’s self sexual practices or a social and cultural normality.

**Keywords:** Normal sexuality, Masturbation, Anal sexual activities

**Conflict of Interest and Disclosure Statement:** None



## Qualitative Study on Sexual Preferences: At the Intersection of Sexo-Dynamic Aspects

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**Introduction:** To what extent does the psycho-emotional development of the individual, as well as the process of lifelong learning and reinforcement, associated with the cultural and cognitive dimension, make it possible to orient, weave and fix everyone's sexual behaviour, thus becoming sexual preferences.

**Objective:** The objective of this work is to try to highlight the factors influencing the development and construction of ten sexual practices chosen in this work from the perspective of preference.

**Methods & sample:** We performed a cross-sectional qualitative study with a sample of 8 men, 7 women, 1 transgender and 1 non-binary participants. Data were collected using two questionnaires. The first, based on Catherine CABANIS' evaluation grid, explores the psychosexual stories. The second is the BASIC IDEA for assessing the ten sexual practices. Twelve participants were interviewed face-to-face and 5 through a webcam.

**Findings & discussion:** The survey lasted from January 2018 to April 2019. Among participants, 35.3% grew up in North Africa, to 29.4% in Ile de France and 23.5% in Occitania. 52.9% were not religious, and 82.3% came from a religious family. A focus was made on (1) the influence on sexual experience of the nature of the bond in early childhood; (2) the importance of sexual experiences and learning in childhood; (3) 10 sexual practices. Finally, a reading grid of the 10 sexual practices is proposed as well as a model of the determination of sexual preferences.

**Recommendations:** This study identified several factors that contribute to the determination of sexual preferences. We found that the eroticization of sexual behaviour in adulthood was ultimately influenced by the child's psychoemotional development, as well as by learning from child.

## The First Time...a Second Time? Qualitative Interviews Exploring Secondary Virginité Loss in Lesbians, Gays and Bisexuals

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**Introduction & Objectives:** Virginité loss, like many areas of psychology, is dominated by heterosexual research; in fact, virginité itself is a heteronormative concept. Despite this, virginité loss (i.e., the first sexual experience) is still something lesbian, gay, and bisexual adolescents and young adults navigate, during their transition into adulthood. LGB individuals may struggle with virginité loss differently, and more than once, compared to their heterosexual counterparts (Averett, Moore, & Price, 2014). The current exploratory study examines conceptualizations and experiences of virginité loss held in lesbian, gay, and bisexual identified people.

**Methods & Sample:** These experiences were explored through in-depth interviews with 6-8 participants, with insight into sexual identify formation, opposite- and same-sex experiences, and motivations behind first sexual experience.

**Findings & Discussion:** Preliminary results show that many LGB individuals succumb to heteronormative pressures and definitions of sex and virginité. This pattern was especially evident in the motivations behind sexual experiences with opposite-sex partners, specifically sexuality 'checking' behaviours. Additionally, both opposite- and same-sex sexual experiences played a large role in identity formation at the

time of the experience. These results are interpreted using Baumeister's (2000) erotic plasticity theory, concluding that LGB individuals may feel societal pressure to explore heterosexual sexual behaviours before further exploring their felt sexual identity.

**Keywords:** Virginité Loss, LGBTQ\*, Qualitative research

**Conflict of Interest and Disclosure Statement:** None

## Expressões da Sexualidade Juvenil em Territórios Periféricos

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**Introdução e objetivo:** Na última década ocorreram mudanças significativas nas formas de circulação e comunicação dos jovens, que ajudaram a promover uma reconfiguração dos espaços de sociabilidade e lazer. Compreender esse processo e sua relação com expressões da sexualidade em populações jovens das periferias das grandes cidades é o objetivo deste trabalho.

**Metodologia:** Estudo qualitativo baseado em observação etnográfica e entrevistas com jovens em uma região periférica da cidade de São Paulo, caracterizada por ser uma das áreas mais pobres da cidade, com altas taxas de violência e tráfico de drogas.

**Resultado e discussão:** As redes sexuais de jovens tendem a se organizar geograficamente no contexto da comunidade, aqui entendida como espaço geográfico, social e cultural configurado como um "território", no qual os jovens compartilham valores e práticas. Na ausência de equipamentos públicos de cultura, espaços de sociabilidade diversificados são criados pela própria população jovem, de modo mais ou menos organizado.

São os chamados "rolês": formas de interação de jovens com uma linguagem própria, nos quais "colam" ou frequentam distintos grupos. Há rolês de "diversão" e de "pegação", onde o "sexo ao vivo" pode ocorrer. A circulação por esses espaços define até certo ponto como os jovens são percebidos por seus pares. As redes sociais são usadas intensivamente para viabilizar encontros e para situar quem é quem nas "quebradas", ou seja, o "histórico" de cada um/a. O uso de camiseta se relaciona a esse "histórico", e é rapidamente dispensado se a garota tiver bom "histórico": "eu posso ser sujo, mas ela tem que ser limpa".

**Recomendações:** Entender como a sexualidade juvenil se expressa nesses territórios periféricos é fundamental para o sucesso de qualquer proposta de intervenção junto a essa população.

**Palabras clave:** Gênero, Sexualidade, Jovens

**Fuente de financiamiento:** CNPq, CFAR/NIH

**Conflicto de interés y declaración de divulgación:** Ninguno

## Variables Predictoras de la Permanencia o Separación de las Parejas Heterosexuales

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La relación de pareja ha presentado diversas crisis lo que la a llevado a constantes modificaciones en los últimos años. Se atribuye que esta se constituye por amor y se mantiene por el mismo, con la finalidad de esperar estabilidad y un plan ideal que será

permanente. Se buscó explicar el grado de asociación de las variables depresión, ansiedad, estilos de afrontamiento, satisfacción marital y satisfacción sexual y como inciden en la permanencia o separación de la pareja heterosexual. Se trabajó con una muestra no

probabilística por cuotas integrada por 300 personas ciudad de Toluca, Estado de México, repartidas equitativamente por sexo, con un rango de edad de 23 a 45 años. Como instrumento de recolección de información, se aplicaron Inventario de Depresión de Beck BDI (1991), Inventario de Ansiedad de Beck BAI (1988), Prueba Multidimensional y Multisituacional de Enfrentamiento a los Problemas de Góngora (2000), Cuestionario de Satisfacción Marital Díaz Loving, 1995; Rivera y Díaz Loving, (2002) y la Escala de Satisfacción Sexual de García (2007). Las aplicaciones se hicieron de manera individual. Los resultados obtenidos dejan ver que las mujeres separadas presentan un nivel más elevado de depresión y ansiedad, los hombres casados son quienes obtienen los puntajes más

bajos en depresión y ansiedad y mejor puntuación en afrontamiento, satisfacción marital y sexual las variables que mejor predicen la permanencia de la pareja son la satisfacción marital y sexual en ausencia de depresión, lo que hace que los individuos permanezcan en la relación. Se concluye que la satisfacción marital es la variable que predice la conservación de la relación de pareja. Se recomienda estudiar otras variables se que se consideren determinen la permanencia o separación en las relaciones de pareja.

**Palabras clave:** satisfacción marital, satisfacción sexual, depresión

**Conflicto de interés y declaración de divulgación:** Ninguno

## Pornography: The Good, the Bad and the Ugly

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**Activism:** Pornography, for which we prefer the term “erotic Material”, is one of the permanent and classic debates in the field of sexology. We analyze first some of the good aspects of pornography as an education tool, showing “the way to” perform in almost every practice in the sexual arena from eroticism and masturbation to anal sex and sadomasochistic practices. Also, making the sexual practice more accessible, less taboo; given the user or the couple an instrument for arousal and excitement to education. It’s a good resource against monotony, one of the most insidious factors against monogamy; reinforces a sexual open mind and shows enough variety of sexual behaviors to be able to satisfy any sexual tendency. Some of the bad and ugly aspects: development and reinforcement of false expectations, creation of a sexual world that’s distant from the reality; in more than 96% of the material produced, the focus has gender bias and a machinist way to perform the themes. For example, it is less

common to view a women reaching an orgasm in films and there are exaggerated sexual reactions, occasionally violent images, further than rough sex, inside the field of sexual abuse; promotion of sexual myths: “the better sex with the largest penis”; sex is associated with vulgar language more than with respectful and enjoyable manifestations of the act. For some insecure members of the couple, erotic material can be seen as a competence and produce jealous reactions.

### Reference:

Carr, Sam. 2017. ‘How Pornography Removes Empathy – And Fosters Harassment and Abuse.’ *The Conversation*, Nov 1. <https://theconversation.com/how-pornography-removes-empathy-and-fosters-harassment-and-abuse-86643>

**Keywords:** Pornography, Good & bad effects,

**Conflict of Interest and Disclosure Statement:** None

## Psychosocial, Affective and Sexuality Considerations in Development in Turner's Syndrome

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**Introduction and Objectives:** Turner's syndrome is a disorder of the sex chromosomes that affects women, having as main features short stature and gonadal dysgenesis. The diagnosis is made by a chromosomal study that reveals in the absence of an X chromosome (45, X) in 50% of the cases, mosaicism or structural anomalies can occur. There is little information on behavior and sexuality in adulthood and the present study aimed to analyze the quality of life, psychosocial difficulties, affective and sexual life, perspectives and hopes in Turner Syndrome.

**Method and Sample:** The data collection was done by the application of a semi-structured questionnaire to 7 young people with Turner Syndrome who performed genetic evaluations, through informed consent and preservation of anonymity, according to the bio-ethical standards recommended in the Helsinki Convention.

**Findings and discussion:** In 66% of the cases, simple X monosomie occurred, in the other, mosaics with numerical or structural alterations – 45, X / 46, XX and 45, X / 46, X, r (X). The most common health and development complaints were low stature, secondary amenorrhea and osteoporosis in women over 30. It was identifying difficulties in socialization and social inclusion and also female empowerment attitudes. Participation in social and religious groups offers new possibilities for socialization.

**Recommendations:** Considering the negative social impact for the differences and deficiencies, the psychosocial support in Turner Syndrome is an important intervention in the quality of life, being able to encourage social activities and emotional maturation.

**Keywords:** Turner Syndrome, Sexuality

**Conflict of Interest and Disclosure Statement:** None

## ¿Conocimiento Factor Protector o de Riesgo para Prevenir Conductas Sexuales de Riesgo?

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**Introducción & objetivo:** El VIH/Sida y las infecciones de transmisión sexual continúan siendo uno de los problemas de salud pública más graves del mundo; en 2015, se estimó que 36,7 millones de personas estaban infectadas con el VIH. Cada día más de 1 millón de personas se infectan con una ITS. Entre los grupos de mayor riesgo se encuentran los adolescentes, entre 10 y 19 años. La incidencia de adolescentes aumentó entre 2006-2016 de 2.6 a 4.8%. Entre los factores de riesgo se encuentra el déficit de conocimiento sobre temas de sexualidad. El estudio del conocimiento del VIH/Sida se considera un primer paso básico en el proceso educativo y la prevención de la enfermedad. Evaluar el conocimiento de los adolescentes sobre el VIH / SIDA y la correlación con las conductas sexuales de los adolescentes.

**Métodos:** El diseño descriptivo, correlacional y transversal, muestra 377 adolescentes, edades de 11 y 16.

**Resultados y Conclusión & recomendaciones:** La media de edad fue 13 años, 56.8% eran mujeres y 43.2% hombres. Con respecto a si estaban en una relación, 76.9% eran solteros y 23.1% estaban en una relación. El 4.8% de los participantes reportaron tener una vida sexual activa; El 0,8% utilizaron condón. La edad media de inicio de la vida sexual activa fue de 13.6 años; el 43.2% mencionó que nunca había recibido educación sexual. La relación entre las variables se encontró que el conocimiento sobre ITS / VIH, la edad y el grado escolar se correlacionaron positiva y significativamente. Los de mayor edad, más alto nivel escolar y más alto es el nivel de conocimiento, presentan conductas sexuales de riesgo. El tener

conocimientos no garantiza que los adolescentes realicen conductas sexuales seguras. Se debe de proporcionar cotextos sociales y educativos con acceso a información sexual que promueva conductas sexuales seguras y el autocuidado en los adolescentes.

**Palabras clave:** Conocimiento, conductas sexuales, adolescentes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Infidelidad, su Percepción, Consecuencias y Opciones Terapéuticas en una Muestra de Hombres y Mujeres Mexicanos/as

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**Introducción y objetivo:** La infidelidad es un motivo de consulta común en terapia, y aunque regularmente se trata de manera individual o en pareja, el empleo alternativo de grupos de autoayuda ha sido poco explorado en la práctica y en la investigación.

Se realizó un estudio descriptivo para conocer algunos aspectos relacionados con la infidelidad, sus consecuencias percibidas y la aceptación de grupos de autoayuda para quienes la han vivido.

**Metodología y resultados:** Se elaboró un cuestionario con 30 ítems relacionados con la infidelidad, sus consecuencias percibidas y aceptación de distintos tipos de terapia. Participaron un total de 103 sujetos (65% mujeres, 38% hombres) con edades desde 18 a 76 años ( $M= 33$ ). Los resultados muestran: 53.6% de los hombres y 50% de las mujeres si han sido infieles alguna vez. No se encontró relación estadística entre la infidelidad y la escolaridad o edad de los sujetos. Un 88% dijo haber sido afectado por causa de una

infidelidad; el 84% expresó dificultades en las relaciones sexuales, el 88% reportó depresión y el 52.2% expresó dificultad para entablar relaciones con futuras parejas. Un 75% consideraría ir con un terapeuta de manera individual, el 82% ir en pareja, y el 43% acudirían a un grupo de autoayuda (para reintegración de la pareja o lograr una ruptura en buenos términos).

**Conclusiones, propuestas:** El presente estudio muestra que la infidelidad es un fenómeno extendido y que afecta a individuos y parejas. Un porcentaje importante de sujetos en esta muestra en la terapia una opción de apoyo, incluida la posibilidad de asistir a un grupo de autoayuda, por lo que explorar las expectativas de hombres y mujeres al respecto puede ser de gran utilidad.

**Palabras clave:** Infidelidad, Consecuencias, Terapia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Anal Sex: Prevalence, Motivation & Satisfaction in the Multi-Ethnic Women of South Florida

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The goals of this study were to determine the prevalence and motivation of the practice of anal sex in females of South Florida, USA; to analyze the personal and social elements that motivate this practice, to have a greater understanding of the variability of the expression of the human sexual behavior and understand the implications and consequences of this practice.

Based on the sexual history that we apply to each of our patients and in the questionnaire developed regarding anal sex in our Center, answered by accepted volunteers participating in the study, the prevalence and motivations that induce the practice of anal sex were studied in a multi-ethnic group of women of South Florida. The origins, conditions under this practice take place, the acceptance or rejection and the reasons for,

as well as the cultural aspects that surround this practice, advantages, disadvantages, complications and enjoyment are analyzed. The importance in the medical and sexological practice of its boarding is highlighted.

**Keywords:** Anal sex., Attitudes

**Conflict of Interest and Disclosure Statement:** None

## Variables Psicosociales y Conductuales de Riesgo en Universitarios con Historia de Embarazo

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**Introducción:** Las personas con antecedente de embarazo tienen un patrón de comportamiento sexual riesgoso (Enríquez y Sánchez, 2016); el mejor predictor de un segundo embarazo es el primero (Damle et al., 2015). Esto denota la persistencia de conductas que incrementan el riesgo de tener otro hijo sin planearlo, pero también la adquisición de ITS. Existen variables psicosociales y conductuales asociadas a la inconsistencia del uso del condón (Noar, 2007) e identificarlas sería valioso para diseñar programas de intervención acorde con el perfil de riesgo de esta población.

**Objetivo:** comparar variables psicosociales y conductuales entre universitarios que han tenido, y no, un precedente de embarazo con el propósito de identificar factores de riesgo para la salud sexual.

**Método:** muestreo aleatorio estratificado, participaron 405 universitarios con experiencia sexual, 9.3% habían tenido un precedente de embarazo y 90.7% no. Se evaluó la autoeficacia e intención para usar preservativo, conocimientos sobre VIH/ITS/condón, estereotipos de género, la frecuencia de la comunicación sexual con padre, madre y pareja, estilos de negociación del condón con la pareja y fallas en el uso del preservativo.

**Resultados:** los estudiantes con historia de embarazo tienen menor autoeficacia e intención para usar condón en comparación con los universitarios quienes no han tenido precedente de embarazo. Solo el estilo de negociación del preservativo basado en la acomodación fue mayor en quienes han tenido un embarazo. Todas estas diferencias fueron estadísticamente significativas.

**Conclusiones/Recomendaciones:** los programas de intervención podrían centrarse en entrenar habilidades para negociar el condón con la pareja y evitar ajustarse a sus deseos. Incidir en la autoeficacia e intención para usar preservativo permitiría empoderar a los jóvenes para cuidar su salud a través de la modificación de sus percepciones y creencias. Las intervenciones deben ir más allá de brindar información; para centrarse en aspectos cognitivos-conductuales específicos para evitar comportamientos de riesgo.

**Palabras clave:** condón, adolescentes, embarazo

**Fuente de financiamiento:** Trabajo realizado con apoyo del Programa UNAM-DGAPA-PAPIIT-IA301616.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Infidelidad, Inteligencia Sexual, Impulsividad Sexual y Bienestar Psicológico en una Muestra de la Ciudad de Campeche

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La sexualidad implica un amplio espectro de factores que pueden relacionarse entre sí, entre algunos de

estos factores se encuentra la infidelidad: la conducta romántica y sexual que se da fuera de una relación de



pareja; la inteligencia sexual que se entiende dentro de la inteligencia general y nos permite visualizar la sexualidad humana; el bienestar psicológico que abarca situaciones subjetivas, sociales y psicológicas, así como comportamientos relativos a la salud y; la impulsividad sexual concepto también conocido como la adicción al sexo (Afifi, Falato y Weiner, 2001; Conrad & Millburn, 2002; García-Vinegras, 2005; Turner et al. 2014). El objetivo de esta investigación fue analizar la relación entre las variables mencionadas en una muestra de Campeche, para lo que se aplicó el Inventario multidimensional de Infidelidad (Palencia, Aragón & Díaz-Loving, 2007), el Coeficiente de Inteligencia Sexual (Millán & Álvarez-Gayou, 2012), la Escala de Bienestar Psicológico (Sánchez, 1998) y la Prueba de Compulsividad Sexual (Kalichman, 2001). Se trató de una investigación ex post-facto con un alcance correlacional y un enfoque cuantitativo, la muestra fue no probabilística de 400 personas. Tras el análisis de los

resultados, se identificaron correlaciones significativas ( $p < 0.050$ ) entre infidelidad sexual, deseo de infidelidad emocional e insatisfacción en la relación primaria; esta última se relaciona con la inestabilidad. Así mismo, las ideologías y normas se relacionan con impulsividad; la que, a su vez, tuvo correlaciones significativas con agresión. La transgresión a la relación se asoció a insatisfacción. Por otro lado, la impulsividad sexual se asoció de manera negativa a la autoconciencia. Es importante entender la forma en que algunas variables asociadas a la sexualidad interactúan para establecer de manera más eficaz mecanismo para la promoción de la salud sexual.

**Palabras clave:** Infidelidad, Inteligencia Sexual, Impulsividad Sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Primeras Conductas Erótico-Sexuales en una Muestra de la Ciudad de Campeche

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La concepción de la sexualidad se amplió para incluir en su definición la búsqueda de fines placenteros y no exclusivamente reproductivos, lo cual implicó nuevas pautas de comportamiento (Cajiao, 2007). En este sentido, por medio del conocimiento de la visión y aceptación de ciertos comportamientos sexuales es cómo se podrá comprender el contexto actual de la sexualidad. (Gómez & Salinas, 2010). La presente investigación tuvo como objetivo analizar las primeras conductas erótico-sexuales en una muestra de la ciudad de Campeche; se trató de una investigación ex post-facto con un alcance correlacional y un enfoque cuantitativo, la muestra fue no probabilística de 400 personas a la cual se aplicó un cuestionario con la finalidad de conocer la edad de sus primeras experiencias erótico-sexuales. Tras el análisis de los resultados, se identificaron correlaciones significativas ( $p < 0.050$ ) entre la edad en la que se experimentó por primera vez el coito; la edad de inicio de conductas asociadas a la masturbación y la edad en la que se experimentaron

por primera vez conductas asociadas al sexo oral. Las correlaciones más fuertes ( $p < 0.010$ ) se encontraron entre la edad en la que se dio sexo oral a otra persona por primera vez y la edad en que se experimentó ser masturbado por otra persona. No se encontraron correlaciones significativas entre el número de parejas sexuales y el tiempo de relación con la pareja actual, ni entre el número de parejas sexuales y las edades de inicio de las conductas erótico-sexuales. El coito se asocia al inicio de otras conductas sexuales sin fines reproductivos. Es importante continuar generando investigación respecto a las conductas sexuales eróticas que se practican en la actualidad en contextos específicos para promover la salud física y psicológica respecto a sexualidad.

**Palabras clave:** Conductas sexuales, Erotismo, Sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexting and Safer Sex Behaviour

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**Introduction:** Research has explored the connection between safer sex behaviours and sexting, the sending of sexually explicit text, picture or video messages. This literature generally defines safer sex as condom use. Some research has found that those who sext are less likely to engage in safer sex behaviour, while other research has been unable to find a reliable difference between those who sext and those who do not sext on safer sex behaviour. These inconsistent results may be influenced by the way safer sex behaviours are measured. Sexting research consistently shows that most sexters are sexting with their romantic partners. People in committed relationships are less likely to use condoms, opting for other forms of protection, such as contraceptive pills and/or STI testing. The current study aims to expand the behaviours included in safer sex behaviours to better understand the connection between safer sex behaviours and sexting.

**Method:** Participants completed an online survey asking about their sexting activity and safer sex activities, including condoms, other forms of contraception, and STI testing. Participants were university students

and community members in monogamous intimate relationships.

**Results:** Preliminary data demonstrates that when safer sex behaviour is restricted to only condom use, there is no significant difference between sexters and non-sexters safer sex behaviour. When other forms of contraception and STI testing are included in the determination of safer sex behaviours, those who sext are significantly more likely to engage in these safer sex behaviours, than those who do not sext.

**Conclusions:** The current definition of safer sex behaviours in the sexting literature may not fully represent the actions those in romantic relationships take to prevent STIs and unwanted pregnancy. This research shows that considering behaviours other than condom use is important, as different results emerge when considering broad contraceptive use and STI testing.

**Keywords:** sexting, safer sex behaviour

**Conflict of Interest and Disclosure Statement:** None

## Revisão da Literatura Sobre Abuso Sexual na Psicologia

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**Introdução e Objetivos** O abuso sexual tem sido um problema de saúde pública em âmbito nacional e com isso um problema social. Por esse, motivo o presente trabalho teve como objetivo investigar o material produzido na área da psicologia com a temática abuso sexual quantificando aspectos do mesmo.

**Metodos, Amostra e resultados** A pesquisa se caracteriza por ser uma revisão bibliográfica feita por meio de periódicos eletrônicos PePSIC no período de março de 2016 à fevereiro de 2019, com as palavras abuso sexual, entre os 67 artigos encontrados no período do ano de 2011 a 2018, foram selecionados 34 resumos dos artigos, visto que estes se enquadraram nos critérios de inclusão. Os maiores números de

publicações ocorreram no mesmo ano que foi sancionada uma lei com a obrigatoriedade de assistência a vítima pelo Sistema Único de Saúde, e as intervenções serem efetivas.

**Conclusões e recomendações** Apesar do abuso sexual, atualmente ter um pouco mais de atenção, apenas em 2003 a secretária de direitos humanos da presidência da república criou um portal exclusivamente para essas denúncias em âmbito nacional. Os números de denúncias são bem menores do que efetivamente acontecem. Uma das dificuldades encontradas, são as carências de estudos nacionais sobre o tema, muitas vezes predomina o senso comum. Há limitações nas bases de dados descritivas, com isso

pode se entender que os objetivos de pesquisas atingidos parcialmente teve um número muito próximo aos objetivos atingidos, talvez pela dificuldade de encontrar ou dar continuidade para falar sobre o tema.

**Palabras clave:** Abuso, abuso sexual, psicología

**Conflicto de interés y declaración de divulgación:** Ninguno

## More Frequent Sexual Behaviours in a Paraguayan Sample

Ariel González Galeano, María Rosa Appleyard Biscotti, Carola Flores Vargas and María Eugenia Gaona Báez

ECIS – Educación, Clínica e Investigación en Sexualidad, Paraguay

This abstract describes most frequent sexual behaviors in a Paraguayan sample. Sexology is a growing area in Paraguay and more research is needed in order to describe realities and needs regarding sexuality. ECIS – Education, Clinic and Research in Sexuality is the organization that generates Paraguayan sexual data.

**The objective** was to describe most frequent sexual behaviors through an anonymous survey in people above 18 years old. The sample was 198 persons who completed the survey in October 2018.

**Results:** Persons from 18 to 35 years were 79%. 76% identify as female gender; 17% male and 7% didn't answer. In regards sexual orientation 70% were heterosexual; 4% homosexual; 6% bisexual; 1% Asexual heterosexual; 1% (1 person) marked heterosexual and homosexual and 20% didn't answer. The majority (67%) has university level. Only 36% answered they use condoms in all sexual relations. 10% said never. 35% has from 1 to 2 times sex per week; 15% from 2 to 4 and 8% more than 4 times per week. 38% do not

have sex in a week period. 4% didn't answer. 78% practiced masturbation. 69% answered he/she could initiate a sex contact as well as his/her couple. 67% have had sex with only 1 person in the past 12 months. 20% from 2 to 4 persons; 7% 4 or more and 6% with no person. Didn't answer 1%. 72% never mixed sex and drugs. Vaginal sex is the most frequent contact (92%); oral 66% and anal 23%. 19% had non heterosexual sexual experiences. Kisses and touching was the most frequent behavior before sex (87%); 12% mentioned role playing. In regards non-traditional practices, fetishism was 11%; exhibitionism 10%; sado-masochism 14% and voyeurism 2%.

We can affirm that diverse sex is also a reality in Paraguay. A bigger sample is important to have.

**Keywords:** Sexual behaviour, Paraguay, Sexual diversity

**Conflict of Interest and Disclosure Statement:** None

## The Importance of Sexuality in the Narratives of Older Adults

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**Introduction & objectives:** With a growing population of older adults in the Western world, the topic of sexuality and aging is becoming increasingly present in the literature. Although there are multiple benefits of sexual activity in seniors' health and quality of life, there is some evidence suggesting that not all older adults view sexuality in the same way. To provide additional insight into older adults' own narratives of sexuality, the present study aimed to explore the

meaning of sexuality as defined by older women and men.

**Method & sample:** Semi-structured interviews were conducted with women and men aged 65 and over living in Poland. The main topics of the interviews included attitudes towards sexuality, present sexual activity, and sexual history. The sample consisted of 27 older adults (age range =65-89, mean =74; 15 women; 12 in a relationship). The interviews were recorded,

transcribed, and analyzed using the thematic analysis approach.

**Finding & discussion:** Although the narratives were sometimes ambiguous, two overarching themes were identified: the importance of sexuality within the individual (IC) vs. the relationship context (RC). Among men, IC was a more dominant narrative and sexuality was often seen as both a driving force and a defining factor of manhood. Among women, RC was more important due to the role women saw sexuality played in creating and maintaining the partnership bond, ‘preventing’ a partner from deferring or easing marital quarrels. This seems to be consistent with the Polish

cultural context, where traditional and religious values are prominent, particularly among an older generation. Other themes and subthemes will be discussed.

**Recommendations:** This study provides some insights into the importance of sexuality for older adults in a specific cultural setting. To broaden the explanatory power of these findings cross-cultural comparisons are needed.

**Keywords:** older adults, importance, narratives

**Source of Funding:** DSC Grant, Jagiellonian University

**Conflict of Interest and Disclosure Statement:** None

## Arousal in Character – Embodied Erotic Roleplay in Larp and BDSM

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**Introduction & objectives:** *Erotic roleplay* exists in subcultures, outside the bedroom. Through *live action roleplay (larp)* players are living in fictional, physical worlds for hours or days, embodying a character and share stories with 10 to 100 others. How do these players engage in amorous interaction, in character? Sometimes the design try to avoid arousal, but there are emerging cultures of larps designed for strong emotions, also sexual arousal.

In *BDSM sub-cultures*, the goal of the roleplaying games seems to be arousal. However, both play cultures use fictional characters to express sexualities, genders and relationships outside the norms of the societies they live in.

This poster will give examples of the techniques games use for negotiation and transgressive erotic roleplay, and discuss the relevance for therapy and education.

**Method & Sample:** Systematic meta-analysis of literature about erotic roleplay; This poster will focus on meta-techniques and negotiations designed for the purpose of amorous interaction in fictional characters. The research field is at the intersection of sociology and game studies.

The sample for the study of larps is international transgressive games of Nordic larp communities; These events include between 24–120 participants, all genders, age 18–70.

The sample for BDSM communities is the “Wish” communities: Queer female kink and bdsm communities, for women, trans\* and inter-people. The participants are female-, non-binary and trans-genders, age 18–60.

**Findings & discussion:** Structured *erotic roleplaying* games can include negotiation and meta-techniques, which in sum may offer a safe way of exploring transgressive sexualities. It is likely that this kind of roleplaying might develop sexual identity and relationships.

**Recommendations:** Further research on larp- and bdsm-practises designed for amorous interaction can give new methods to consider in the fields of sexual education, queer theory, couple therapy, and maybe in restorative therapeutic work.

**Keywords:** roleplay, arousal, game cultures

**Conflict of Interest and Disclosure Statement:** None

## Is it Manly Enough? A Meta-Synthesis about Men's Sexual Behavior and the Impact of Hegemonic Masculinity

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In western contemporary society men are subjugated by the impact of hegemonic masculinity. As such, there are several consequences in their daily lives, especially regarding to sexuality. However, few research has been developed about the effect of hegemonic masculinity on men's sexual behavior. The aim of this study is to access narratives about how men experience sexual behavior in relation to this heteronormative and patriarchal society. We are conducting a meta-synthesis of several journal articles on men's sexual behavior and hegemonic masculinity. Expected results materialize in themes about harassment and sexual violence; talking about sex; sexual fluidity; and tensions between gender and sexual behavior. Furthermore, with regard to sexual experiences, many men who are assumed to be heterosexual, often

experience same-sex sexuality as threatening. This meta-synthesis emphasizes the complex relationship between men's sexuality and the influence of hegemonic masculinity, revealing important health and well-being effects on men. Additionally, it highlights a dynamic relation that affects not only men, but also their partners in sexual relations.

**Keywords:** hegemonic masculinity, men sexual behavior, meta-synthesis

**Source of Funding:** This work was supported by grants from the Portuguese Foundation for Science and Technology (CPUP UID/PSI/00050/2013; SFRH/BD/132267/2017; FEDER/COMPETE2020 POCI-01-0145-FEDER-007294).

**Conflict of Interest and Disclosure Statement:** None

## How Japanese Adolescents' Sexual Behaviors have Changed?

Yusuke Hayashi

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**Introduction:** In Japanese society, adolescents' sexual behavior is taboo in sex education in schools and public situations. However, in fact many people experience sexual intercourse before their marriage and also there are many unintended pregnancies among Japanese youth. In order to educate young people about sexuality and reproductive health, it is necessary to grasp the actual situation of their sexual behaviors. We have been conducted 8 times nationwide surveys on sexual behaviors such as experiences of dating, kissing and sexual intercourse among Japanese youth in every 6 years since 1970s. Using these surveys, this presentation aims to describe how Japanese adolescents' sexual behaviors have changed.

**Method and Sample:** The latest 8th survey in 2017 includes 2504 junior-high school students, 2578 high school students and 2558 university students in all

over Japan. I compared cumulative experience rates of sexual behaviors between 4 generations (born in 1970s (1970-79), 1980s (1980-89), 1990s (1990-99) and 2000s (2000-04) using the data which merged the 3rd survey (1987) to the 8th survey. The total sample size is 45161.

**Results:** The dating experience is more active for newer generations. Experience rates at the 7th grade are 10% for the oldest 1970s cohort and over 20% for the newest 2000s cohort in both males and females. However, the most active in the kissing and sexual intercourse experience is the 1980s cohort, and following cohorts tend not to experience or tend to experience later than 1980s cohort. The sexual intercourse experience rate at the age of 17 of male respondents is 30% in the 1980s cohort and 13% in the 2000s cohort, while it of female respondents is 27% in the 1980s

cohort and 18% in the 2000s cohort. In the newest 2000s cohort, females tend to experience sexual intercourse earlier than males unlike elder cohorts.

**Keywords:** adolescent, survey data, Japan

**Conflict of Interest and Disclosure Statement:** None

## Rol de Género Sobre las Conductas Sexuales de Riesgo en los Jóvenes Mexicanos

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**Introducción:** La Encuesta Nacional de la Dinámica Demográfica indica que la población joven de 15 a 29 años es de 29.9 millones, representando así el 24.9% de la población total y el 44.9% refirieron no haber utilizado un método anticonceptivo durante su primera relación sexual, lo que expone a enfermedades de transmisión sexual o embarazos que implican peligro para la vida de la madre.

**Objetivo:** Evaluar la relación entre el rol de género y las conductas sexuales de riesgo en los jóvenes.

**Métodos:** estudio cuantitativo, transversal, correlacional, aplicado a una muestra de 735 jóvenes de 18 a 24 años de edad, con vida sexual activa, sin que practiquen sexo transaccional y que hayan aceptado participar en el estudio previamente la firma del consentimiento informado. Se utilizaron los inventarios IMAFE para masculinidad /feminidad y EESU para medir conductas sexuales de riesgo. Estudio sin riesgo de acuerdo al Reglamento de la Ley General de Salud en materia de Investigación.

**Resultados:** Rango de edad 18 a 24 años,  $X = 20.3 \pm 1.6$ , 42.5% era mujer, 52.5% refirió ser soltero con relación de noviazgo, 15.1% presento alguna

vez una ITS, 35% no utiliza algún método de protección, 32.5% cuenta con nivel socioeconómico medio, 64.2% era heterosexual, 58% refirió tener un rol sumiso. 54.2% ha tenido sexo bajo condiciones riesgo: consumo de drogas / alcohol, sexo ocasional. Relación entre las variables  $\chi^2 = 2.34$   $p = 0.031$ .

**Conclusión:** La prevención secundaria de enfermería es un buen elemento para aumentar aspectos relevantes como la asertividad sexual en los jóvenes con conductas sexuales de riesgo, de tal manera que la conducta de las personas puedan verse reflejada en actos responsables y que identifiquen su salud como un elemento indispensable.

**Recomendación:** Generar alguna iniciativa y campañas para reforzar los distintos roles de género y disminuir aspectos negativos que afectan la salud.

**Palabras clave:** Género, Conducta de riesgo, Sexualidad

**Fuente de financiamiento:** Universidad de Guanajuato. Dirección de Investigación y Posgrado

**Conflicto de interés y declaración de divulgación:** Ninguno

## Comparación de Satisfacción Sexual en Hombres y Mujeres

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**Introducción y Objetivo:** La satisfacción sexual se entiende como una respuesta afectiva que surge por la evaluación de los aspectos positivos y negativos asociados a las relaciones sexuales. Es una valoración subjetiva que depende de elementos internos y externos de

cada persona, además la satisfacción sexual es importante de la salud integral de las personas ya que proporciona bienestar. El objetivo fue comparar la percepción de satisfacción sexual entre hombres y mujeres.



**Metodología:** Se trata de una investigación exploratoria descriptiva de una encuesta realizada vía internet en 2015 del Índice de Satisfacción Sexual (ISS de Hudson et al.), participaron en forma anónima y voluntaria hombres y mujeres previa aceptación, entre 18 y 70 años de edad. La muestra quedó conformada por 2,551 participantes.

**Resultados:** Mexicanos 85%, latinoamericanos 12%, hombres 36.5%, mujeres 63.5%, heterosexuales 89% mujeres, 82% hombres, consideran que su pareja no disfruta sexualmente el 16% mujeres vs. 30% de los hombres; consideran su vida sexual excitante 59% mujeres y 63% hombres, la vida sexual es monótona 21% mujeres y 17% de los hombres; falta calidad en la vida erótica 23% mujeres 21% hombres; la pareja exige mucho sexualmente 11% mujeres y hombres, la pareja

no quiere cuando la otra parte quiere tener sexo 12% mujeres vs 18% hombres; consideran su vida sexual aburrida el 17% mujeres 16% hombres; consideran satisfechos sexualmente 72% mujeres y 71% hombres.

**Conclusiones:** Respecto a la percepción de satisfacción sexual es muy parecida en hombres que mujeres; sin embargo, algunos aprendizajes de género pueden estar involucrados en dichos resultados. Son más los hombres que consideran que la pareja no disfruta sexualmente, sería interesante preguntar si las mujeres fingen el orgasmo y consideran monótona la vida sexual más hombres que mujeres.

**Palabras clave:** satisfacción, hombres, mujeres

**Conflicto de interés y declaración de divulgación:** Ninguno

## Intersexuation in Burkina Faso: Conceptions and Logic among Moose

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**Introduction and objectives:** The purpose of this paper is to analyze the representations of intersexuation among the Moose in Burkina Faso, as well as its social management. In a context where the conception of gender is essentially binary, in this case in West African, male/female societies, intersexuation that does not respond to this social logic happens to be the subject of rather negative representations. In Burkina Faso among the Moose and Senoufo, the arrival of a malformed child is interpreted as a misfortune that falls on the family, the incarnation of a malefactor genius etc. (Bonnet D, 1994).

How is intersexuation defined among the Moose? What is the attitude of the population towards an intersex person? What is the place of the intersex in Moaga society? To answer all these questions, we will rely on classical gender theory and social representation theory (Jodelet, 1989).

**Methodology and Sample:** This research combines secondary data with field data collected during interviews with two traditional chiefs, seven traditional healers, and ten parents of intersex children in the city of Ouagadougou. The interviews focused on knowledge and explanation of intersexuation, traditional rites and

care, people's attitudes and behaviour towards intersex people, and self-perception of intersex individuals.

**Findings and discussion:** The data reflect knowledge of the existence of intersexuation because almost all participants said they had seen an intersex person. Society systematically assigned them a female gender identity and women played a role in managing the "secret" as long as possible.

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**Keywords:** Gender, Social representations, Intersexuation

**Conflict of Interest and Disclosure Statement:** None

## Psychosocial Factors and Quality of Sexual Life of the MSM Engaging in Chemsex in Poland

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**Introduction & objectives:** Chemsex is a colloquial term used by gay, bisexual, and other men who have sex with men (MSM) in Poland to describe the use of psychoactive substances (usually typically mephedrone and GHB/GBL) during sex. This study sought to understand the personal and social context of chemsex and finding primary and secondary factors that could have an impact on this type of behaviours. Use of these drugs by gay, bisexual, and other men who have sex with men (MSM) in Poland looks to have risen sharply from relatively low levels and, as yet, there is little data to inform appropriate harm reduction services.

**Methods:** Six focus groups were conducted with 48 self-identifying gay men (age range 18–56) who currently lived in Warsaw, and who had used mephedrone, GHB/GBL or both immediately before or during sex with another man during the previous 12

months. Data were subjected to a thematic analysis. Data from the focus groups were linked to 220 surveys conducted at the same time throughout Poland among the same of group of clients.

**Results:** The authors will present the results of the study and key findings.

**Conclusion & recommendations:** It is expected that the study may provide a significant contribution to the knowledge' development about the psychosocial and psychosexual functioning of MSM engaging in chemsex. Moreover, it is predicted that our result may have practical influence on harm reduction interventions and sexological psychoeducation among this group.

**Keywords:** chemsex, MSM, drugs

**Source of Funding:** MAC AIDS FUND

**Conflict of Interest and Disclosure Statement:** None

## Sexual Dysfunctional Beliefs Questionnaire and Sexual Awareness Questionnaire – Polish Adaptation

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**Introduction & objectives:** There is a lack of Polish studies describing sexuality of students in terms of their beliefs and awareness. This study is aimed to develop Polish adaptation of Sexual Dysfunctional Beliefs Questionnaire (Nobre PJ, Pinto-Gouveia J, &

Gomes FA, 2003) and Sexual Awareness Questionnaire (Snell WE Jr, Fisher TD, & Miller RS, 1991)

**Method(s) & Sample:** The permission for Polish adaptation was obtained from the authors of the original questionnaires. The adaptation process was

carried out in accordance to the protocol including: translation, back translation and testing psychometrical properties. The data were collected from a group of 100 subjects, including young Polish adults aged between 18 and 30 years, mostly students from Maria Grzegorzewska University, Warsaw, Andrzej Frycz Modrzewski Krakow University, Cracow and Wroclaw Medical University. All subjects underwent a detailed sexological assessment and completed both: Sexual Awareness Questionnaire and Sexual Dysfunctional Beliefs Questionnaire (Male and Female Version).

**Results:** The authors will present the results of the Polish adaptation.

**Conclusion & recommendations:** Development of Polish version of Sexual Awareness Questionnaire (SAQ) and Sexual Dysfunctional Beliefs Questionnaire

provides the tools to analyse the studied variables and further cross-cultural investigation. It is expected that the study may provide a significant contribution to the knowledge development of the psychosexual functioning of young Polish adults.

Nobre PJ, Pinto-Gouveia J, & Gomes FA. Sexual Dysfunctional Beliefs Questionnaire: An instrument to assess sexual dysfunctional beliefs as vulnerability factors to sexual problems. *Sex Relation Ther.* 2003; 18 (2): 171–204

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**Keywords:** Questionnaire, Polish adaptation,

**Conflict of Interest and Disclosure Statement:** None

## Perceived Exposure to Minority Stress and Health in Transgender People – The Mediating Role of Resilience

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**Introduction & objectives:** According to previous research, transgender persons are both characterized by the greatest exposure to minority stress and highest prevalence of various health problems among members of the LGBTQ community. The relationship between stigma exposure and both physical and mental health problems has been relatively well investigated. Little is known, however, about protective factors that alleviate the negative impact of stigma on health. In this research we focus on the mediating role of resilience, understood as personal capacity to cope with stress, on both physical and mental health among transgender persons in Poland.

**Method & sample:** This study was conducted as a part of the greater project aimed at studying health determinants among Polish LGBTQ community members. The project was conducted through online research platform. Invitations to participate were distributed through emails, using snowball sampling

technique as well as through social media, mailing lists and websites of LGBTQ NGOs. Among research participants 98 persons described their gender identity as transgender with nearly 60% identified as nonbinary. The survey comprised demographic items, perceived exposure to stigma connected with LGBTQ identity, resilience scale and somatic symptom severity scale.

**Results and Conclusion:** We found significant relationship between stigma exposure and both depressiveness and somatic symptoms severity among transgender persons. Resilience significantly mediated the relationship between perceived stigma and depressiveness. However, we observed no mediating effect of resilience on the association between stigma exposure and somatic symptoms severity. Practical implications of our research results will be discussed.

**Keywords:** health, minority stress, transgender

**Conflict of Interest and Disclosure Statement:** None

## Experiences of People with Gender Incongruence: Stories of Adolescence

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**Introduction:** Gender incongruence (GI) is characterized by the incongruity between gender identity and sex designated at birth. It is associated with emotional and psychic problems and worse quality of life.

**Objective:** to know the experiences of people with GI, followed in a sexuality service, Medical School of Ribeirão Preto, University of São Paulo, with regard to adolescence.

**Methods and sample:** A qualitative study with 20 people with GI, who participated in a session where their experiences were accessed, through an interview, started with the trigger question “how was their discovery in relation to GI?”. This interview was recorded by signing the consent form. The analysis was performed by analyzing the BARDIN content.

**Results:** the categories elaborated from the interviews were: adolescence and the perception of the corporal changes; initiation of hormone treatment without a medical prescription; symptoms of anxiety and depression in relation to trans experience; appearance of secondary characters; the moment of communicating the GI to the family, the non-acceptance of family life and transphobia.

**Discussion:** Participants began hormonal treatment, mostly without a prescription, making indiscriminate use of hormones, unaware of adverse effects and health impact. The appearance of the secondary sexual characters was identified as a factor of much suffering. After the appearance of the secondary sexual characters, the participants experienced the urgency of assuming themselves before the family and the society and they had difficulty of socialization, they experienced symptoms of anxiety and depression. Negative feelings before and after bodily changes were related to transphobia, discrimination, social rejection and violence, often committed by the family itself.

**Conclusion:** adolescents were experienced by the participants as a period of suffering, with increased transphobia, onset of affective and social difficulties.

**Recommendations:** Educational measures and psychosocial care for adolescents presenting characteristics of GI and also for their relatives

**Keywords:** Gender incongruence, Adolescence, Mental health

**Conflict of Interest and Disclosure Statement:** None

## Distinguishing between Instrumental & Experiential Interest in Sexual Interaction in Sociosexual Research

Sarah Martin

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**Introduction & objectives:** Two competing analytical methodologies dominate the current literature about sexual stratification: the conceptualization of erotic capital not situated in a field and the sexual fields approach. Sociosexual research may be aided by considering whether interest in sexual interaction is instrumental, experiential, or both.

**Method(s) & Sample:** A literature review conducted during a qualitative content analysis of economic metaphor in pickup artist handbooks. Hakim represented the conceptualization of erotic capital not situated in a

field. Bourdieu, Martin & George, and Green represented the sexual fields approach.

**Findings & discussion:** The metaphorically constructed Sexual Market Place in pickup artist handbooks treats sex as a commodity that can be exchanged as a means to another end. There is a remarkable congruence between Hakim’s analysis of erotic capital not situated in a field and the metaphorical construction of woman-as-commodity in the Sexual Market Place.

Alternately, the sexual fields approach toward sexual stratification directly considers sex as an end goal. It defines erotic capital as “the quality and quantity of attributes that an individual possesses, which elicit an erotic response in another.” This erotic capital makes an individual more or less able to realise the end goal of sex. Sexual fields’ scholars question the explanatory power of erotic capital not situated in a field.

It is possible that these two methodologies have explanatory power in different contexts depending on the interest of individuals for engaging in sexual interaction.

**Recommendations:** This analysis points toward a concept of instrumental sex, sex as a means, running in tandem with experiential sex, sex as an end. Sexual stratification when sex is a means may differ from when sex is the end. Deliberately distinguishing between experiential and instrumental interest in the analysis of sexual sociality could provide important nuance to future sociosexual research.

**Keywords:** Economic sociology, pickup artists, masculinity

**Conflict of Interest and Disclosure Statement:** None

## The Relationship with Sexual Partners and Contraceptive Use Among Japanese Adolescents

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**Introduction & objectives:** This study focuses on the effect of the balance of power in relationships between adolescents and their sexual partners on the consistency of contraceptive use. In Japan, there are few researches regarding an association between adolescents’ contraceptive behavior and relationships with their sexual partner. According to the 8th National Survey of Sexual Behavior of Japanese Youth, however, more than 90 percent of high school and university students use a condom as contraceptive method. It suggests that male is more likely to have the initiative of decision-making about contraceptive use. Therefore, it is necessary to examine the effect of relationships between adolescents and their sexual partner on contraceptive behavior.

**Method & Sample:** The data used in this study were the 6th, 7th and 8th National Survey of Sexual Behavior of Japanese Youth conducted by the Japanese Association for Sex Education (JASE) in 2005, 2011 and 2017. Respondents of these survey were junior high school, high school and university students.

I restricted the sample to high school and university students who have sexual partner, resulting the sample size of 3,418.

**Results:** The results of binomial logistic regression indicate that high school and university students who maintain the balance of power in their sexual relationship are more likely to use consistently contraceptive methods than their counterparts. There is a clear association between the balance of power in sexual relationship and contraceptive use in female. Furthermore, the effect of the balance of power in sexual relationships has reduced in recent years.

**Conclusion & recommendations:** In conclusion, to improve reproductive health, it is important for adolescents, especially female, not only to learn about contraception but also to establish a fifty-fifty relationship with their sexual partner.

**Keywords:** Adolescent, Contraceptive use, Relationship with sexual partner

**Conflict of Interest and Disclosure Statement:** None



## Validity and Reliability of a Scale to Assess Jealousy, Acting Out and Intolerance to Uncertainty

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**Introduction/objective:** Literature on the topic of jealousy has underlined the importance of distinguishing between “feeling” and “acting on” jealousy and linking jealousy to emotional processing and intolerance of uncertainty. Likewise, recent research has begun to examine the role that technology (social media, mobile phones etc.) has on the way people experience and react to jealousy.

The aim of this study was to examine the psychometric characteristics of an inventory designed to assess jealousy, acting out and intolerance to uncertainty.

**Method/sample:** The sample consisted of 281 men and 281 women whose ages ranged from 16 to 65 years old ( $M = 30.96$ ;  $SD = 8.82$ ). The scale is composed of 24 items with Likert-type answer options. The construct validity was obtained through factor analysis of principal components with an orthogonal (varimax) rotation which account for 60.78% of the variance ( $KMO \text{ test} = .95$ ,  $p = .000$ ) and yield 4 factors. The total internal consistency has a Cronbach’s alpha of .924.

**Results/conclusion:** In an extended sample of 896 adults, Factor J, which examines jealousy as the fear of losing a partner’s attention or a partner’s sexual or emotional exclusivity), was present, to a lesser or greater degree, in 97.2% of the sample; Factor F, which examines suspicion of a partner’s infidelity was present in 87.7% of the subjects; Factor A, which assesses acting out triggered by jealousy, was present in 73.8%; and factor C, which examines uncertainty about a partner’s fidelity triggered by the use of a mobile phone, was present in 71%.

Jealousy is a multidimensional cognitive and behavioral phenomenon which has been impacted by our current use of technology. The present scale proves to be a valid tool that can be used to explore some of these dimensions in research, educational, and clinical contexts.

**Keywords:** Jealousy, Technology, assessment

**Conflict of Interest and Disclosure Statement:** None

## Conducta Sexual en Mujeres Indígenas: Estudio con Métodos Mixtos

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**Introducción:** Las mujeres indígenas experimentan múltiples formas de discriminación e invisibilidad, además de una triple desventaja ser mujer, indígena y pobre.

**Objetivo y método:** probar un modelo de la conducta sexual en mujeres indígenas, a partir del Modelo de Promoción de la Salud a través de metodología mixta, se realizó un diseño de triangulación concurrente, CUAN y CUAL. En la fase CUAN, el diseño fue descriptivo-correlacional, la muestra fue de 386 MI de 18 a 60 años de edad, el muestreo aleatorio simple de acuerdo al censo poblacional de la comunidad. En la

fase CUAL, se realizaron 11 entrevistas, el muestreo fue por bola de nieve. Se realizó análisis temático.

**Resultados:** La escolaridad ( $R^2 = .02$ ,  $F[386] = 6.140$ ,  $p < .014$ ), la autoeficacia para el uso del condón ( $R^2 = .13$ ,  $F[386] = 5.167$ ,  $p < .024$ ) y violencia de pareja ( $R^2 = .02$ ,  $F[386] = 2.55$ ,  $p < .039$ ) influyen en la conducta sexual de las mujeres indígenas. Se identificaron tres categorías (información sobre VIH, sida y otras ITS; razones para el uso y no usar condón y situaciones personales e interpersonales) y 14 subcategorías (no tiene información sobre VIH, sida y otras ITS; identifica riesgo de exposición/contagio del VIH, sida y otras ITS; interés sobre VIH, sida y otras ITS; expresan



vergüenza para resolver dudas; la pareja no quiere usar condón; no le gusta usar condón a la MI; conocimiento, uso y colocación del condón; la MI propone el uso del condón; la MI confía en su pareja; han presentado infecciones vaginales; sexismo; violencia de pareja; autoestima de la MI y Comunicación de la red social).

Conclusiones: Es necesario los profesionales de la salud consideren estos hallazgos para el diseño de programas de intervención.

**Palabras clave:** Conducta sexual, métodos mixtos, Mujeres indígenas

**Fuente de financiamiento:** El presente estudio no tuvo ningún financiamiento

**Conflicto de interés y declaración de divulgación:** Ninguno

## Measuring Adverse Childhood Experiences Among Gay, Bisexual, and Men Who Have Sex with Men

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**Introduction & objectives:** Gay, bisexual and other men who have sex with men (GBM) report more adverse childhood experiences (ACE: e.g., sexual abuse) than heterosexual men. Most studies have measured ACE individually, hierarchically, additively, or in a binary fashion (i.e., presence/absence of ACE), rather than treating them in cluster. This study examined competing approaches of scoring ACE and their relative power at predicting health outcomes.

**Method(s) & Sample:** We examined abuse (sexual, physical and emotional) and neglect (physical and emotional) experiences among 470 Toronto GBM using the Childhood Trauma Questionnaire. We compared five scoring schemas: (a) five individual scores (range 5-25); (b) a composite scale (range 25-125); (c) a hierarchical model with sexual abuse entered first then followed by physical abuse, emotional abuse, physical neglect, and emotional neglect; (d) a severity-based categorization following the Bernstein and Fink (1998) recommended cut-off scores; and (e) a latent profile-based categorization. Next, we fit a series of regression models with each ACE score schemas predicting depression, anxiety, social support, and serodiscordant condomless anal sex adjusting for personal characteristics, and calculated fit measures.

**Results:** Experiences of abuse (sexual, physical, and emotional) and neglect (physical and emotional) were prevalent (22%-33%) and some participants experienced multiple forms of abuse and neglect ( $r=.33-.65$ ;  $p<.001$ ). Latent profile analysis identified three profiles: Minimally (68%), Emotionally (26%), and Poly-Maltreated (6%). We observed mixed results on comparison. Overall, hierarchical regression models had the highest predictive power ( $R^2=.10-.35$  and Tjur's  $R^2=.04$ ).

**Conclusion & recommendations:** Results highlight the importance of examining ACE in clusters rather than individually. The latent profile analysis identified GBM who experience multiple and frequent ACE, and also identified the types of ACE they had experienced, which would have been missed in a count based nominal approach. Our results could inform future research on the clustered nature of ACE.

**Keywords:** Childhood Abuse, Anxiety and Depression, Latent Profile Analysis

**Source of Funding:** A grant from the Canadian Institutes of Health Research and a Career Scientist Award and Applied Research Chair Award from the Ontario HIV Treatment Network

**Conflict of Interest and Disclosure Statement:** None

## Undergraduate Students' Beliefs, Practices and Values on Sexual Consent: A Scoping Review

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**Introduction:** Sexual attitudes, values, beliefs, and practices are important factors that influence sexually transmitted infections, abuse and assault prevention, mental and emotional health, and relationship outcomes. The literature regarding undergraduate (UG) university students' attitudes, opinions, and beliefs regarding sex, gender and sexuality is diverse, encompassing a wide variety of research topics. Most studies, however, only examine one particular aspect of human sexuality and data within Canada is scarce. The purpose of this research is to provide a comprehensive overview across multiple topics specifically exploring human sexuality issues of UG students in Canada and the US. This paper focuses on a pilot project, which investigates the topics of sexual orientation and sexual consent.

**Methods:** A mixed methods approach is used in this study due to its ability to more thoroughly address complex issues; using quantitative methods to broadly summarize attitudes and opinions, and qualitative methods to gain a deeper understanding of the beliefs, values and practices of UG students. The quantitative data will be collected through validated scales related

to sexual orientation and sexual consent, and the qualitative data will be collected through open-ended discussion questions related to sexual orientation and sexual consent. The study will collect this data from Dalhousie University and the University of Washington between January and April 2019.

**Results:** The findings of this research will be available in April 2019.

**Discussion:** There is a clear gap in the literature and our general knowledge base about human sexual behaviours. Canada, in particular, is one of the few post-industrial countries that does not have a large-scale survey of sexual behaviour. We believe that we can contribute to this gap, and, in doing so, enrich public discourse. The findings from this research can be used to better inform research, policy, and public knowledge surrounding gender and sexuality in North America.

**Keywords:** Sexual orientation, Sexual consent, Undergraduate students

**Source of Funding:** SSHRC

**Conflict of Interest and Disclosure Statement:** None

## Disentangling Female Orgasm with Braids: The Interplay Among Determinants

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**Introduction:** An orgasm in women is a multidetermined and complex psychophysiological process, that results in a full body experience (Sayin, 2012). Due to its complexity and singularity, female orgasm has been broken down to more simple variables and studied under different perspectives. In result, the interactions and mechanisms building up to orgasm tend to be underestimated and are not fully understood nor properly integrated.

**Method:** Aiming to contribute to a more broad and thorough comprehension of female orgasm, we performed an argumentative literature review of some variables that have been linked to sexual functioning. Based on the gathered data and enforcing a multidisciplinary approach, we hypothesized possible connections and influences among cognitive, psychological and physiological variables, as determinants of orgasm in women

**Results:** The result is a prototypical model for the female sexual response, that offers a schematic

representation of the interplay and modulation among psychological, physiological and cognitive variables. It is a circular and open model, that can easily be updated, and that does not conflict with similar models. Further, it is suited to be used for research and in clinical assessments, since it accounts for the singularity of each one's experience and can accommodate both functional and dysfunctional experiences

**Conclusion:** This work highlights the existent interplay among psychological, physiological and cognitive

determinants. However, the nature and extent of these interactions are still unclear and in need of more empirical evidence. Hopefully, this integrative work will allow for a more consistent, systematized and transversal research regarding female sexual response and orgasm.

**Keywords:** Orgasm in women, Multidisciplinary

**Conflict of Interest and Disclosure Statement:** None

## Socio-Demographic Factors, Marital Characteristics and HIV Prevention Knowledge as Predictors of Condom Use Negotiation Self-Efficacy Among Mozambican Women at Sexual Risk

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**Introduction & Objectives:** Negotiation self-efficacy is one of the main predictors of effective use of a condom. Therefore, it is essential to identify the factors that influence condom use negotiation self-efficacy in vulnerable women. The aim of this paper is to examine whether socio-demographic and marital factors, and HIV prevention knowledge are associated with condom use negotiation self-efficacy among Mozambican women at sexual risk.

**Method(s) & Sample:** 173 women, patients at a Mozambican public Hospital and at risk for HIV infection, completed measures of sociodemographic and marital characteristics, HIV prevention knowledge, and condom use negotiation self-efficacy. Measures included the Mozambican version of the "Women's Health Study Questionnaire", and its psychometric characteristics were evaluated in this sample.

**Results:** The results of the hierarchical regression analyses showed that demographic variables (age and education) explained 20% of the variance ( $\Delta F(2, 170) = 20.92, p < .001$ ) in condom use negotiation self-efficacy, and the marital variables, "marital status" and "talking about AIDS with partner", explained 30% of the variance in the outcome ( $\Delta F(2, 168) = 50.06, p < .001$ ). Women who were younger, had a higher level

of education, were single or not living with partner, and talked more about HIV/AIDS with their partners, had higher levels of condom use negotiation self-efficacy. In the final model (with HIV knowledge), education was no longer a significant predictor, probably due to its overlap with knowledge. Lower levels of HIV prevention knowledge were associated with lower levels of condom use negotiation self-efficacy. HIV prevention knowledge explained 13% of additional variance in the outcome. The final model explained 50% of the variance in condom use negotiation self-efficacy. ( $\Delta F(1, 167) = 4.53, p = .035$ ).

**Conclusion & recommendations:** These results support an exploratory predictive model of condom use negotiation self-efficacy that can inform interventions directed at behavioral change among Mozambican women at sexual risk.

**Keywords:** HIV/AIDS prevention, condom use negotiation self-efficacy predictors, Mozambican Women at sexual risk

**Source of Funding:** This work was supported by a grant (SFRH/BD/37909/2007) from the Portuguese Foundation of Science and Technology.

**Conflict of Interest and Disclosure Statement:** None

## A Curious Case of Gender Dysphoria

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**Introduction & Objectives:** With the increasing incidence of transgender individuals, differentiating true gender dysphoria (GD) from Borderline personality disorder (BPD) is vital. BPD is a personality pathology associated with identity disturbance, which itself can confound the diagnosis of genuine GD. This has serious implications for the management of GD if in fact, the patient actually suffers from BPD with identity diffusion. We aim to explore how the co-existence of BPD and GD can create diagnostic confusion for true GD.

**Method & Sample:** A case report of a 21 year old transgender male, with multiple psychiatric co-morbidities including BPD, presenting acutely with suicidal ideation (SI) and suicide planning to the Emergency department (ED). Over the course his psychiatric evaluation, it became evident that many of the psychosocial stressors that precipitated his suicide planning pre-dated his transition, with some relating to his reason for transitioning. Detailed consultations to explore the reasons behind the patient's suicide attempt were conducted.

**Findings & Discussion:** The patient was admitted to the adult inpatient Psychiatric unit and stabilized over a

6-day period. He was re-started on his medical regimen and re-commenced both group psychotherapy and Dialectical Behavioural Therapy (DBT) sessions. Deeper questioning revealed a pattern of behaviour and emotional processing underlying the patient's desire to transition that he attributed to factors which appeared to be unrelated to the DSM-V criteria for true GD, and instead seemed to follow a BPD narrative.

**Recommendations:** Among the features of BPD, identity instability and boundary confusion are notable. Where BPD co-exists with apparent GD, diagnostic uncertainty can occur because of the unstable self-image that BPD can cause. Thorough psychological assessment is vital to ensure psychological stability prior to GD management, as unmet therapeutic needs of co-existing psychiatric pathologies can have dire consequences, even after a patient has undergone gender reassignment.

**Keywords:** borderline, personality, disorder

**Conflict of Interest and Disclosure Statement:** None

## Adults and Adolescents with DSD in Attendance by the HCPA – Constructions of Sexuality

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In general, Disorders of Sex Development (DSD) are often associated with atypical gender behaviors that begin early in childhood. However, in most cases, this does not lead to gender dysphoria. Whereas individuals with a sexual development disorder are aware of their history and medical condition, Most do not progress to gender transition. Adolescents with DDS present greater difficulties at this stage of development, manifesting an increase in anxiety, especially in their genital appearance. Some have ambiguous feelings or

uncertainties about their masculinity or femininity, postponing the onset of affective relationships with greater intimacy by fears of rejection or insecurity about their appearance.

The present study, based on the verification of the presence of Gender Dysphoria (GD) in the population of individuals attending the Hospital de Clínicas de Porto Alegre (HCPA) who present DDS with the characterization of psychiatric, behavioral and biological aspects, also seeks to recognize which of the elements

of the development psychosexual (Image, body satisfaction and sexual satisfaction) are present, as well as elements such as anxiety, depression or stress. Another element to be evaluated is the comparison between patients who underwent surgical interventions in childhood and indices of satisfaction with the body and sexual satisfaction in relation to patients operated on in adolescence. The population foreseen for the analysis is 90 patients undergoing HCPA, aged between 16 and 65 years. Preliminary data with 10 patients show an

absence of GD in all patients but shows a high difficulty in body image (difficulties in accepting the genital appearance, fantasies related to one's sexual ability and performance). The vast majority of the adolescent patients (16.5 id/middle) have already had sexual intercourse for experimentation, but without continuity in relationships.

**Keywords:** DSD, SEXUALITY, ADOLESCENTS

**Conflict of Interest and Disclosure Statement:** None

## Psychology, Sexuality in Acquired Physical Disability: A Systematic Review

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Physical impairment is a partial or complete alteration of one or more segments of the body that compromise physical and motor function and may be classified as congenital or acquired. People with physical disabilities tend to face daily a series of difficulties, because of their limitations and in the expression of their sexuality. The research aims to investigate the process experienced by the man with physical disability acquired in the field of sexuality. This research is a Systematic Review, based on the consultation of the PubMed, SciELO, CAPES and LILACS Periodicals, with the descriptors “sexuality”, “deficiency”, “rehabilitation” and “masculine”, in Portuguese. The selection pointed to 10 articles published until April 2019. From the studies analyzed, four categories were constructed: 1 – “The experience of sexuality in the man with acquired physical disability, implications, social patterns and stigma; 2 – “Sexual rights of the Person with Disabilities; 3 – “Psychology as coping strategy”; 4- “Psychology and rehabilitation of sexuality”. The results

demonstrated that the sexuality of the Person with Disabilities is marked by stereotypes, prejudices, discrimination associated with asexuality or incapacity for the sexual act. There is a double discrimination that influences the construction of the self sexual image in these individuals. Sexual rights are absent and make it difficult for them to feel secure in living full sexuality, with almost no access to public sexual and reproductive health services. With regard to therapeutic strategies, Psychology plays a fundamental role in the rehabilitation process, such as guidance and psychological support in sexual matters. It is concluded that the sexuality of the man with acquired disability is seen as biomedical rehabilitation and motor skills, preventing the construction and rediscovery of sexuality as a whole.

**Keywords:** disability, psychology, sexuality

**Conflict of Interest and Disclosure Statement:** None

## La Construcción Social del Placer Sexual Femenino en Occidente: El Caso de la Acuación

Patricia Rivas Lis

Spain

**Introducción & objetivos:** Tomando como referencia el fenómeno de la acuación (término que se propone

como alternativo al hasta ahora empleado en castellano de “eyaculación femenina”) se analiza de manera



crítica cómo el contenido de los discursos hegemónicos que han sido clave en la construcción del conocimiento en Occidente ha influido en la construcción social de la subjetividad femenina con respecto a su sexualidad.

**Enfoques:** El procedimiento será la discusión analítico-discursiva del material empírico: los textos. Se concluye que el silenciamiento de la acución está relacionado con su inhibición.

**Hallazgos & discusiones:** Psicología social: se concluye que tanto el silenciamiento histórico relativo a la acución (eyaculación femenina) como su actual ubicación en los márgenes de la aceptabilidad social (squirting: pornografía; incontinencia urinaria: medicina) y, por tanto, su desconocimiento podría tener relación con su inhibición fisiológica.

**Conflicto de interés y declaración de divulgación:** Ninguno

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**Palabras clave:** Acución (eyaculación femenina), Próstata, Silencio

## Prevalencia de Comportamientos Sexuales en Estudiantes Universitarios de Manizales Colombia 2019

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Universidad de Caldas, Colombia

**Introducción, objetivos:** En las últimas tres décadas se ha presentado un cambio cultural y social marcado (1), se proponen varios factores que inciden en el cambio social, estos pueden ser de tipo económico, ecológico, tecnológico, ideológico, psicológico, cultural, entre otros. Las consecuencias de estos cambios se ven reflejadas en múltiples aspectos de la vida como la sexualidad y el comportamiento humano. Los objetivos del estudio son determinar si existen diferencias intergenéricas y/o intergeneracionales en la conducta sexual en estudiantes de quinto semestre de la facultad de ciencias para la salud de la Universidad de Caldas además evaluar sus actitudes hacia la sexualidad.

**Método(s), muestra:** Se plantea un estudio de carácter cuantitativo observacional y transversal. La técnica de recolección de información es encuesta mediante un cuestionario de autoaplicación. El grupo a analizar se toma por conveniencia, dadas las características de la población buscando una edad promedio entre 19-20 años y una inmersión completa en el ámbito universitario (2,3). La toma de datos se realizará en los meses de abril y mayo de 2019 a

aproximadamente 150 personas. Se trabajará con un análisis de frecuencias y de relación con Chi cuadrado y evaluaciones de diferencias etarias con T de student. Con estadística bivariada, se analizarán las medidas de asociación y correlación y se trabajara con un nivel de significancia estadística con  $p < 0.05$ .

**Resultados, conclusión recomendaciones:** Las hipótesis planteadas son la presencia de diferencias intergenéricas e intergeneracionales en la conducta sexual del universo evaluado. Para esto La discusión se realizará a la luz de los datos obtenidos y de la significancia estadística de los mismos, comparando los resultados entre géneros y generaciones basándose en los estudios previos de Alzate (1984, 1989)(4,5), Alzate y Villegas (1990) (6) los cuales tienen el grupo poblacional más parecido al que se evalúa actualmente.

**Palabras clave:** Comportamiento sexual, Adolescencia, Estudiantes universitarios

**Fuente de financiamiento:** Universidad de Caldas

**Conflicto de interés y declaración de divulgación:** Ninguno



## The Criminalization of the Human Body

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The erotic attraction of the naked body, with the external genital organs, can create a reaction that, from a broad point of view, can be included within Sexology in such a way that this attraction can motivate forcing the body to be hidden, at least partially. Often, nakedness is almost equated with explicit sex or obscenity in such a way that we see restrictions everywhere against maintaining certain degrees of nakedness or against not hiding certain parts of the body, especially buttocks, genitals and developed breasts. These considerations probably take place within the morality of monotheistic religions which consider that not hiding taboo areas in front of any other person, especially when there is a sexual interest, becomes a kind of gift for the beloved person or an explicit invitation to sexual relations. Given these considerations, it is said that a partially hidden body is more erotic than a simply naked one. And perhaps it must be admitted that, effectively, everything that is hidden acquires a reaction

with a greater erotic value. These moral concerns with a religious root have infiltrated the legal systems of many countries and have sought other arguments regarding education, hygiene, civility, obscenity, children, etc. to continue repressing nakedness and sexual potential. In this moralistic reflex, civil laws are sexist when they prohibit naked breasts or when they force dressing in a certain way based only on the persons assigned gender. People can keep certain parts of their body uncovered without any problem, such as the face, lips, hands, arms, back or legs, and do not feel naked. But not covering taboo areas -a small percentage- can bring insults, accusations, fines or aggressions. To remain naked in any degree is not an action, it's only not following behaviors imposed by morality and unjust laws.

**Keywords:** Repression, Nakedness, Morality

**Conflict of Interest and Disclosure Statement:** None

## Assessing Knowledge on Sexually Transmitted Infections During a Festival in 2018

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**Introduction:** Every year a music festival organized by Solidarité Sida is held in Paris. Our teams conducted a survey there, concerning knowledge on sexually transmitted infections (STIs). The purpose of the study was to assess the impact of prevention campaigns on a general population.

**Method:** A team of interviewers submitted a multiple-choice questionnaire to the festival-goers, without any selection criteria, over the 3 days of the Festival. At the end of the questionnaire time was spent with the respondents to correct and complete their knowledge.

**Results:** 1081 people were interviewed: 70.5% females, 29% males and 0.5% transgenders. Average age was 24 [14-62], 81% claimed to be heterosexual

and 74% lived in the Paris region. 99.4% knew the acronym STI. On a list of infections, 30% of respondents recognized STIs with 89.2% of correct answers for the human immunodeficiency virus (HIV). The modes of transmission were known to 38% of respondents (21.5% still think that mosquitoes transmit HIV). 20% know the signs of an STI. 57% of men who have sex with men (MSM) think that the risk of transmission through oral sex is low. 99.6% mention condoms as prevention and 17% also think that washing oneself after sex can actually protect. 54% know screening centres. The younger population are not very aware of their vaccination status.

**Conclusion:** Despite the various sources of information, STIs are still poorly known except for HIV.

Women and MSMs have a higher level of general knowledge. Steps must still be taken to improve knowledge so as to lessen risks. This study shows just how important prevention NGOs are at such festivals where the young are the majority.

**Keywords:** Sexually transmitted infections, Beliefs, Youth

**Conflict of Interest and Disclosure Statement:** ViiV Healthcare

## Sexual Health Survey

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**Introduction:** The survey started when the Corevih Ile de France Sud and Rainbhôpital, an NGO, jointly addressed the issue. Sexuality can generate well-being but also risks, especially for young people. It is therefore quite a tricky subject to broach and it requires specific consideration. A scientific committee was set up and joined by a nurse and a sexologist.

**Method:** The study was conducted for 3 days during the 2016 Solidays Festival. A questionnaire on sexual health was submitted to festival-goers of over 15 years of age who were then referred to professionals who could answer any questions on sexual health.

**Results:** 1220 questionnaires were analysed: 723 females (59%), average age 24; 489 males (40%), average age 25; 8 transgenders (1%), average age 37. As well as the usual data on age, gender, place of residence, detailed data were collected on sexual orientation, number of partners, age of first sexual relationship, testing for sexually transmitted infections,

sexual satisfaction, sex for money or drugs, use of social media, sexual violence.

**Conclusion:** The sexual satisfaction rate, 88.77%, is good news. There may be a distortion however: a festive venue, a very relaxed and sex-oriented atmosphere. Results on social media are surprising, as we tend to stigmatise the link between social media and the young. Representations of dating methods may need to be updated and could even lead to intergenerational training. At 4.18% the figure on sexual violence is higher than the national average (published on STOP violence, the official website) but mentioning it in a survey does not necessarily mean seeking help.

**Keywords:** Sexual violence, Social media, sex for money

**Conflict of Interest and Disclosure Statement:** ViiV Healthcare

## Proceso de Decisión: Los Hijos en Parejas Rurales de Yucatán

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**Introducción y objetivos:** La decisión de tener hijos es un proceso ancestral que se modifica por los contextos y por factores sociales y la sexualidad. El presente estudio tiene la finalidad de mostrar cómo se da el proceso en parejas jóvenes rurales.

**Metodología y muestra:** Estudio cuantitativo transversal. Se entrevistó a todas las parejas jóvenes

residentes en la cabecera del municipio de Tekom, en edades entre 15 y 30 años de edad,

**Resultados:** El estudio incluyó 40 parejas. La edad promedio fue de 25 en hombres y 23 en mujeres. El 85% estaban casados y 15% vivían en unión libre. El método más conocido fue el preservativo, seguido del hormonal oral. Para planificar influyó el centro de

salud (70%), la familia (23%) y la iglesia (7%). En la decisión de planificar en primer lugar está el hombre (37%), en segundo lugar, las parejas (35%) y después los externos (18%) y la mujer (10%).

**Conclusiones y recomendaciones:** El nivel de conocimiento fue medio sobre métodos de planificación: 30 de las 40 parejas planifica. El método preferido fue las inyecciones por su accesibilidad. El motivo para espaciar los embarazos, y la resistencia fue por miedo a daños a la salud. A mayor educación y el nivel socioeconómico influye mayor planificación. En el proceso de decisión influyó la iglesia negativamente.

Se observó una transición al momento de decidir la cantidad de hijos, ya que 13 parejas de las 40 decidían ambos. La educación sexual es un medio para tener mejores decisiones y contribuir a una satisfacción y calidad de vida en las parejas.

**Palabras clave:** Reproducción, Planificación familiar, Proceso reproductivo

**Fuente de financiamiento:** Centro de Investigaciones regionales de la UADY

**Conflicto de interés y declaración de divulgación:** Ninguno

## Unprotected Sex in Gay Men Who Use Online Dating Applications: Interaction Between Internalized Homonegativity and Face Visibility on Dating Profile Pictures

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**Introduction and objectives:** This study examined unprotected receptive anal intercourse (URAI) and unprotected insertive anal intercourse (UIAI) in gay men who used online-dating applications. Past research showed that HIV-risk-taking behavior might increase in gay men who use online-dating applications and being anonymous on dating applications (e.g., having invisible face on dating-profile pictures) was associated with more casual sex partners. In this study we examined the relationship between face visibility on dating-profile pictures (the degree to which other users can see participant's face on their profile pictures) and HIV-risk-taking behavior. We also examined the interaction between internalized homonegativity (negative attitudes toward homosexuality including one's own homosexuality) and face visibility on HIV-risk-taking-behavior.

**Methods and Sample:** Participants ( $N = 277$ ) were recruited through various online mediums. HIV-risk-taking behavior was measured by (a) frequency of URAI and (b) frequency of UIAI in the past three months with a user(s) met via their most used online-dating application. Face visibility was measured by asking how visible participants' faces were on their profile

pictures (higher scores indicated higher face visibility). Internalized homonegativity was included as a moderator (higher scores indicate higher internalized homonegativity).

**Results:** We found significant interaction between face visibility and internalized homonegativity, but only for URAI. For people with low internalized homonegativity ( $-1$  SD), lower face visibility on dating-profile pictures was associated with lower number of URAI. However, for people with high internalized homonegativity ( $+1$  SD), lower face visibility was associated with higher number of URAI.

**Conclusion:** The findings suggest that gay men who are high in internalized homonegativity and whose faces are less visible on their dating-profile pictures may be more susceptible to HIV/AIDS as they tend to have more unprotected receptive anal sex. As URAI drastically increases one's chances of getting infected with HIV, the findings have profound implications for HIV-risk-reduction interventions.

**Keywords:** HIV-risk-taking behavior, Online-dating applications, Internalized homonegativity

**Conflict of Interest and Disclosure Statement:** None

## Differing Perspective Styles when Consuming External and Internal Stimuli for Masturbation

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**Introduction & objectives:** Masturbation is a common activity (Madanikia, Bartholomew, & Cytrynbaum, 2013; Shelton, 2010), but it is a subject with a history of taboo (Gagnon, 2005; Vause, 2004), and research on the topic is fairly limited.

This study explored different ways in which people address and consume material to aid in masturbation.

**Method(s) & Sample:** This study used an online questionnaire to investigate two possible methods with which people consume external (visual-audio, audio, and visual) and internal (imagination or memory) stimuli for masturbation. The methods were First Person Masturbatory Style (FPMS), in which a person consumes stimuli in the first-person perspective, and Third Person Masturbatory Style (TPMS), in which a person consumes stimuli in the third-person perspective.

1172 participants (758 males, 355 females) were recruited through adult art websites, which also largely featured illustrative pornography. Due to this, the survey sample should be regarded as a relatively sex-positive sample.

**Results:** The preferred style was mostly affected by stimulus used, with FPMS being more popular with

audio-only and imagination stimuli and TPMS being more popular with visual-audio and visual-only stimuli. People with higher socialness in childhood were more likely to use FPMS ( $p=.035$ ), people with early sexual activity preferred FPMS with imagination as a stimulus ( $p=.003$ ), people with sexual partners were more likely to imagine people they know ( $p<.001$ ). People with sexual partners preferred FPMS than people without sexual partners with certain stimuli, women did not prefer imagination over visual-audio stimuli, and women did not prefer to use memories more often than men.

**Conclusion & recommendations:** Overall the study introduced a uniquely different way to look at how people consume the sexual stimuli in terms of different perspectives in styles and offered new insights in order to normalize the topic and expand overall understanding of common sexual activity.

**Keywords:** masturbation, external and internal stimuli, first-person and third-person masturbatory styles

**Conflict of Interest and Disclosure Statement:** None

## Gay Male Therapist Experiences of Grindr and Similar Apps

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This research focuses on the experiences of gay male therapists and their use of Grindr, the geolocation social networking app which gay men use for sexual contact. My position as a researcher is firmly rooted in reflexivity, phenomenology, and social constructionism. I conducted five in-depth semi-structured interviews with self-identified gay male therapists in the United Kingdom. In keeping with my ontological and epistemological position, I requested a peer interview me using the same rubric. This allowed me to empathise and work reflexively with my participants. I recruited participants using the snowball method and found

research subjects who varied in age, level of expertise, and geographic location. There is no literature discussing gay male therapists' use of Grindr and this exploratory study sheds light on the interaction of therapist identity, sexuality in action, and the contemporary social phenomenon of Grindr. The main emerging themes were shame and internalised homophobia, boundary creation and negotiation, and finally a lack of guidance from training organisations and professional bodies. Implications for training, practice, and future research are offered.

Findings: Gay male therapists live personal and professional lives in a context of homophobia. Feelings of shame affect their negotiation of boundaries on Grindr and in therapeutic practice.

**Keywords:** Gay Men, Therapist, Grindr

**Conflict of Interest and Disclosure Statement:** None

## Factores Psicológicos como Predictores del Funcionamiento Sexual en Hombres y Mujeres en Etapa de Prevejez y Vejez

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**Introducción:** Se tiende a describir a las personas mayores como carentes de sexualidad, caracterizando a la vejez como una etapa de la vida en la que se produce un declive gradual en la actividad e interés sexual. Sin embargo, el ser humano es sexuado desde que nace hasta que muere, expresando su sexualidad de diferentes maneras a lo largo de la vida. A pesar de que la prevalencia de las disfunciones sexuales aumenta en las personas en etapa de prevejez, estas siguen manteniendo una vida sexual activa. Sin embargo, según la evidencia científica existen algunos factores psicológicos como la autoestima sexual y la depresión sexual que pueden estar afectando el funcionamiento sexual en este grupo de personas afectando de manera importante su vida sexual.

**Objetivo:** Determinar la influencia de autoestima sexual y depresión sexual sobre funcionamiento sexual en hombres y mujeres en etapa de prevejez y vejez.

**Método & Muestra:** La población fue personas en etapa de prevejez y vejez de Saltillo, Coahuila. La muestra fue de 315 personas, se utilizó un muestreo no probabilístico. Como criterio de inclusión fue tener de 45 años en adelante y tener pareja sexual. Se utilizó

una cédula de datos personales, Escala de Sexualidad y Questionario de Funcionamiento Sexual, los cuales cuentan con confiabilidad y validez aceptables.

**Resultados:** La autoestima sexual y depresión sexual se comportaron como factores predictivos, explicando un 34% del funcionamiento sexual en este grupo poblacional ( $F = 52.310$ ,  $p < 0.001$ ).

**Conclusión & Recomendaciones:** Estos factores psicológicos son elementos clave en la atención y evaluación del funcionamiento sexual. Estos hallazgos apoyarán al mejoramiento de la salud sexual de esta población, quienes son un grupo vulnerable ante problemas de índole sexual, considerados una de las prioridades de investigación en Salud en México, descritas por el Instituto Nacional de Salud Pública a principios del 2018.

**Palabras clave:** funcionamiento sexual, envejecimiento, sexualidad

**Fuente de financiamiento:** Programa para el Desarrollo Profesional Docente (PRODEP)

**Conflicto de interés y declaración de divulgación:** Ninguno

## ¿Cuáles son los Motivos por los que las Personas son Infieles?

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Mucho se ha dicho que la infidelidad es un fenómeno presente en todas las culturas, en todas las épocas y que es una conducta innata e inherente al ser humano.

El objetivo de esta investigación mixta (cuantitativa y cualitativa) fue explorar la prevalencia de la infidelidad y los motivos por los que las personas son infieles.

Participaron 459 personas (202 hombres y 257 mujeres), que viven en la República Mexicana, quienes respondieron un cuestionario integrado por 11 preguntas. Los resultados revelan que el 58,9% de los hombres y el 49% de las mujeres alguna vez han sido infieles. Es mayor la prevalencia en quienes tienen mayor grado de escolaridad y menor religiosidad; y más de la mitad de las personas del género femenino y un tercio de las personas de género masculino tienen la certeza de que alguna vez les han sido infiel (52.1% y 37.3% respectivamente). Sobre la definición de infidelidad, hombres y mujeres están de acuerdo en decir que es “engañar”, “tener relaciones sexuales con otra persona” y “faltarle el respeto a la pareja”. Las tres principales razones para ser infiel brindadas por los hombres fueron “diferencias con la pareja” en un 28%,

por “experimentar” 16,6%, y por gusto 11,7%. El 43.3% se relaciona a factores internos como “oportunidad, atracción, calentura, reafirmación y por la situación”. En cuanto a las razones brindadas por las mujeres un 26% consideraba que “faltaba algo en la relación”, un 13% por “diversión” y un 13% por “venganza”. Otros motivos fueron “inexperiencia, reafirmación, gusto, atracción, falta de amor y compromiso”. Se discuten las implicaciones de estos resultados en la práctica de la sexología clínica y educativa.

**Palabras clave:** Infidelidad, Motivos para ser infiel, Engaño

**Conflicto de interés y declaración de divulgación:** Ninguno

## Salud Sexual en Hombres Gays y Bisexuales

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La salud sexual de hombres gays y bisexuales es un tema lleno de estigma, lo que lleva a la identificación de factores de riesgo y protección para el autocuidado de su salud sexual. El presente estudio cuantitativo se realizó en el área metropolitana de Nuevo León, México con un diseño no experimental, transversal y correlacional una muestra de 100 hombres gays y bisexuales.

Los resultados obtenidos nos muestran la relación de las conductas de riesgo, la tendencia al riesgo, compulsividad sexual, homofobia internalizada y autoestima tienen sobre el autocuidado de la salud sexual en esta población.

Se presentarán los resultados de cuestionarios validados y 2 propuestas para la exploración de las conductas de riesgo y la tendencia al riesgo en esta población.

**Conflicto de interés y declaración de divulgación:** Ninguno

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**Palabras clave:** Salud sexual, Hombres gays y bisexuales, Autocuidado



## Knowledge Empowerment Weapons

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To speak of empowerment, we are talking about the knowledge and tools necessary to recognize the potential on oneself. A Qualitative Research study on how a group of women resignify their experiences to take power over their sexuality. The qualitative paradigm is the appropriate to make an effective approach to the experience of this group, generating more information about the different experiences of women. The interpretative frame of reference is phenomenological. The method of obtaining information will be a semi-structured interview with items on empowerment, self-

image, self-knowledge, assessment, resignification, happiness, love, assertiveness, inspiration, seduction and trust. The participants will be women of different ages, of different sociocultural aspects. It is expected to get information about empowerment and how it affects the different aspects of their lives, in the workplace, family, couple, in their sexuality, in general in their person.

**Keywords:** Empowerment, knowledge, Assertiveness

**Conflict of Interest and Disclosure Statement:** None

## Problemas y Errores en el Uso del Condón en Una Muestra de Jóvenes Colombianos

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Diversos errores y problemas en el uso del condón, disminuyen el porcentaje de efectividad del mismo, pasando del 98%, a cerca del 85%. Así, millones de infecciones y de embarazos no planificados se podrían evitar minimizando los errores y problemas en el uso del condón. El objetivo de esta investigación fue evaluar la ocurrencia de diferentes errores y problemas en el uso del condón, por medio de la Condom Use Errors and Problems Survey en una muestra de jóvenes colombianos. Un total de 775 jóvenes colombianos participaron en este estudio. De ellos, 361 (46,5%) eran hombres y 414 (53,4%) eran mujeres, de entre 18 a 26 años, todos miembros de la comunidad virtual Facebook. Los participantes respondieron a la Condom Use Errors and problems Survey y a una batería sociodemográfica. Los instrumentos se respondieron de manera virtual, a través del portal Survey

Monkey y divulgados en Facebook. Los resultados mostraron algunas diferencias significativas por sexo, orientación sexual y situación de pareja, respecto a algunos errores/problemas en el uso del condón. En general, la frecuencia de los problemas/errores es elevada oscilando desde un 69.5% a un 9.4%. Y salvo a algunas prácticas particulares similares a lo observado en contextos anglosajones. Se concluye que la encuesta de errores y problemas del uso del condón en su adaptación lingüística al español en el contexto colombiano, es un instrumento efectivo para evaluar los problemas/errores del uso del condón y además tiene validez de criterio.

**Palabras clave:** Condón, problemas errores, ITS

**Conflicto de interés y declaración de divulgación:** Ninguno

## Trabajo Sexual en el Siglo XXI

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Centro de Investigaciones Regionales Dr. Hideyo Noguchi. Universidad Autónoma de Yucatán, México

**Introducción:** Los trabajadores sexuales masculinos en los últimos años laboran desde plataformas virtuales facilitadas por el internet, los escorts de internet, como trabajadores sexuales independientes, son, de muchas maneras, mejores, que los trabajadores sexuales de la calle, en determinar los costos del trabajo, seleccionar clientes y acceder a actividades laborales.

**Objetivos:** Identificar la dinámica del trabajo sexual masculino virtual en Mérida, Yucatán, México.

**Métodos:** De Noviembre 2018 a Febrero 2019, siguiendo las normas éticas de investigación, se contactó a trabajadores sexuales masculinos en dos páginas de internet, a quienes se les informó del objetivo y se solicitó su consentimiento para realizar una entrevista semiestructurada sobre dos aspectos del trabajo sexual: seguridad e higiene y tarifas por servicio.

**Hallazgos:** En este lapso se han identificado 200 personas dedicadas al trabajo sexual, es de hacer notar que un alto porcentaje es población flotante. Seguridad: La mitad utiliza frases alusivas a seguridad y protección aunque alguno hizo mención al bareback. Tarifas: Ninguno ofrece tarifa especial por no usar condón y las tarifas son diversas, dependiendo del servicio solicitado.

**Discusión:** El 50% que ofrecen servicios no hacen mención al uso del condón. Los trabajadores sexuales se especializan en muy diversas prácticas sexuales como: sexo anal y oral, “garganta profunda”, beso blanco, beso negro, masoquismo.

**Recomendaciones:** La mayoría de los trabajadores sexuales no declara practicar sexo sin penetración no obstante, algunas de las prácticas mencionadas podrían implicar prácticas sexuales sin protección. No obstante, algunas de las prácticas mencionadas previamente podrían implicar prácticas sexuales sin protección, lo cual puede tener implicaciones en la dinámica de la infección por VIH.

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**Palabras clave:** Trabajo sexual masculino, redes sociales, VIH

**Conflicto de interés y declaración de divulgación:** Ninguno

## Dating Violence: What do Teenagers Brazilians Think About It?

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The period of adolescence is marked by intense biological transformations and the manifestation of sexuality, especially with regard to the consolidation of identity and the choice of loving couples. Adolescents mention “make out” as the main way to relate effectively because it requires no commitment, is momentary and there is no presence of lasting feelings. In dating, the feeling manifests itself with more responsibility and commitment for the other and can also involve the family. Although some situations are not recognized as violent, the rate of violence in adolescence dating is significant, which is

why this issue requires more attention. Considering this problematic, the objectives of this study is to report experience of the “conversation circle” about the prevention of dating in adolescence. This paper refers to an experience report, consisting of three meetings in the classroom, with 30 adolescents from two classes of the 9th grade of elementary school in the state of Rio Grande do Sul / Brazil. The teenagers mentioned that have experienced situations that they considered as abusive. The girls reported the boyfriend’s control over your clothes, about your friendship and your social life. The

boys also expressed having experienced mainly physical violence in dating through punches, scratches and pinches of objects of their girlfriends. It was noted that regardless of gender, have experienced emotional, verbal and physical violence between the affective relationship in adolescence. From the verbalizations of teenagers, it was observed the presence of jealousy as the main cause of

dating violence. Thus, it is evident that in Brazil it is necessary to provide spaces for discussions with teenagers about dating violence in order to minimize the rate of violence among teenagers.

**Keywords:** dating violence, teenagers, jealous

**Conflict of Interest and Disclosure Statement:** None

## Fantasia Sexuais, Conjugalidade e Estereótipos de Gênero

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Fantasia sexuais são fundamentais na conjugalidade; elas potencializam a satisfação sexual da parceria sexual pois facilitam e propiciam orgasmos mais intensos. As fantasias variam conforme o gênero e a diversidade sexual.

O objetivo deste trabalho será apresentar os 4 quadrantes de uma circunferência, em movimento de progressão, de menos intenso para mais intenso, com os 4 tipos de sexos, resultantes da tensão entre a realidade conjugal e a presença (ou não) das fantasias sexuais, levando em consideração a estrutura conjugal, valores éticos e morais, e aspectos culturais e sociais, de acordo com WERNER (2011), e acrescido das questões de gênero e da diversidade sexual (WERNER, 2016). São os seguintes tipos:

Tipo 1: Sexo Trivial: Realidade presente e Fantasia ausente

Tipo 2: Sexo Imaginativo: Realidade presente e Fantasia presente

Tipo 3: Sexo sem Limites: Realidade ausente e Fantasia presente

Tipo 4: Sexo Nulo: Realidade ausente e Fantasia ausente

As fantasias se mostram como um recurso lúdico para abrir espaços para o exercício pleno da sexualidade, mas precisa ser sempre avaliada a transposição da fantasia imaginada para aquela concretizada. Necessário também analisar a manutenção de estereótipos de gênero e de opressão das mulheres que estão subjacentes e presentes nas fantasias sexuais.

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**Palabras clave:** Fantasia sexuais, Gênero, Conjugalidade

**Conflicto de interés y declaración de divulgación:** Ninguno

## More Sexual Opportunity Versus Better Sexual Health? How Uncertain Chance of Future Sexual Encounter Affects People's Willingness to have Safe Sex

Val Wongsomboon

University of Florida, USA

**Introduction and objectives:** We examined people's willingness to have condom-protected sex when using a condom decreased their future sexual opportunity with the same partner. Moreover, it remains unclear

how gender, age, a partner's attractiveness, and virginity are associated with people's willingness to have safe sex when future sexual opportunity is uncertain.

**Methods:** Participants were 437 men and women aged 18-39 ( $M = 20.21$ ,  $SD = 4.14$ ). Participants looked at pictures of potential sexual partners and selected their most and least (but still desirable) partners. Then, they rated their willingness to use a condom (0-100, where 0 = definitely would not use a condom and 100 = definitely would use a condom) with each partner. Chance of having another sexual encounter with the same partners varied (100% to 10%; a within-subjects design) if they used a condom, while the chance remained 100% if they did not. Participants also completed demographic questions including their sex, age, and whether they have had sexual intercourse.

**Results:** As expected, results from multi-level modeling (where sexual opportunities were nested within person) showed that participants' willingness to use a condom decreased as future sexual opportunity decreased. Across all sexual opportunities, participants

were less likely to use a condom with a more attractive partner. Moreover, men (vs. women), younger participants, and non-virgin (vs. virgin) participants were less willing to use a condom, regardless of sexual opportunities.

**Conclusion:** People were less willing to use a condom when doing so decreased their future sexual opportunity (e.g., a partner would not want to have sex with them again). However, regardless of future sexual opportunities (low or high), men (vs. women), younger age, a partner's attractiveness, and having had sexual experience were associated with lower willingness to use a condom. The findings can have important implications for sexual-risk reduction interventions and safer-sex education programs.

**Keywords:** Condom, Sexual opportunity

**Conflict of Interest and Disclosure Statement:** None

## Presentación de Libros: Huella Fértil y Complicidades, Literatura Erótica

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Particular, México

Huella fértil (Yedid, 2018), *Complicidades* (Yedid 2019) son dos libros que abordan el erotismo.

Huella fértil es un libro de poesía y fotografía erótica cuya temática gira en torno a las huellas que plasma la presencia del otro a través de su cuerpo. El libro presenta tres secciones acerca del contacto: la mirada, el abrazo y el beso, y explora lo que se evoca en cada encuentro humano. Los poemas están ilustrados por más de 20 fotografías eróticas.

*Complicidades* es un libro que contiene 44 relatos eróticos. Es un compendio de cuentos cortos muy diversos que de manera inteligente, lúdica y elegante, explora diferentes posibilidades de encuentros sexuales, desde los tradicionales que parten de una relación heterosexual establecida dentro de un vínculo afectivo, hasta historias habitadas por múltiples personajes, encuentros de cuerpos similares y disímiles, juegos eróticos y fantasías sexuales.

Ambos libros fueron escritos aprovechando mi experiencia psicoterapéutica, sexológica y literaria para presentar personajes no estereotipados, escenarios

novedosos y una participación activa tanto física como mental y emocional de parte de los personajes en cada uno de los relatos. Uno de los principales objetivos, fue presentar situaciones en las que siempre los participantes estuvieran participando de manera voluntaria y placentera. En cada uno de las historias el consentimiento implícito es parte fundamental del relato, cosa que no siempre sucede en la literatura erótica, sobre todo cuando tiene tintes sadomasoquistas, siendo éstas las historias más populares en la actualidad.

Los libros están dirigidos al público en general, aunque es sabido que la literatura erótica apela más al género femenino.

Ambos libros fomentan la fantasía erótica, apuntan a aumentar el deseo sexual y pueden ser utilizados como estímulos eróticos efectivos en procesos de trabajo psicosexual.

**Palabras clave:** literatura, poesía, erotismo

**Conflicto de interés y declaración de divulgación:** Ninguno

## Research on BDSM and Marriage Satisfaction in China

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BDSM as a sex sub-culture, has been a lot of research, the previous study more emphasis on the description of the BDSM itself, and that BDSM is a normal sex sub-culture, BDSM enthusiasts may have better psychological quality and sexual life satisfaction. China's divorce rate is showing a trend of increasing year by year, especially somebody who were born after 1980 and 1990 in big city. There are many reasons for divorce, in which Marital infidelity, Incompatibility and Violence are the most important reasons. Sexual satisfaction and marital relationship satisfaction are positively correlated. Sexual life satisfaction depends on the number of sex, oral sex behavior and so on. Marriage satisfaction and divorce studies show that emotional discomfort, domestic violence and so will lead to reduced marital satisfaction, and low marital satisfaction can lead to divorce. This paper attempts to explore the promotion and application of BDSM, and

the relationship between BDSM and sexual satisfaction, marital satisfaction and divorce. Through the promotion of BDSM this sex subculture, to reduce the occurrence of divorce in China. I collected 32 couples with marital problems in the network, evaluated marriage satisfaction and sexual satisfaction through questionnaires, and then introduced BDSM culture and game-play in the form of online teaching. These people also have group interaction and mutual communication. During the three-month study period, the sexual satisfaction of these couples improved significantly. After six months of follow-up, the marriage satisfaction was greatly improved.

**Keywords:** BDSM, sexual satisfaction, marriage satisfaction

**Conflict of Interest and Disclosure Statement:** None

### Track: 3. Clinical Sciences & Therapy

#### Doctoral Program in Medical Sexology

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The Doctoral Program in Medical Sexology was approved by the Venezuelan National University Council last December 2018 and is a consequence of the experience and result achieved in the implementation of the Master Degree Program in Medical Sexology that started in 1985. The experience has been creative and nutritious. 61 physician have finished his three years full time Resident Training Program. This has allowed to establish progressive the Research Lines essentials for the development and maintenance of a Doctoral Program.

The Program have four components: theoretical, methodological, creditable and practical. A minimum of 45 credit/unit have to be approved and a

dissertation and defense of a Doctoral Thesis is mandatory, which is the central nucleus of the Program.

The candidate credential are analyzed and an interview is preform, there after a Study Plan is presented to the candidate. The program has a multi modal characteristics meaning It is highly customized. The candidate use his own rhythm.

The Physician with a Doctoral Degree in Medical Sexology is a researcher, a teacher and able to take care of clinical cases

**Keywords:** Doctoral Program, Postgraduate, Academic

**Conflict of Interest and Disclosure Statement:** None

## From Anxiety to Curiosity: Using an Integrative Psychotherapeutic Approach to Treat Anorgasmia

Catriona Boffard

My Sexual Health, South Africa

Anorgasmia in women is often treated by applying cognitive-behavioural therapy and directed masturbation with sensate focus (Althof & McCabe, 2005). A rapid and more positive result can be achieved by adopting an integrative approach, which includes acceptance and commitment therapy (ACT), mindfulness, psychoeducation and brain working recursive therapy (BWRT).

This integrative approach was applied to the case of a 28 year-old, white female in South Africa, who presented with anorgasmia; intense shame relating to sexual orientation and a complete lack of interest in sexual activity with her female partner. She reported a complete lack of pleasurable sensations during sexual activity and disgust relating to sex and body fluids. No physiological aetiology was reported by a pelvic floor physiotherapist. It was agreed collaboratively with the client to develop an intervention using an integrative approach.

The client reported a significant emotional and cognitive shift from anxiety and shame to curiosity following eight weekly sessions of psychoeducation, ACT, mindfulness training, BWRT and directed masturbation. The application of ACT and BWRT to treat anorgasmia has support in this case study, with a dearth of support for either approach as treatment options in the literature for this dysfunction. It is therefore proposed that applying an integrative approach, which includes these and other theoretical approaches, could yield promising results in the treatment of female anorgasmia, sexual shame and in increasing sexual interest.

**Keywords:** Anorgasmia, Integrative, Anxiety

**Conflict of Interest and Disclosure Statement:** None

## Estudio Sobre Deseo Sexual en Mujeres

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**Introducción y Objetivos:** El estudio del deseo sexual es importante para entender aspectos clave de la sexualidad femenina. El objetivo del presente trabajo es analizar el deseo sexual en mujeres en una amplia muestra.

**Método y muestra:** se utilizó la escala de deseo sexual del cuestionario Deseo Sexual y Aversión (DESEA). La muestra se obtuvo mediante un muestreo no probabilístico, método de muestreo casual o incidental. Las participantes pudieron contestar al cuestionario a través de un enlace habilitado en la página web de la Academia Internacional de Sexología Médica y del Instituto Andaluz de Sexología y Psicología. La muestra estaba formada por 18525 mujeres, con una media de edad de 34.65 años y una desviación típica de 9.51. Se analizó el deseo en función de la edad de las mujeres y el tipo de pareja.

**Resultados:** mediante la prueba de Kruskal-Wallis, se detectó que la diferencia en puntuaciones media entre los

grupos de edad era significativa, siendo las mujeres entre 18 y 28 años las que obtienen una mayor puntuación media (10.42), y las mujeres de 69-78 (8.67) las que obtienen una menor puntuación. Al comparar el modelo de pareja se obtuvo una mayor puntuación media en las mujeres que sí tienen una relación en exclusiva (10.05 > 9.64) pero no conviven con la misma, siendo dicha diferencia estadísticamente significativa.

**Conclusiones y recomendaciones:** Las mujeres con mayor nivel de deseo son las que tienen una única pareja pero no conviven con ella con una edad comprendida entre 18 y 28 años. Se recomienda realizar más investigación en esta línea.

**Palabras clave:** desea, deseo sexual, aversión

**Conflicto de interés y declaración de divulgación:** Ninguno



## Beneficios y Costes Sexuales en Hombres Heterosexuales y Homosexuales

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**Introducción & objetivos:** La satisfacción sexual es una respuesta afectiva derivada de la evaluación subjetiva de intercambios asociados a aspectos positivos (beneficios) y negativos (costes) de las relaciones sexuales. Investigaciones previas han mostrado diferencias por sexo en beneficios y costes sexuales en personas heterosexuales y homosexuales. Sin embargo, no se han realizado comparaciones entre ambas orientaciones sexuales. El objetivo fue examinar las diferencias en beneficios y costes sexuales entre hombres hispanohablantes heterosexuales y homosexuales.

**Métodos(s) & muestra:** Participaron cuatrocientos hombres hispanohablantes con pareja (la mitad heterosexuales y la otra mitad homosexuales) con edades comprendidas entre dieciocho y sesenta años. Los participantes contestaron voluntaria y anónimamente a un Cuestionario Sociodemográfico y a la Lista de Beneficios/Costes de la versión española del Interpersonal Exchange Model of Sexual Satisfaction Questionnaire. Cada uno de los ítems se califica como beneficio, coste, ambos o ninguno. Los autoinformes fueron administrados en formato online, y en formato papel y lápiz, de manera anónima y confidencial.

**Resultados:** Se encontraron diferencias significativas entre hombres heterosexuales y homosexuales en treinta y seis de los cincuenta y ocho ítems, concretamente en veinte beneficios y veinticuatro costes; en ocho ítems se encontraron diferencias significativas como beneficio y como coste. En los homosexuales, los beneficios aludieron más a aspectos físicos y sexuales, mientras que en los heterosexuales se asociaron a aspectos de la salud sexual reproductiva. En la muestra heterosexual, los costes apuntaron más a aspectos sexuales y en la homosexual no se encontraron diferencias entre aspectos sexuales y relacionales.

**Conclusión & recomendaciones:** Se sugieren investigaciones que comparen los intercambios que presentaron diferencias en personas pertenecientes a diferentes grupos del colectivo LGBTTTQAI.

**Palabras clave:** Beneficios sexuales, Costes sexuales, Hombres

**Conflicto de interés y declaración de divulgación:** Ninguno

## Excitación Sexual Ante Estímulos Sexuales Visuales en Hombres Homosexuales

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**Introducción & Objetivo.** La excitación sexual implica cambios fisiológicos, cognitivo-afectivos y comportamentales. En concreto, la excitación sexual objetiva alude a reacciones fisiológicas y la subjetiva a la experiencia afectivo-cognitiva de la excitación fisiológica, es decir, a la percepción de la excitación a nivel psicológico. Existe poca información acerca de la relación entre la excitación sexual objetiva y subjetiva

en hombres homosexuales. Por tanto, el objetivo de este estudio es analizar la relación entre ambos tipos de excitación ante estímulos eróticos visuales en hombres homosexuales en un contexto de laboratorio.

**Método & Muestra.** La muestra estuvo formada por treinta hombres españoles homosexuales con edades entre dieciocho y veintiséis años. Los participantes contestaron voluntaria y de manera anónima un

Cuestionario Sociodemográfico para establecer el cumplimiento de los criterios de inclusión. En el laboratorio, cada participante visionaba individualmente dos vídeos de contenido neutro y uno de contenido erótico homosexual explícito. Simultáneamente se registraron, mediante un módulo Biopac de pletismografía, los cambios de la circunferencia del pene. Tras la visualización de cada uno de los vídeos, los participantes contestaban a las escalas de Valoración de Excitación Sexual (VES) y Valoración de Sensaciones Genitales (VSG).

**Resultados.** Se encontraron diferencias significativas entre el vídeo neutro y el erótico en las puntuaciones de la VES, VSG y en respuesta genital, produciéndose

un incremento de la excitación sexual de un veintiocho por ciento. Se obtuvo una correlación positiva entre las puntuaciones VSG y la respuesta genital.

**Conclusión & recomendaciones.** Se obtuvo una asociación positiva entre la excitación sexual subjetiva y la respuesta genital en hombres homosexuales. Se recomienda este tipo investigaciones en mujeres homosexuales.

**Palabras clave:** Excitación sexual objetiva, Excitación sexual subjetiva, Hombres homosexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Propiedades Psicométricas de la ECR-S en Adultos Homosexuales con Pareja

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**Introducción & Objetivos:** La escala Experiences in Close Relationship evalúa el apego adulto en función de dos dimensiones: Ansiedad y Evitación. Existe una versión breve de 12 ítems (ECR-S), que no ha sido objeto de ningún estudio psicométrico en población homosexual hispanohablante. Por tanto, el objetivo de este estudio es examinar las propiedades psicométricas de la ECR-S en personas homosexuales adultas hispanohablantes con pareja.

**Método(s) & Muestra:** Se emplearon dos muestras. Una formada por ochocientos quince adultos homosexuales (mitad hombres y mitad mujeres) con edades comprendidas entre dieciocho y sesenta y un años. Otra formada por ochocientos quince adultos heterosexuales con las mismas características sociodemográficas que los homosexuales. Todos ellos mantenían una relación de pareja. Los participantes contestaron voluntariamente y de manera anónima a un Cuestionario Sociodemográfico, a las versiones españolas del ECR-S, a la Medida Global de

Satisfacción con la Relación de Pareja (GMREL) y a la Escala de Ajuste Diádico (EAD-13). La batería de escalas se administró en formato online y en formato papel y lápiz.

**Resultados:** Mediante un Análisis Factorial Exploratorio se obtuvo una versión de la ECR-S para población homosexual. Presentó adecuada fiabilidad y validez convergente, tanto con el GMREL como con el EAD-13. El Análisis Factorial Confirmatorio evidenció invarianza estricta por sexo y orientación sexual.

**Conclusión & recomendaciones:** La ECR-S posee excelentes propiedades psicométricas en población homosexual. Se recomiendan investigaciones que confirmen dichas propiedades en personas pertenecientes a diferentes grupos del colectivo LGBTTTQAI.

**Palabras clave:** Apego, Propiedades psicométricas, Homosexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Practice of Psychodiagnostics with Transgeneros in Brazil

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**Introduction and Justification:** In Brazil, transsexual people with Gender Dysphoria (GD)/ Gender Incongruity can access the service of the National Health System (Sistema Único de Saúde – SUS) to perform clinical and surgical procedures through the Transsexual Process of the Ministry of Health. The Transdisciplinary Gender Identity Program (PROTIG) of the Hospital de Clínicas de Porto Alegre (HCPA), is a reference center in Latin America in this area.

**Project / Population and Configurations:** At the entrance to PROTIG the individual experience a process of evaluation of the clinical and psychosocial aspects, through individual consultations. It seeks to deepen the understanding of the case, the elements of the construction of the identity, the experiences in the affirmation of this identity and the questions of critical judgment regarding the clinical interventions that can be carried out. Those cases that denounce some diagnostic doubt about the GD, or clinical comorbidities (psychoses, cognitive disorders, for example) are sent

to the accomplishment of complementary exams, as is the case of the psicodiagnóstico.

**Discussion and Recommendations:** The psychodiagnosis uses the available instrumentation and authorized only for psychologists and aims to provide subsidies for the diagnosis and therapeutic management of the patient. In relation to the applied methodology, the clinical interview / anamnesis, the test to measure cognitive aspects, behavioral repertoire and personality through the Wechsler Adult Intelligence Scale – WAIS III, House, Tree, Person – HTP, Rorschach, Thematic Apperception Test, among others, are used. Then, the results are collected and integrated, as well as the preparation of the report, which will be attached to the patient's chart. The last stage includes the return to the patient and to the other members of the technical team, who will accompany this patient throughout the follow-up.

**Keywords:** psychodiagnostics, transgender, PROTIG

**Conflict of Interest and Disclosure Statement:** None

## Propuesta de Intervención Psicoespiritual Para la Atención de Personas Sobrevivientes de Abuso Sexual

Fabiola Cervantes Chávez

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**Introducción:** El abuso sexual es un acto que infringe los límites humanos básicos, es un atentado hacia la vida, a la dignidad. El impacto que genera en la persona, no es únicamente fisiológico, sino psicológico y anímico, pues a partir de este hecho la persona se encuentra confundida sobre todo tratándose de que dicho acto ha ocurrido en el interior de la familia como sucede en la mayoría de los casos por personas en las que la víctima confiaba y creía que, estos seres eran su principal fuente de amor.

Es en estas experiencias de dolor, miedo, angustia en donde se experimenta el desamparo, desaliento y la desesperanza que genera un sufrimiento constante y a

veces crónico en la persona, bajo la creencia de que esta dolencia jamás se irá de ellos.

La propuesta presenta una metodología de intervención psicoterapéutica incluyendo elementos de la terapia transpersonal y espiritualidad generando impacto en la resignificación de la experiencia del abuso sexual en donde la persona pueda otorgarle un sentido diferente a su vida.

**Objetivos:** Constatar cómo el acompañamiento psicoespiritual favorece la resignificación del trauma vivido en personas sobrevivientes de abuso sexual.

Diseñar las estrategias de intervención que se desarrollarán en cada una de las sesiones de psicoterapia.

**Método y muestra:** El tipo de estudio de la propuesta es de corte cualitativo basado en el método de investigación – acción participante a través del cual se pretende constatar la eficacia de técnicas aplicadas en dos personas participantes.

**Hallazgos:** La psicoterapia transpersonal y la espiritualidad aportan elementos sustanciales en el tratamiento de personas con abuso sexual permitiéndoles lograr la trascendencia del trauma vivido.

**Recomendaciones:** Aplicación de la propuesta en la psicoterapia individual con personas adultas hombres y/o mujeres cuyo diagnóstico sea el abuso sexual vivido en cualquier etapa de su vida.

**Palabras clave:** Intervención, Psicoespiritual, Abuso sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sex Esteem® Experiential Couples Sex Therapy Techniques to Increase Embodied Awareness

Sari Cooper

Center for Love and Sex, NYC, USA

It is estimated that 15–20% percent of heterosexual marriages qualify as sexless. In this poster I describe two clinical interventions that are introduced initially in the therapy session to help heterosexual and LGBTQ+ couples get out of their sexually-avoidant patterns. The first technique, Levels of Touch is gleaned from Contact Improvisation (CI), a type of embodied improvised movement developed in the modern dance world by Steve Paxton. I model this mindful touch exercise on my arm and invite the couple to experiment with it at home between sessions. It is eventually integrated into Sensate Focus I & II. The terms of the levels are:

1. Energy Level
2. Hair on Skin
3. Full Surface
4. Muscle Level
5. Weight on Bone

I have also created an exercise called Sexual Sculpting™, inspired by Family Systems therapist Peggy Papp's Couples Choreography. It helps a couple shift out of their sexually-avoidant dilemma. In this exercise the therapist invites each partner to take a turn to enact their unique experience by telling and

enacting a fairy tale with 2 characters. Each partner takes a turn as director and asks their partner to act as the imagined character while they act out their part (for example: tortoise/hare, Rapunzel/Prince). The therapist asks further questions into each “character's” experience. This exercise allows for expressions of:

- insight into unconscious power struggles
- metaphors for unexpressed emotions
- innovative desires
- hope.
- empathy

Sex therapists frequently need innovative interventions to help couples complaining of sexual avoidance to shift their sexual patterns, beliefs and unconscious blocks. Levels of Touch and Sexual Sculpting™ are two effective creative techniques that help couples access their authentic erotic desires and a new vocabulary to express it. They are excellent building blocks of a strong foundation for sexual mastery, or what I've termed Sex Esteem®.

**Keywords:** experiential, embodiment, sculpting

**Conflict of Interest and Disclosure Statement:** None

## Sexualogía la Nueva Síntesis

Francisco Delfín

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**Introducción:** Similar a la Sociobiología, guardadas las proporciones, ha acontecido con la Sexualogía.

Siendo muy ortodoxos, Sexología sería el estudio del sexo, por tanto circunscrito al ámbito de lo biológico soslayando otros importantes como: lo psicológico y lo sociocultural por nombrar, sólo unos cuantos.

Sexualogía, en cambio, hace referencia a la Ciencia que estudia de forma integral la sexualidad, o dicho de otra manera, la Sexualogía es la ciencia transdisciplinaria que estudia y analiza los fenómenos relacionados con la sexualidad desde diversas y múltiples perspectivas.

**Objetivos:** Que quienes asistan a la presentación analicen y evalúen las bondades de considerar y abordar la Sexualogía desde un enfoque transdisciplinario, en vez del inter o mutidisciplinario.

**Enfoque:** Se revisará la forma como se ha estudiado, abordado y tratado la sexualidad en Occidente en los dos últimos siglos; además de valorar y evaluar las aportaciones de las ciencias biológicas, sociales, de las duras e incluso de las relacionadas con las Tecnologías de la Información y Comunicación, entre otras.

**Fuentes:** Análisis bibliográfico.

**Hallazgos y discusiones:** Durante siglos la predominancia del gremio médico en esta ciencia fue absoluta, sin embargo, de manera gradual las críticas y las aportaciones de diferentes disciplinas cimbraron tal aparato. Se evidenció la gran tendencia a patologizar las conductas y la creación de herramientas terapéuticas para normalizar al individuo que pasó de ser perverso a paciente.

Parecía como si los profesionales de la salud colaboraran con instancias religiosas y grupos conservadores para manejar a las personas, ya no con el pecado y las penitencias sino con la enfermedad y los delitos. Enfoques basados en los Derechos sexuales y la Perspectiva de género permitirán un acercamiento más integral y humanista.

**Palabras clave:** Transdisciplina, Patologizar, Derechos sexuales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Caracterización y Análisis de la Función Sexual de Personas Infértiles Con Deseo Gestacional en el Centro Occidente Colombiano

Jackeline Andrea Delgado Torres

Departamento de Salud Mental Universidad de Caldas, Colombia

Las parejas después de un año de buscar la gestación y cumplir con el diagnóstico de infertilidad, comienzan a tener sentimientos de frustración y desesperanza. Pueden llegar a tener conductas evitativas con respecto a los encuentros sexuales cuando enfocan toda su atención en la función reproductora de la sexualidad y le restan importancia al componente erótico. Cuando las personas no reciben educación sexual como medida preventiva y acompañamiento durante el protocolo y tratamiento de la infertilidad, pueden verse inmersas en disfunciones sexuales. A su vez, el deterioro en la función sexual afecta de forma directa la calidad de vida, la relación de pareja, e inclusive el

funcionamiento social y familiar. Siendo un círculo vicioso con la disfunción sexual como causa o morbilidad y como consecuencia de la infertilidad.

El propósito del estudio es caracterizar y analizar a profundidad la función sexual de personas con diagnóstico de infertilidad y deseo de gestación (PIDG) en la región centro occidente colombiana, para determinar la prevalencia y características de la función sexual en esta población, como etiología y consecuencia de la infertilidad.

La población de estudio es una muestra intencionada de PIDG que consultan a centros de reproducción asistida humana de alta complejidad en las ciudades de

Pereira y Manizales durante los años 2019 y 2020. Se trata de un estudio descriptivo, transversal, cuantitativo con componente cualitativo. Referente al componente cuantitativo se realizan test sexológicos validados y para el componente cualitativo se usan entrevistas para profundizar la medida cuantitativa.

Actualmente, en Colombia no existe acompañamiento del médico especialista en Sexología

Clínica a PIDG. Nuestra hipótesis es que, dado que la mayoría de las disfunciones sexuales son tratables, identificarlas e incluirlas en la asesoría y tratamiento aumentaría su probabilidad de éxito.

**Palabras clave:** infertile couples, infertility, Sexuality

**Conflicto de interés y declaración de divulgación:** Ninguno

## Un Enfoque Integral e Interdisciplinario del Abordaje de las Problemáticas Sexuales

Claudia Derossi

Asociacion Argentina de Salud Mental, Sociedad Argentina de sexualidad Humana & Asociacion Mundial de Salud Mental, Argentina

**Introducción y Objetivos:** Nuestro objetivo es la optimización profesional en el campo de la sexología. Para lo cual debemos cuestionarnos cuales son nuestras dificultades y tropiezos. Preguntarnos si estamos adaptándonos a las necesidades del paciente que consulta, o a veces forzamos su discurso para que encaje en nuestro discurso medico. Mejorar la calidad y apertura tiene como objetivo mejorar la salud sexual en todos sus aspectos y la calidad profesional consultado.

**Metodos y Muestra:** Cuando hablamos de un Abordaje Interdisciplinario e Integral nos referimos a tomar de cada disciplina aquello que necesitamos a la hora del Saber hacer, aceptar nuestro no saber y nutrirnos con nuestro colegas profesionales que tengan una formación academica diferente. El paciente, ser humano que nos convoca en la consulta, Medica, Psicológica, Sexologica, nos consulta por algo que le sucede, angustia o genera sufrimiento estando inmerso en su vida, su historia, y un entorno afectivo, ademas de una historia clínica. Es esta multiplicidad de factores que no podemos ignorar ni dejar de escuchar ante la consulta.

La experiencia clinica de mas de 30 años, ha confirmado que los enfoques integradores generan resultado positivos.

**Discusión y Recomendaciones:** Si nos vamos a la Antigüedad, Filósofos y Médicos Griegos, como Hipócrates, Aristóteles, Platón, Sócrates, Galeno, escriben, discuten y cuestionan sobre la reproducción, la anticoncepción y el comportamiento sexual. Como vemos la Sexualidad o la Sexología no es patrimonio de nadie, y lo es de todos. La sexualidad es y será interés histórico, filosófico, medico, psicológico, psiquiátrico, social, cultural, tal como veremos a lo largo de una reseña histórica que no escapara claro esta a la ideología o intereses socio económicos de la época que se trate.

**Palabras clave:** problemáticas, integración, interdisciplina

**Conflicto de interés y declaración de divulgación:** Ninguno

## From the Proscription of Masturbation to the Prescription of Masturbation...At Any Age

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The objectives of this work is to eliminate the myth of the masturbatory act and normalize its practice; discuss and name its advantages in the maintenance of the sexual health and function and promote in the

professionals the understanding of the need of a proactive position regarding the sexual practice in their patients. The most abhorred, pejorative and criticized aspect of human sexuality has been, up to



a few years ago, the act of masturbation, despite the silent and hidden acceptance of its practice and existence, especially in men. Since 1948, when Alfred Kinsey demonstrated that more than 80% of women easily reach orgasm through masturbation and that more than 80% of women who had difficulties to reach the orgasm did not masturbate, it was considered for the first time scientifically and seriously important in the sexual life. Presently, we know that the advantages of masturbation goes further than previously described by Kinsey. Dr. Jeffery Blaustein, neuro-endocrinologist from Harvard University has proven the molecular changes at receptors' level that benefit the cellular and endocrine functions of the neurological cardiac, bone, epidermic and urogenital systems by the sexual arousal and orgasms. The sexual activity, in general, is able to produce these

functional maintenance in multiple organs and systems. But, for the immense population of human beings that for multiple reasons don't have the possibility to have an arousal or to achieve orgasm, masturbation is the best and most effective tool, easily available to assure the benefits of arousal and orgasm. We analyze multiple studies and references directed to demonstrate these facts.

### Reference

Mani, S. K., Blaustein, J. D., (2012) Neural progesterin receptors and female sexual behavior. *Neuroendocrinology* 2012;96:152-161.

**Keywords:** Masturbation, Sex Therapy, Maintenance of Health

**Conflict of Interest and Disclosure Statement:** None

## Molecular, Cellular & Endocrine Aspects in the Health Maintenance Throughout the Practice of Sex Referencing Arousal & Orgasm

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Through the centuries, the practice of sex and the sexual function have been repressed, criticized and seen as negative and shameful. The advances in the medical science and biology, especially in the field of basic sciences: molecular and cellular biology, endocrinology and neuro-endocrinology applied to the general and sexual behavior, have determined how, in the same way the maintenance of other corporal functions such as, the movement, the intellectual one, the cardiac or digestive preserve and stimulate the health, the exercise of the sexual function improves the health up to the moment of death. They have a positive effect in the preservation and prolongation of vital functions such as, the neurological, cardiac, emotional, loco-motoring, endocrine and immunological facets of human health. In that way, the decrease of mortality, prostate cancer and genito-urinary atrophy are just some of the multiple benefits of the maintenance of the sexual function. In different animal species, neuro-

endocrinological studies in the areas of reproduction and sexual function, have demonstrated how arousal and orgasm are able to increase the number of estrogen progesterone and testosterone receptors in different types of cells of different organ and systems that carry a vital participation in the maintenance of the health, well being and longevity of the human race.

### References

Salonia, A., Briganti, A., Deho, F., et.al. (2006). Women's sexual dysfunction: A review of the "Surgical Landscape". <https://doi.org/10.1016/j.eururo.2006.03.039>

Vardi, Y. Female sexual dysfunction after pelvic surgery: Is there a place for nerve-sparing surgery? *European Urology*, Volume 50, Issue 1, July 2006, Pages 14-16.

**Keywords:** Effects of sex, Maintenance of Health,

**Conflict of Interest and Disclosure Statement:** None

## Trauma-Informed Sex Positive Therapy

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Traditional models of trauma recovery leave sexual healing as a goal for the final phase of treatment; thus relegating healthy sexuality to a high level on the hierarchy of needs. However the majority of our clients are being sexual, with themselves and/or with partners throughout treatment. It is unethical to ignore this aspect of their life. This approach integrates holistic trauma-informed care with sex positive therapy, including sexual health treatment goals throughout the 3 phase trauma treatment model.

**Objectives:** Integrate sexual health goals into phase model of trauma treatment, Identify 3 mindfulness-based interventions to promote self-soothing skills in sessions, Gain skills to advocate for client's rights to sexual health & satisfaction as a part of treatment Citations are a large list, available in separate doc

**Keywords:** trauma, sexual health, clinical skills

**Conflict of Interest and Disclosure Statement:** None

## Resignificar mi Sentido de Ser Mujer

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Mediante el proceso terapéutico existencial humanista se acompaña a la persona a lograr un reencuentro consigo misma, a través de auto-escucha y autoconocimiento.

La integración personal de lo femenino y masculino influyendo directamente en el crecimiento erótico. Alude tanto a la integración de las diversas potencialidades de la persona para favorecer su bienestar, como al hecho de percatarse de ello, alcanzando la máxima existencial-humanista.

Que la persona regrese a sí misma, las sensaciones y los sentimientos, al cuerpo todo por medio de la autoexploración, la autopercepción y así llegar al autoconocimiento personal, donde sea ella misma quien identifique sus propias necesidades, decida y actúe de manera libre y responsable.

19 mujeres entre 26 y 57 años, participantes del grupo terapéutico "Resignificar mi sentido de ser mujer"; 5/Bachillerato, 12/licenciatura, 6/solteras, 13/casadas, 7/sin hijos, 12/con hijos

El total de las participantes refirió en bitácora y verbalizaciones personales:

- El reencuentro emocional y cognitivo consigo mismas.
- Ampliación de su repertorio erótico consigo y en pareja.

- Modificación de la relacional con la pareja y los hijos.
- Participantes sin pareja estable mejoraron sus modos de interacción con entorno social inmediato

Las 19 participantes cerraron asuntos inconclusos de su historia de vida. 18 participantes alcanzaron la vivencia orgásmica o mejoraron la calidad de sus orgasmos. 1 participante no logró acceder a la experiencia orgásmica, dio inicio a una aceptativa actividad autoerótica y sensibilización corporal.

**Concluyendo:** El proceso terapéutico es uno de los caminos que las mujeres podemos encontrar para el crecimiento y desarrollo personal.

Los resultados exitosos con este enfoque ayuda a la recuperación de la vida erótica o del placer, a la introspección, reflexión y adquisición de un darse cuenta integral

Sanzramón, F. (1992). *Psicoerotismo femenino y masculino*. Kairos.

Carl Rogers. (2000). *Camino del Ser*, El. Kairos.

**Palabras clave:** Cuerpo, Placer,

**Conflicto de interés y declaración de divulgación:** Ninguno

## Emotion Regulation and Sexual Health: An Online Study Protocol

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**Introduction:** Emotion dysregulation, i.e. the difficulty or inability to process emotions adequately, has been associated with unhealthy coping strategies and mental disorders. Nevertheless, studies addressing the role of emotion regulation for Sexual Dysfunctions are currently lacking, despite the prevalence of such conditions. Epidemiological data indicate that about 40–45% of adult women and 20–30% of adult men in the general population fulfil the criteria for at least one Sexual Dysfunction during their lives. Sexual Dysfunction affects overall wellbeing and is associated with other mental disorders. The aetiology of Sexual Dysfunctions is assumed to be multifactorial in nature, involving physiological, affective, interpersonal, and psychological, context-related-factors. Given the central role of emotions for satisfaction and sexuality, it is essential to establish the role of emotion regulation strategies for sexual health.

**Objectives:** (1) to establish the associations between emotion regulation strategies and sexual health and (2) to investigate if emotion regulation acts as a mediator between sexual health and mental health, in particular anxiety and depression.

**Methods and Data collection:** A multi-cultural, cross-sectional online survey, is conducted to assess the role of emotion regulation for sexual and mental health. Participants are invited to participate in the study if they are 18 years old or older and fluent in 1 of 5 languages, including English, French, German, Spanish or Portuguese.

**Instruments:** Sociodemographic questionnaire; Patient-health questionnaire (PHQ-9), Generalized Anxiety Disorder questionnaire (GAD-7); International Index of Erectile Function (IIEF) – for men, Female Sexual Function Index (FSFI) – for women; Emotion Regulation Questionnaire (ERQ).

**Target sample size and data analysis:** with a minimum of 300 participants, structural equation modeling and causal mediation analysis will be performed (with a power of 0.80 or greater and with a significance level set at  $\alpha = .05$ ).

**Keywords:** Emotion regulation, Sexual health, Internet  
**Source of Funding:** FNR – Luxembourg National Research Fund

**Conflict of Interest and Disclosure Statement:** None

## Newer Treatment Modality for Peyronie's Disease

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**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 Method:** 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 ( $\leq 0.3$ CM) is 96 (45%), Grade II ( $>0.3$  to  $\leq 1.5$  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.

**Keywords:** Peyronie's disease, bent penis, curved penis

**Conflict of Interest and Disclosure Statement:** None

## Observation on Rapid Integration of Chinese Women's Body and Psychology

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**Introduction:** Caressing Healing is a new integrative therapy model in China

**Objective:** To find the fastest, the most innovation and to be accepted technique of sex education consulting and therapy. A Method for a Facilitator to support and guide the Participant to develop healthy sexual self-knowledge.

**Method:** (1) To create atmosphere 2) Fill in the application (3) 20 minutes consulting to build up trust (4) Giving psychical caressing (5) Leading review bewilderment and guiding to sharing feeling (6) Make single consulting and consular could give homework

The Facilitator provides guidance and support at the level of intimacy and guidance through a various means in a dynamic one to one private meeting session. This meeting session might ordinarily but not necessarily include direct intimate physical contact. Through experience the Facilitator must always act to ensure the Participant's safety and well-being.

**Results:** (1) most of women could be quickly perceived that they had no pseudo-anorgasmia. After session they could be educated and rebuild confidence (2) Women who 30 up years old are normally loose the abilities of attention (3) Women at approximately age 40 years and beyond tend to exhibit calmer style of arousal. They are looking for an opportunity to talk about human sexuality. Also sought affirmation of their personal value

**In conclusion:** (1) High frequency vocabulary are mentioned: to be loved ☒relaxing☒newborn☒cozy☒love... (2) Most of 80s 90s even 00s are looking for new techniques such as first-hand experience with subconsciously in the processes (3) People are not willing to go traditional consulting room in china

**Keywords:** fast, breakthrough, integration

**Conflict of Interest and Disclosure Statement:** None

## Internalización del Estigma Hacia la Diversidad Sexual en Personas No-Heterosexuales (LGB+): Análisis de su Impacto Sobre su Salud Mental y sus Actitudes Hacia la Psicoterapia

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**Introducción:** Estudios señalan que el estigma internalizado, la hipervigilancia, la anticipación de situaciones de discriminación y las expectativas negativas respecto a la atención psicológica y psicoterapéutica

constituyen importantes barreras de acceso para las personas LGB+. Entendiendo que la internalización de los prejuicios y actitudes, así como las creencias sobre la atención psicológica, están fuertemente basadas en

factores culturales y sociales, es relevante estimar el peso que tales factores tienen sobre los niveles de patología mental y sobre el acceso a la ayuda psicológica y terapéutica en personas LGB+.

**Objetivo:** Determinar la asociación entre los niveles de internalización de estigma sexual (IES) en personas no-heterosexuales (LGB+) con la presencia de malestar subjetivo, sintomatología depresiva y ansiosa, y con la presencia de creencias y actitudes negativas hacia la psicoterapia.

**Método:** Un cuestionario que incluía las escalas Internalized Homonegativity Inventory – IHNI (Mayfield, 2001), el que fue adaptado para incluir personas Bisexuales y Trans (IHNI-BT), “Outcome Questionnaire” (OQ-30), “Beck Depression Inventory” (BDI-II) and “Scale of Prejudices toward Psychotherapy” (SPP), fue aplicado a 705 cisgender personas autoidentificadas como no-heterosexuales (LGB+).

**Resultados:** Se presentan resultados sobre la asociación entre el nivel de IES en personas LGB+ con niveles de malestar subjetivo y presencia de sintomatología depresiva y ansiosa, y sobre la asociación entre el nivel de IES en personas LGBT con la presencia de creencias y actitudes negativas hacia la ayuda psicológica y/o psicoterapéutica.

**Discusión:** Se reflexiona sobre las implicancias de los resultados presentados para el desarrollo de intervenciones psicoterapéuticas culturalmente competentes para pacientes pertenecientes a la diversidad sexual y de género.

**Palabras clave:** Homonegatividad internalizada, Salud mental, prejuicios

**Fuente de financiamiento:** Fondo Semilla, Universidad Diego Portales

**Conflicto de interés y declaración de divulgación:** Ninguno

## Psychosocial Interventions in Fertility Protocols in Anxiety and Depression

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**Introduction:** Selective serotonin reuptake inhibitors (SSRIs) are common therapy for treating many psychiatric disorders such as depression and anxiety. Fertility and assisted reproductive technology (ART) have a high prevalence of anxiety and depressive symptoms, which are often treated in the liaison psychiatry department. Yet fertility problems linked to these treatments have consequences that have received little attention.

**Objective:** We made an exhaustive review on the literature regarding use of SSRIs in male patients who were being studied for infertility. As a general hospital and a liaison psychiatry department, it is a matter of importance to know the proper interventions in patients who are included in fertility protocols.

**Methods:** We performed a literature review, using MEDLINE, Science direct, Pubmed and Google scholar, January 2012 to January 2019 using the search terms “SSRI”, “depression”, “anxiety”, “infertility”, “fertility”. Studies included literature reviews regarding fertility and the use of antidepressants, and the psychosocial aspects involving this matter.

**Findings and Discussion:** We selected recent studies on the effects of antidepressant treatment and patients undergoing fertility treatment.

In a review of the literature on depressive symptoms in infertile patients, the authors encourage the use of psychotherapy as a first-line treatment. CBT is the most accepted form of therapy and in some studies, and in some studies it has been found to have equal results as pharmacological treatment. Relaxation training is more effective than no treatment but not as effective as CBT.

**Recommendations:** Further investigation needs to be done regarding the use of pharmacotherapy in reproductive protocols for anxiety and depressive symptoms, however, we believe that the study of non pharmacologic therapies is a valuable asset in a liaison setting.

**Keywords:** Fertility, Reproductive health, Psychotherapy

**Conflict of Interest and Disclosure Statement:** None

## Trends and Themes in Research on Motherhood: A Systematic Review Across Psychology and Medicine

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**Introduction & Objectives:** Few areas in psychology have developed as slowly as scholarship on the subjective experience of motherhood. This systematic review across seven fields (clinical psychology, social psychology, developmental psychology, obstetric medicine, nursing, social work, and women's studies) explores academic inquiry regarding mothers.

**Method(s):** To assess the quantity and themes of mother-related academic literature over the last 26 years (beginning in 1992), a systematic literature search was conducted in Web of Science following PRISMA guidelines. The search was applied to 51 journals (5–7 from each field), each selected for its relevance and independently rated impact factor. A subsequent manual search reviewed the references section of included studies. 8,613 articles were coded by research focus (child-focused, mother-focused), maternal stage (prenatal, childbirth, postpartum, post-postpartum), research method, and theme(s) (emotional distress/adjustment, maternal identity, partner/social support, psychopathology/risky behaviors, maternal care and services, mother-child bonding/attachment).

**Results:** As predicted, literature pertaining to mothers was limited, and research emphasizing their

subjectivity was even more so. Of the total number of articles published by all 51 journals between 1992 and 2018, 6% included the study of mothers; after excluding for purely medical inquiries, nursing journals included the highest percentage of mother-related research (20%,  $n = 2,744$ ) and obstetric journals included the least (3%,  $n = 1,496$ ). It was found that much of the existing literature involving mothers predominantly focused on the maternal role in the child's development (53%) or on maternal psychopathology, in particular (18%).

**Discussion:** In exploring maternal psychology's representation and scope in academic literature, this research draws important comparisons between various disciplines of psychology and medicine, highlighting opportunities for interdisciplinary investigation and informing areas in need of further research. This quantitative assessment will call attention to the lack of inquiry into this ubiquitous yet marginalized population and call for a new wave of research, theory, and funding.

**Keywords:** Maternal Psychology, Review of Literature  
**Conflict of Interest and Disclosure Statement:** None

## Dilators: Old Weapon in the New Ammo Against the Genito-Urinary Syndrome of Menopause

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Finally, menopause is coming to the stage (!), and with menopause, the genito-urinary syndrome of menopause. This is one of the most important and frequently presented aspects reviewed in the Sexuality and Menopause Congresses around the world. More women are more conscious of the importance, functions and dysfunctions of the pelvic floor organs and their feelings. Curiously on the other hand, the

number of professionals (physicians in general, but gynecologists, urologists and oncologists along with psychologists and psychiatrists in particular) who still remain unaware of these diagnoses and the appropriate management with HRT and devices that help the pelvic floor to maintain in good health are extremely high. Sex is the gym of the pelvic floor with a partner or without a partner. The number of women without



a partner or with a non-active sexual partner every day is higher. Dilators and sex toys play every day a more important role in the maintenance and preservation of health of the pelvic floor and the main organic systems (having in account the new discoveries of how arousal and orgasms maintain vital functions like brain, cardiac and muscle-skeletal systems). Patients should be instructed at the gynecologist's office on the function and action of dilators as they are one of the most important tools in the physical therapy of the pelvic floor and as an appropriate way to reach the orgasm.

## Reference

Jha S., Walters S. J., Bortolami O., Dixon S., & Alshreef A. (2018). Impact of pelvic floor muscle training on sexual function of women with urinary incontinence and a comparison of electrical stimulation versus standard treatment (IPSU trial): A randomised controlled trial *Physiotherapy, Physiotherapy, 104*(1), 91–97.

**Keywords:** Dilators, Genitourinary Syndrome of Menopause, Pelvic floor health

**Conflict of Interest and Disclosure Statement:** None

## Influencia de los Roles Relacionales en la Construcción de la Infidelidad

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**Introducción y Objetivo:** La infidelidad es uno de los principales motivos de consulta del contexto terapéutico, razón por la cual se han realizado diversos estudios para determinar las causas de la misma; el objetivo de éste estudio es determinar la relación existente entre la participación que el miembro de la pareja tiene en la infidelidad (ser infiel/ le fueron infiel) los roles proyectivos (madre/padre-hija/hijo) y roles relacionales de compensación ante el poder (dominante, evasivo, pasivo, resistente y cooperativo) que se manifiestan en la dinámica de pareja.

**Método y Muestra:** Se realizó un estudio cuantitativo, no experimental y correlacional con una n de 116 pacientes siendo la infidelidad su motivo de consulta. Se explicó a los pacientes los roles relacionales de compensación de poder, así como los roles proyectivos que se manifiestan en pareja, y cada paciente, con apoyo del terapeuta asignado, se identificó con algunos de ellos, reconociendo también los roles con los que se identifica su pareja.

**Resultados:** A través de estadística descriptiva se encontró la existencia de una clara tendencia que

relaciona el -ser infiel- con el rol de -hija/hijo- y el rol -evasivo-; así como la relación entre el papel de -le fueron infiel- con desempeñar el rol de -padre/madre- y el rol -dominante-, dentro de la pareja.

**Conclusión y Discusión:** Al vivenciar problemas de pareja, el poseer características dominantes y actuar como el padre/la madre, se relaciona con la posibilidad de que su pareja le sea infiel; asimismo, el manifestar características evasivas y adoptar actitudes de hijo/hija, se relaciona con la posibilidad de ser la persona infiel. Por lo tanto, se sugiere que se replique el estudio con una muestra mayor, aportando conocimiento para mejorar las intervenciones terapéuticas en el tema de la infidelidad.

**Palabras clave:** Infidelidad, Roles proyectivos, Pareja

**Fuente de financiamiento:** Unidad Especializada en Salud Sexual (Unesex)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Cognitive-Affective Factors and Women's Orgasm Difficulties: A Comparative Study

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**Introduction & Objectives:** Cognitive-affective factors including sexual beliefs, automatic thoughts, and affect, as well as individual propensity for sexual inhibition and excitation, have been shown to be involved in female orgasmic response. However, most previous studies have only included non-clinical samples and there is yet a need to compare how women with and without orgasm difficulties differ regarding these variables.

**Method(s) & Sample:** Two groups, comprised of 250 women with orgasm difficulties and 250 without ( $N = 500$ ), matched for sociodemographic variables (e.g., age), completed a questionnaire protocol assessing sexual inhibition and sexual excitation (Sexual Inhibition/Sexual Excitation Scales – Short Form), sexual beliefs (Sexual Dysfunctional Beliefs Questionnaire), negative automatic thoughts (Automatic Thoughts subscale of the Sexual Modes Questionnaire), and affect (Positive and Negative Affect Schedule) experienced during sexual activity. Multivariate Analyses of Variance were ran for each set of variables.

**Results:** Compared to women without orgasm difficulties, women who reported orgasm difficulties scored

higher on sexual inhibition related to fear of performance failure and sexual excitation [ $V = 0.70$ ,  $F(3, 480) = 12.0$ ,  $p < .001$ ], as well as on age related beliefs [ $F(1, 497) = 5.73$ ,  $p = .017$ ]. Moreover, women with orgasmic difficulties reported significantly more negative automatic thoughts [ $V = 0.15$ ,  $F(6, 490) = 14.7$ ,  $p < .001$ ] (e.g., failure and disengagement, low self body image, sexual abuse, lack of erotic content, lack of partner's affection, and one's passivity) and lower positive affect during sexual activity [ $V = 0.11$ ,  $F(2, 485) = 28.4$ ,  $p < .001$ ].

**Conclusion & Recommendations:** These results are in line with cognitive-affective models of sexual dysfunction, while suggesting that specific cognitive-affective factors are involved in female orgasm difficulties. Nonetheless, the novel findings of this study highlight attentional focus and sexual inhibition as potential targets for interventions aimed at orgasm difficulties.

**Keywords:** female orgasmic problems, cognitive-affective factors, sexual inhibition and excitation

**Conflict of Interest and Disclosure Statement:** None

## Psychosexual Factors that Influence Sexual and Relationship Satisfaction of People with Physical Disabilities

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**Introduction & Objectives:** Sexually dysfunctional beliefs, as well as an individual tendency for sexual inhibition, seem to play a role in the development of sexual problems. However, little is known about its role in the sexual health of people with physical disabilities. This study aimed to analyse how sexual beliefs and sexual inhibition help explain sexual and relationship satisfaction in people with and without physical disabilities.

**Method(s) & Sample:** A sample of 479 participants (61% were women), aged between 18 and 55 years old, participated in the study. Of these, 189 individuals had a self-reported physical disability and the majority (70.1%) were motor or neuromuscular health conditions (e.g. spinal cord injury, cerebral palsy, muscular dystrophy). Participants filled in several questionnaires about sexual functioning beliefs, sexual inhibition/excitation propensity, sexual and relationship satisfaction, sociodemographic and disability characteristics.

Hierarchical multiple regressions were computed in order to test the hypotheses. Also, moderating effects of physical condition or gender between independent and dependent variables were explored.

**Results:** Results showed that, after controlling for age, ageing beliefs predicted a decreased sexual and relationship satisfaction, regardless of the existence of physical disability. Sexual inhibition related to performance failure also predicted decreased sexual satisfaction, and sexual excitation was associated with less sexual and relationship satisfaction. No moderating effects were found.

**Conclusion & Recommendations:** Findings suggest that dysfunctional beliefs about the ageing body, and an individual tendency for sexual inhibition when anticipating performance failure, may act as

vulnerability factors of sexual adjustment in the face of physical disability and/or negative sexual events. Interestingly, sexual excitation proneness may entail a regulatory role of expectations about sexual encounters. This study brings implications for clinical practice and paves the way to understand the mechanisms in which psychosexual factors may interfere in the sexual health of people with physical disabilities.

**Keywords:** physical disabilities, sexual cognitions, sexual satisfaction

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**Conflict of Interest and Disclosure Statement:** None

## The Influence of Mindfulness, Self-Compassion and Acceptance on Sexual and Relationship Satisfaction of People with Physical Disabilities

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**Introduction & Objectives:** Research on Third Wave Cognitive-Behavioural Therapy has shown the role of variables such as mindfulness and self-compassion in promoting resilience while living with a disabling condition. However, little is known on the influence of these variables on sexual and relationship satisfaction of people with physical disabilities. Therefore, this study aims to analyse the contribution of mindfulness, self-compassion and acceptance in explaining perceived sexual and relationship satisfaction, in people with and without physical disabilities.

**Method(s) & Sample:** A sample of 479 participants, aged between 18 and 55 years old, participated in the study (61% were women). Of these, 189 participants had a self-reported physical disability, the majority (70.1%) being related to motor or neuromuscular health conditions (e.g. spinal cord injury, multiple sclerosis, amputation). Participants took part in a survey about psychological, sexual and relationship information, as well as sociodemographic and disability-related data. A series of hierarchical multiple regressions were computed in order to test the hypotheses. Moreover, possible moderating effects of physical

condition or gender between independent and dependent variables were examined.

**Results:** After controlling for age, results showed that higher levels of mindfulness, self-compassion and acceptance significantly predicted higher sexual and relationship satisfaction, above and beyond the physical condition of the participants. Additionally, results indicated that gender was a moderator for the relationship between the non-judge facet of mindfulness and sexual satisfaction, as this association was only significant for women. Likewise, the association between the self-judgment dimension of self-compassion and sexual satisfaction was stronger for women than for men.

**Conclusion & Recommendations:** Findings suggest that Third Wave Cognitive-Behavioural dimensions may help to understand sexual and relationship satisfaction in individuals with and without physical disabilities. Interventions based on mindfulness and self-compassion techniques might be helpful to improve sexual adjustment in people with physical disabilities.

**Keywords:** physical disabilities, sexual satisfaction, third-wave CBT

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## The Big O: Discovering the Differences Between Multi-Orgasmic, Single-Orgasmic and Anorgasmic Women

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**Introduction & Objectives:** As science has demonstrated, sexuality has a significant impact on human lives, as it influences the level of comfort with oneself and with a partner. Experiencing orgasms for women is considered a sexual peak experience, and is of significant importance as achieving the climax is associated to more positive affect during sexual activities, more satisfaction with mental health, and more marital happiness. There are different types of female orgasm but there is a lack of scientific research concerning the comparison of these.

**Method & Sample:** The present study aims to explore the differences between women that experience either singular orgasms, multiple ones or suffer from anorgasmia. More specifically, we will investigate differences between women that experience one of these three types of orgasm on mindfulness, body image, sexual sensation seeking, communication with partner and sexual satisfaction. In order to conduct this study, an online survey, using various questionnaires will be performed, using 300 participants of the female gender, equally divided between groups of different climax experiences.

**Results:** It is expected that the three categories of women will show significant differences on the several variables, while it is assumed that the multiorgasmic group will show the highest level of sexual sensation seeking compared to the other two groups, as well as a more positive body image, better-partnered communication, higher levels of mindfulness and better sexual satisfaction. On the other hand, anorgasmic women are expected to score the lowest on these elements. As the collection of data is still in progress, results will be available in the Congress.

**Conclusions:** The present study will contribute to the conceptualization of female orgasm and will contribute to a better understanding of the difficulties related to this phenomenon. The results may have specific implications for the assessment and treatment of orgasmic disorders.

**Keywords:** orgasm, mindfulness, sexual sensation seeking

**Conflict of Interest and Disclosure Statement:** None

## Preliminary Study on the Incidence of Sexual Difficulties and Urinary Incontinence in Patients Undergoing Radical Prostatectomy

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**Introduction & Objectives:** Radical prostatectomy is considered the treatment of choice for localized prostate cancer but postoperative complications, including urinary incontinence and the loss of sexual function, are frequently reported by men undergoing surgery. In order to further develop more comprehensive and

effective treatments as a means of assisting men undergoing radical prostatectomy in the recovery of sexual and urinary function, it is crucial to determine the extent to which sexual and urinary problems are present after surgery. The objective of the present study is to

evaluate the incidence of sexual difficulties and urinary incontinence in men undergoing radical prostatectomy.

**Methods & Sample:** 33 men diagnosed with prostate cancer were clinically assessed before radical prostatectomy and 3 months after surgery. After providing their written consent, a clinical interview was conducted individually with each participant to assess sexual functioning and urinary function. A battery of self-response questionnaires to assess a range of medical dimensions and sexual behavior was also completed by each participant.

**Results:** Preliminary findings indicated significant post-operative complications in men undergoing radical prostatectomy. Urinary incontinence and erectile dysfunction were frequently reported by men within 3 months after surgery. However, the majority of the participants reported maintaining sexual desire and subjective sexual arousal in situations of sexual interaction with a partner.

## Sexual Behavior and Sexual Satisfaction in Patients Undergoing Radical Prostatectomy

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**Introduction & Objectives:** Prostate cancer is the most common malignant tumor in men aged 50 and over. The psychological impact of the temporary or permanent loss of sexual function, together with the weight of the cancer diagnosis and the medical procedures imposed by it, can significantly compromise the quality of life and the sexual adjustment of the patient and his partner. The objective of this study is to investigate the level of sexual functioning and sexual satisfaction in men who underwent radical prostatectomy.

**Methods & Sample:** 33 men diagnosed with prostate cancer were clinically assessed before radical prostatectomy and 3 months after surgery. After providing their written consent, a clinical interview was conducted individually with each participant to assess sexual functioning and sexual satisfaction. A battery of self-response questionnaires to assess a range of medical and psychological dimensions (eg, sexual functioning, medical history, and relational dimensions) was also completed by each participant.

**Conclusions & Recommendations:** Despite expected changes in sexual response and urinary function following radical prostatectomy, most men remained sexually active and optimistic about experiencing a satisfying sex life. The results highlight the importance of the development of prevention and intervention programs aimed at improving male sexual health, general and emotional quality of life, and the well-being of patients with prostate cancer undergoing radical prostatectomy.

**Keywords:** Sexual functioning, Urinary incontinence, Prostate cancer

**Source of Funding:** Portuguese Foundation for Science and Technology (FCT)

**Conflict of Interest and Disclosure Statement:** None

**Results:** A significant proportion of men reported sexual difficulties, particularly erectile dysfunction and orgasm problems within 3 months of radical prostatectomy. Despite experiencing significant changes in sexual response, the majority of participants reported that they remained sexually active and had a positive attitude about the possibility of maintaining a future active and satisfying sex life.

**Conclusions & Recommendations:** Intervention programs and sexual rehabilitation after radical prostatectomy are strongly encouraged as a means of assisting men in the recovery of sexual function, and to improve men's overall sexual health, sexual satisfaction, and quality of life.

**Keywords:** Sexual functioning, Sexual satisfaction, Prostate cancer

**Source of Funding:** Portuguese Foundation for Science and Technology (FCT)

**Conflict of Interest and Disclosure Statement:** None



## Results of Voice Evaluation in a Sample of Transsexual Men in Cross-Hormonal Treatment – Preliminary Results

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**Introduction and Purpose:** The fundamental frequency of voice is one of the main gender markers presented by humans. A fundamental frequency between 80 and 150 Hz is regarded as a masculine pattern. The male vocal folds are longer and thicker than the female folds. In this sense, cross-sex hormone treatment may increase vocal folds, leading to a decrease in fundamental frequency.

**Methods and Sample:** Between October 2018 and March 2019, vocal samples were collected from 29 transgender men with mean age of 29.52 years. The microphone was positioned at a 90-degree angle from the mouth, and the 4-cm distance between the microphone and the mouth was maintained to avoid signal interference. Participants emitted the vowel-a sound in usual pitch and loudness. Measurements were obtained through the Multidimensional Voice Program Advanced (MVDPA), Kay PentaxR ©.

**Results:** The mean fundamental frequency of the transgender men was 117.77Hz, that is, within the range values of the male voice. The average duration of cross-sex hormone treatment time was 21.43 months, eleven of them were obese, two had their fundamental frequency within the female range and seven were current or former smokers.

**Conclusion:** Good adherence to treatment and follow-up with a multidisciplinary team may have had a positive impact on this result.

**Keywords:** Transsexual man, Voice, Endocrinology

**Source of Funding:** This study was financed by the Coodenação de Aperfeiçoamento de Pessoal de Nível Superior – Brasil (CAPES) – Finance code 001

**Conflict of Interest and Disclosure Statement:** None

## Anatomy and Physiology of the Female Orgasm

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**Introduction:** The anatomy of the vulva is described in every human anatomy textbook. Female sexual physiology was for the first time described in Dickinson's textbooks in 1949 and subsequently by Masters and Johnson.

**Object:** To better understand female orgasm and the changes of the female erectile organs during the female sexual response.

**Method:** Review of the literature.

**Results:** The vulva is localized in the anterior perineal region, it is formed by the labia majora and vestibule, with its erectile apparatus: clitoris (glands, body, crura), vestibular bulbs and corpus spongiosum, labia minora. The erectile structures are the same in females and in males. The male erection is equivalent to the erection of the female penis. The female orgasm

should be a normal phase of the sexual response cycle and it is possible with a correct sexual stimulation in all healthy women. G-spot does not exist. From a physiological point of view, the term female emission is a more accurate term than female ejaculation.

**Conclusions:** Clitoral/vaginal/uterine orgasm, G-/A-/C-/U-/K-/O/DVZ-spot orgasm, female ejaculation, persistent genital arousal disorder, are terms that must not be used by urologists, sexologists, and sexual medicine experts. Physiologically, the female sexual satisfaction is based on orgasm and resolution.

Female sexual dysfunctions are popular because they are based on something that does not exist. That is to say, the vaginal orgasm!!!

Clitoral sexual response and the female orgasm are not affected by aging. Sexologists should define having



sex when orgasm occurs for both partners with or without vaginal intercourse, definition for all human beings.

**Keywords:** female orgasm, female ejaculation, vaginal intercourse

**Conflict of Interest and Disclosure Statement:** None

## Psychometric Characteristics of Sexual Five-Facet Mindfulness Questionnaire in a Portuguese Sample

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**Introduction & Objectives:** Mindfulness seems to contribute positively to improved functioning, well-being, and sexual awareness, demonstrating positive effects on sexual performance. The main objective of this study is to validate and test the psychometric characteristics of the Portuguese version of the Sexual Five Facet Mindfulness Questionnaire. It is also intended to investigate how the different dimensions of this questionnaire predict the sexual functioning of women.

**Method and Sample:** An online sample of 400 women, and older than 18 years old will be recruited. All participants in the study will respond to a set of online questionnaires, including a self-reported measure of sexual functioning (FSFI; Rosen et al., 2000), Five Facet Mindfulness Questionnaire (FFMQ; Baer

et al., 2006) and the Sexual Five Facet Mindfulness Questionnaire (FFMQ-S; Adam et al., 2015)

**Results:** The results of this study will be presented at the time of the Congress, since the collection of data is still in progress. We expect that the results demonstrate that the scale is suitable for use within the Portuguese population in both clinical and basic research.

**Conclusions & Recommendations:** This study will contribute to the validation of adapted instruments in Portuguese population, and to the study sexual functioning of women.

**Keywords:** mindfulness, sexual functioning, questionnaire

**Conflict of Interest and Disclosure Statement:** None

## The Female Orgasm: Sexual Inhibition/Excitation, Sexual Functioning and Relationship Factors

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**Introduction & Objectives:** In general, orgasm has been described as a subjective experience accompanied by a series of psychophysiological changes and on which we still have limited knowledge (Meston, Levin, Sipski, Hull & Heiman, 2004), namely the role of various psychological and relational dimensions. Thus, the present study aims to evaluate and explore the role of sexual excitation/inhibition, sexual functioning, sexual satisfaction and relational satisfaction in the different types of female orgasm in the Portuguese population.

**Method & Sample:** A total of 161 Portuguese women, ranging in age from 18 to 53 years, participated in this study: 60 reported having experienced

multiple orgasms, 59 reported having experienced single orgasm and 42 reported problems reaching orgasm. Participants answered several questionnaires made available through an online link, which evaluated each of the dimensions mentioned above.

**Results:** The results indicated that women experiencing multiple orgasms have a higher level of sexual satisfaction and relational satisfaction. Additionally, women with orgasmic difficulties revealed lower levels in the different dimensions of sexual functioning. Concerning excitation/inhibition, women with greater difficulties in orgasm reported having higher levels of sexual inhibition, whereas women with no orgasm

difficulties, presented higher levels of sexual excitation. Finally, regression analyses showed that relational satisfaction was a significant predictor of multiple orgasm frequency, and that sexual excitation was a significant predictor of single orgasm frequency.

**Conclusion & Recommendations:** The present study demonstrates the importance of different variables in the orgasm experience, and their significant

influence on the way it is experienced. The results of this study may contribute to deepening the knowledge about orgasm and may have several clinical implications.

**Keywords:** orgasm, sexual inhibition/excitation, satisfaction

**Conflict of Interest and Disclosure Statement:** None

## Sexuality and Aging: Biopsychosocial Predictors and its Impact on Well-Being

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A healthy aging process presumes the continuity of healthy sexual experiences (Kirkman, Fox, & Dickson-Swift, 2016). Evidence suggests that although age emerges as a risk factor for declining sexual activity (e.g Gillespie, 2017), maintaining sexual interest is positively associated with successful aging (Stulhofer, Hinchliff, Jurin, Hald, & Traeen, 2018). Therefore, recognizing the right to sexual health throughout the life-span, the present PhD project aims to: (1) describe sexual behavior, functioning and satisfaction of Portuguese men and women with 55 years or above; (2) assess the impact of biopsychological (i.e. health, medication, cognitive and executive functioning, sexual beliefs, automatic thoughts, sexual inhibition, relational satisfaction) on sexual functioning and satisfaction throughout the aging process; and (3) evaluate the impact of sexual behavior, functioning and satisfaction in satisfaction with life and psychological well-being throughout the aging process.

It is projected that the sample will be composed of a total of 250 participants (N = 250), with 55 years or above, with representative sociodemographic

characteristics. Participants must be healthy and functionally independent to participate in the study. A longitudinal structural equation model (SEM) will be employed in order to evaluate the role of biopsychosocial in sexual behavior, function and satisfaction and their impact on satisfaction with life and well-being.

In general, participants who report less dysfunctional sexual beliefs, a higher propensity for arousal and lower sexual inhibition, and higher relational satisfaction are expected to present higher levels of sexual function and satisfaction and higher levels of sexual satisfaction and higher levels of satisfaction with life and well-being.

This study may contribute to increase knowledge about predictors of sexual satisfaction and well-being in older people, and their role in promoting well-being and satisfaction with life. The results could contribute to the development of sexual health and wellness programs directed to the needs of older people.

**Keywords:** Sexual Health, Aging, Well-being

**Conflict of Interest and Disclosure Statement:** None

## Track: 4. Basic Science

### Cleaning Procedures of Genital Measures in Sexlabs: Current Practices and Emerging Challenges

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**Introduction & Objectives:** Sexual psychophysiology is a scientific field which has vastly contributed to the understanding of the human sexual response. Genital response measurements have been consistently assessed in laboratory studies across the world, wherein the most common measures are vaginal photoplethysmography for women and penile circumferential response for men. These instruments require direct genital contact or insertion, and thus hygiene procedures have been carefully practised allowing the reuse of the devices while minimizing the chance of transmitting infections. Current guidelines suggest high-level disinfection for such procedures, and researchers commonly use glutaraldehyde (e.g. Cidex Plus) and orthophthalaldehyde (e.g. Cidex OPA) formulations. Because such disinfectants have not shown clear evidence of killing Human Papillomavirus (HPV), recommendations include a pre-wash with sodium dodecyl sulfate (SDS) based on studies reporting SDS to kill both HPV and HIV. However, recent studies on microbiology have suggested new methodologies on how to deal with HPV, and new disinfection protocols have been introduced in the medical field (e.g. low-temperature gas plasma sterilizers). The present work intends to discuss current sterilization protocols in light of the new findings regarding HPV resistance

and raise awareness about the possibility of adopting new guidelines that allow for more effective use and disinfection/sterilization of genital devices in Sexology laboratories.

**Conclusion & Recommendations:** Vaginal photoplethysmographs as internal probes are classified as semi-critical devices and, hence, their cleaning procedures should take into account HPV susceptibility to disinfection. Gas plasma technology (e.g. STERRAD), which already has been utilized in some SexLabs in Europe, is discussed as an optimized solution. Advantages regarding time consumption and resources are also addressed. When unable to use high technology sterilisers, condom protective covers may be recommended, considering preliminary evidence showing that condoms do not significantly impact photoplethysmography data.

**Keywords:** Genital response devices, Disinfection, Human Papillomavirus (HPV)

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**Conflict of Interest and Disclosure Statement:** None

### Processing of Pictorial Stimuli with and without Sexual Content in Individuals with High Neuroticism: An ERP Study

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**Introduction & Objectives:** Our cognitive system relies on emotional and attentional mechanisms in order to select the important information from the environment and ignore or inhibit distracting stimuli.

Such ability is often influenced by individual / personality traits and neuroticism has been associated with a particular tendency for distraction. Moreover, neuroticism has been proposed as a vulnerability factor for

sexual dysfunction. This relationship between neuroticism and sexual functioning may be, at least in part, explained by attentional mechanisms. This investigation aimed to explore the neurophysiological correlates of attentional processes during the perception of sexual and non-sexual images in individuals with high and low neuroticism.

**Method(s) & Sample:** 58 participants were selected on the basis of their score in the neuroticism scale of the NEO-PI-R, 30 scoring low and 28 scoring high in the neuroticism scale. Event-related potentials (ERPs) were recorded during a modified oddball paradigm in which three different categories of stimuli (sexual; non-sexual positive; non-sexual negative) varying in the arousal level (high and low arousal) were presented.

**Results:** Results indicated neuroticism to impact both early and late neurophysiological components of attentional processing of sexual stimuli. Female participants with high neuroticism showed a delayed P1 peak during the perception of highly arousing sexual images (i.e. sexually explicit) when compared with low arousing sexual images (i.e. romantic). Moreover, participants with high neuroticism, both male and female,

showed enhanced P3 amplitudes for highly arousing images (with and without sexual content), when compared with participants with low neuroticism.

**Conclusion & Recommendations:** These results help to clarify the relationship between neuroticism and sexual response, namely by showing this personality trait to impact both early/automatic and later/controlled phases of information processing of sexual stimuli. More studies, namely with clinical populations, are needed to determine the impact of attentional mechanisms on individual vulnerability towards sexual difficulties.

**Keywords:** Event-related potentials, Personality, Perception of sexual images

**Source of Funding:** Funding of RD Units Strategic Plan 2013/2015 – OE (ref: UID/PSI/00050/2013) provided by the Portuguese Foundation of Science (FCT) and Technology and COMPETE – Programa Operacional Factores de Competitividade.

**Conflict of Interest and Disclosure Statement:** None

## Endoplasmic Reticulum Stress and MKS Inducing Modulation in Varicocele Induced Apoptosis in Sprague–Dawley Rats

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**Introduction & Objectives:** MKS is a natural Chinese medicinal herb extracts of pure compounds: *Morinda officinalis* How, *Cuscuta chinensis* Lamark and outer scales of *Allium cepa* L. Varicocele is recognized as the leading cause of male infertility and is present in approximately 15% to 20% of male population. This study is to investigate the pathophysiology of varicocele and efficacy of MKS in infertility and testosterone of rat varicocele model.

**Method(s) & Sample:** Four groups were included: control (CTR), MKS group (mks 200 mg/kg/day), Varicocele group (VC), VC+MKS 200 group (mks 200 mg/kg/day). The rats were administered 200 mg/kg MKS or vehicle once daily for 28 days. Serum was

assayed for hormone concentrations. Tissues were subjected to semen analysis, histopathological changes, interleukin-6, tumor necrosis factor- $\alpha$ , oxidative stress markers, endoplasmic reticulum (ER) stress markers and apoptosis markers by western blot.

**Results:** The sperm motility and counts, spermatogenic cell density, testosterone, testicular SOD, catalase, GPx improved significantly in the VC+MKS 200 group compared with the VC group. Serum LH and FSH level, testicular interleukin-6, TNF- $\alpha$ , ROS/RNS, MDA level, and apoptotic index decreased significantly in the VC+MKS 200 groups compared with the VC group. MKS administration to VC rats showed significantly decrease in ER-response protein expression

levels, cleaved caspase-3, and Bax/Bcl2 ratio markers compared with VC group.

**Conclusion & Recommendations:** The sperm motility and counts, Johnsen's score, spermatogenic cell density, testosterone, testicular SOD, catalase, GPx improved significantly in the VC+MKS 200 group compared with the VC group. Serum LH and FSH level, testicular interleukin-6, TNF- $\alpha$ , ROS/RNS, MDA level, and apoptotic index decreased significantly in the VC+MKS 200 groups compared with the VC group. MKS administration to VC rats showed significantly decrease in ER-response protein expression

levels, cleaved caspase-3, and Bax/Bcl2 ratio markers compared with VC group.

**Keywords:** Testosterone, Infertility, Varicocele

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**Conflict of Interest and Disclosure Statement:** None

## Apoyo Familiar y de Pareja y Conducta Sexual en Hombres que Tienen Sexo con Hombres

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**Introducción:** Se estima que a nivel mundial viven más de 35 millones de personas con el VIH siendo afectados principalmente poblaciones marginadas y personas excluidas en razón a sus prácticas sexuales, lo cual contribuye a que la epidemia se expanda (ONUSIDA, 2014). Se ha demostrado que el apoyo familiar y de la pareja es un factor predisponente para la conducta sexual en los hombres que tienen sexo con hombres (Preston, et al., 2004).

**Objetivo:** Determinar la relación del apoyo familiar y de pareja y conducta sexual en hombres que tienen sexo con hombres.

**Metodología:** Se utilizó un diseño descriptivo-correlacional. La población estuvo conformada por 241 HSH y fueron seleccionados por el muestreo dirigido por entrevistados. El Coeficiente de Determinación de  $R^2 = .1$ , una potencia de prueba de 90%. Se aplicó la escala de Provisión social ( $\alpha = .92$ ) y el instrumento de conducta sexual ( $\alpha = .85$ ).

**Resultados:** El 15.4% de los participantes se identificaron como hombres, el 60.0% como gay/homosexual, el 15.4% como bisexual, el 4.2% como travesti y el 5.0% como transexual o mujer transgénero, la media de edad de los participantes fue de 27.5 (DE= 8.60).

En relación al tipo de pareja de los participantes se encontró que el 43.2% señalaron estar en un relación íntima (Media= .43, DE= .48), el 34% tenía una pareja

formal con hombre, el 5.0% pareja formal con mujer, el 26.6% pareja casual con hombre y el 7.5% pareja casual con mujer y hombre. Asimismo se encontró que el 12.9% de los participantes señalaron haber tenido al menos una ITS (Media= .13, DE= .33). Asimismo, el estudio demostró que el apoyo de la familia para practicar sexo seguro se relacionó positivamente con la frecuencia de relaciones sexuales con hombres ( $r = .13$ ,  $p < .05$ ) y negativamente frecuencia de relaciones sexuales con pareja ocasional sin uso del condón ( $r = -.15$ ,  $p < .05$ ), el apoyo de la pareja para sexo seguro se relacionó negativamente con la frecuencia de relaciones sexuales con pareja ocasional sin uso del condón ( $r = -.15$ ,  $p < .05$ ) y con la frecuencia de relaciones sexuales con trabajador/a sexual sin uso del condón ( $r = -.20$ ,  $p < .05$ ).

**Conclusión:** La presente investigación es de apoyo para el profesional de enfermería y ciencias a fines para conocer a la población y proponer y realiza estrategias de prevención de ITS y VIH enfocada al apoyo familiar y de la pareja.

**Palabras clave:** Hombres, Apoyo social, Conducta sexual

**Fuente de financiamiento:** Conacyt

**Conflicto de interés y declaración de divulgación:** Ninguno



## Pedophilic Disorder and Treatment: Systematic Review

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World Health Organization states that pedophilia is a disorder of sexual preference. Some people have uncontrollable tendencies and need a treatment to control this behavioral dysfunction. The pedophile is seriously affected by an illness to be treated. This study looked at the types of events that use the treatment of pedophilic disorder and its consequences. **Method and Sample:** We performed a systematic review of review articles in the PubMed, PubMed Central, BVS, Scielo and Cochrane databases between the period of 2012–2017. The final sample was constructed by 10 scientific articles and a qualitative analysis was performed. **Results and Discussion:** Articles show three modes of treatment used simultaneously or separately: Non-androgenic psychoactive drugs (psychoactive drugs), antidepressants acting in order to inhibit libido and, consequently, the practice of sexual relations, through the reduction of the level of testosterone.

Androgenic Deprivation Therapy, also known as “chemical castration,” inhibits the libido and controls aggressive idea against minors. However, because of their effectiveness, exposure patterns should be reserved for cases where the risk of victimization is high; Psychological therapy privileges self-knowledge and coping strategies about the subjective aspects of personality and disease itself. **Recommendations:** It should be emphasized that a psychological therapy acts in a complementary way (not always present in the treatments) not being a primary treatment choice. The effectiveness of the treatments is measured by the non-recurrence of sexual crimes, rather than by the individual condition of the aggressor.

**Keywords:** pedophilia, disorder of sexual, treatment

**Conflict of Interest and Disclosure Statement:** None

### Track: 5. Sexual Medicine

#### Attitudes Towards Sex in High School Students

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**Introduction & Objectives:** Adolescence is characterized by biological and psychic changes that may impact adolescent sexual behavior. We aimed to verify the average age of sexarch in adolescents and the frequency they use contraceptive and condom, as well as to determine their preferences related to sexual education.

**Method(s) & Sample:** This cross-sectional study included high school adolescents. They responded to a semi-structured questionnaire to assess clinic and demographic characteristics. Two questions (“What is your favorite source for sexual education (SE)?” How would you like to receive this information?”) were used to assess their preferences on the vehicle of sexual education.

**Results:** The semi-structured questionnaire was responded by 202 students. Forty-eight (36.0%) of girls

and 21 (30.4%) of boys were attending the first year of high school. Sixty-nine (36.4%) were male and 133 (63.6%) were female, 135 (66.9%) have had sexual intercourse, 72 (56.3%) used a condom at the first sexual intercourse, 50 (36.7%) had safe sex most part of the time. The reported age of sexarch ranged from 7 to 18 years for boys and from 7 to 17 years for girls, and 113 (83.6%) reported they started having sex by curiosity, 303 students respond to the two questions, 199 (50.5%) and 154 (39.0%) preferred parents and teachers, respectively, as the main source of SE, 237 (47.9%) preferred SE through lectures, and 93 (76.8%) preferred written and illustrative form for this information.

**Conclusion & Recommendations:** More than half of our students had early sexarch and some of them



were a victim of sexual violence. Half of them had unprotected intercourse effective contraceptive method, the reported age. The main motivations for sexual initiation were personal choice and curiosity. Most of them would like to receive sexual education by parents and/or teachers. SE should be implemented in public

high schools as a strategy that could contribute to the reduction of sexual risk behavior among adolescents.

**Keywords:** Sexuality, Sexarch, Adolescence

**Conflict of Interest and Disclosure Statement:** None

## Prácticas Sexuales en Hombres de 20 a 44 Años en Santiago, Chile Año 2018

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**Introducción & Objetivos:** Las prácticas sexuales son comportamientos que se realizan con el fin de dar y/o recibir placer sexual, determinados muchas veces por la cultura y lo que en pareja desean explorar. Con la ruptura de mitos y tabúes, antiguos esquemas, la educación sexual, el autoconocimiento y el uso de la tecnología, cada día muchas personas exploran más allá del coito vagina y anal.

**Objetivo:** Determinar el tipo de prácticas sexuales predominantes en hombres de 20 a 44 año.

**Método(s) & Muestra:** Se realizó un estudio de enfoque cuantitativo con un diseño descriptivo longitudinal, se aplicó una encuesta anónima en una muestra de aleatoria de 296 hombres entre 20 y 44 años de nacionalidad chilena, con residencia en Santiago.

**Resultados:** Se analizaron los resultados en programa estadístico SPSS versión 23, mostrando que el grupo etáreo predominante fue de 20–24 años en un 49% seguido por 25–29 años en un 14%, declarándose el 82% del total Heterosexual. El inicio de Vida Sexual

se concentra entre 15 y 17 años con un 50,34 % y el uso de preservativo, refieren ser siempre el 20,13% Siempre y Nunca el 34,9%. En cuanto a las Prácticas sexuales predominantes son las convencionales, del total refiere practicar sexo oral 92%, Vaginal 89,93%, anal 61,94% anal, por otro lado Cibersexo 36,91%, Trios el 12,72% y otros 4,7%.

**Conclusión& Recomendaciones:** las parejas se están dando la posibilidad de explorar más allá, es así como con el acceso a tecnología han permitido el aumento de las prácticas de tipo virtual, por lo se hace importante incluir en la consejería en salud sexual, el riesgo que implica situaciones que puedan llevar a la extorsión, pornografía u otra acción indebida.

**Palabras clave:** Practica Sexual, Hombre, Adulto Joven

**Conflicto de interés y declaración de divulgación:** Ninguno

## Disfunción Eréctil como Predictor de Eventos Coronarios Agudos

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**Introducción y Objetivos:** La enfermedad cardiovascular (ECV) es la causa más frecuente de muerte en todo el mundo, suponiendo 1,8 millones de muertes por año. No existe un método no invasivo, signo clínico o de laboratorio capaz de detectar todos los individuos que van a desarrollar enfermedad arterial coronaria

(EAC). Si bien la disfunción eréctil (DE) es multifactorial, en su mayoría es de origen vascular, y dentro de ella, aterosclerótica. Existe una relación íntima entre la DE y la disfunción endotelial, así como también una relación entre las dos y la ECV

Se realizó una revisión bibliográfica narrativa en los últimos 5 años con el objetivo de evaluar el valor predictivo de la DE en la aparición de eventos coronarios agudos.

**Métodos y Muestra:** Se realizó una revisión bibliográfica narrativa, mediante una búsqueda en Pubmed, Sexual Medicine Reviews y The Journal of Sexual Medicine con los términos MESH: “erectile dysfunction” y “cardiovascular disease” y “coronary artery disease”. Para limitar la búsqueda se utilizaron trabajos publicados en los últimos 5 años, en humanos y con texto completo disponible.

**Hallazgos y Discusión:** La DE se asocia a eventos coronarios agudos en un promedio de 3 años luego del inicio de la misma. La extensión y severidad de la EAC se relaciona directamente con la severidad de la DE; aumentando el número de vasos coronarios

conforme aumenta la severidad de la DE, La DE representa un factor de riesgo cardiovascular (FRCV) independiente y está asociado a eventos cardiovasculares adversos mayores (MACE) y mortalidad por todas las causas.

**Recomendaciones:** Un hombre con DE orgánica debe considerarse en aumento del riesgo de ECV.

La prueba de esfuerzo físico puede definir aún más el riesgo cardiovascular en pacientes con DE. Es particularmente útil para identificar EAC silenciosa en pacientes con diabetes

**Palabras clave:** Disfunción eréctil, Enfermedad cardiovascular, Enfermedad arterial coronaria

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexualidad en Adultos Mayores en Residencias de Larga Estadía

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**Introducción:** conocer la sexualidad en personas de la tercera edad, institucionalizadas en Montevideo, Uruguay.

**Objetivos:** determinar la realidad sobre la sexualidad de los adultos mayores que habitan en residencias de larga estadía. Identificar el tipo de relacionamiento sexual que existe entre los estados, determinar si hemos recibido educación sexual, valorar y contar con la libertad y los espacios para poder ejercer su sexualidad.

**Método y Muestra:** se realizó en 600 sujetos que integran el servicio de Atención Domiciliaria del Hospital Policial; Mayores de 65 años, sin deterioro cognitivo o con deterioro de nivel moderado, según prueba de PFeiffer modificado, institucionalizado en todos los centros dentro de Montevideo, entre septiembre y diciembre del año 2017.

Se trata de un cuestionario que consiste en una constancia de dos partes, la primera con los datos de la historia clínica del paciente, las patologías previas y mediáticas.

**Resultados y Conclusiones:** los integrantes del estudio, la participación en actividades sexuales, el

autoerotismo hasta una relación sexual, la formación de nuevos vínculos y la relación sexual con otros integrantes de la tercera edad, el contacto físico y físico (como tomarse de las manos, besarse, acariciarse), autoestimularse, pero en ninguno de los casos entrevistados incluyó la relación coital). En ninguno de los centros de larga estadía de la educación sexual. Más de la mitad de los participantes tienen información hipnótica o antisicótica para descansar en la noche y el 100 por ciento presenta polifarmacia.

**Recomendaciones:** Sugerencias más espacios públicos y privados para favorecer el vínculo sexual, educación sexual, acorde a sus necesidades, tener cuidado en la medicina que se administra y sus interacciones a nivel sexual. Es indispensable la elaboración de guías sobre la salud sexual en la tercera edad.

**Palabras clave:** adultos mayores, institucionalizados, sexualidad tercera edad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Interdisciplinary Treatment of Genital-Pelvic Pain Disorder Penetration. Orgasm Disorder with Electro Stimulation, Tantric Massage and EMDR: Case Report

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**Objective:** demonstrate the effectiveness of the interdisciplinary treatment of genital-pelvic pain disorder penetration; orgasm dysfunction after therapeutic techniques, electro stimulation and tantric massage. case report: woman, 32 years old, single, white, college degree, heterosexual, denies sexual abuse. Pain and fear in the attempt to be penetrated. She refers to desire, but not orgasm. Physical Examination Spasms and incoordination of the pelvic floor muscles, perineal contraction of the adductor muscles of the thighs. To the bidigital touch extremely reactive to the procedure, presenting a coccygeal bulb muscle of hard consistency, and pain sensitivity.

**Methods** 5 sessions EMDR (Eye Movement Desensitization and Reprocessing)

20 sessions of electro stimulation – respiratory exercises and desensitization by digitalis massage, electro-vaginal stimulation in the parameters for analgesia (transcutaneous electrical stimulation – TENS), muscle relaxation, manual therapy of perineal stretching, kinesiotherapy.

**Tantric Massage** 9 tantric massage sessions Tantric massage improves sensitivity, expands and intensifies the orgasmic sensation, linking various muscle groups in the bioelectric reaction. Tactile stimuli increase the body's electrical potential in particular cells of the nervous system (neural) that shoots, propagates, and processes electrical impulses. There is an electric discharge fired all over the body, producing altered state of perception and consciousness.

**Results:** the treatment showed its effectiveness in the report of the woman of sexual act with permission of penetration without pain, and presence of orgasm.

**Conclusion:** the interdisciplinary treatment physiotherapy, and tantric massage in the genital-pelvic pain penetration orgasm disorder presented efficacy and decreased treatment time.

**Keywords:** genital-pelvic pain disorder penetration; orgasm dysfunction, Interdisciplinary treatment, Tantric Massage

**Conflict of Interest and Disclosure Statement:** None

## Estradiol Correlates with Erectile Dysfunction and its Severity in Diabetic Patients

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**Introduction & Objectives:** Erectile dysfunction (ED) among type 2 diabetic (T2DM) patients is very frequent and often more severe and difficult to treat than in non-diabetics. Hormonal evaluation is mandatory in ED work-up to assess the possible presence of low testosterone (hypogonadism) which can contribute to ED. On the other hand, the role of estradiol in men suffering from ED is not clear and conflicting results are reported in the literature. The objective of this

study is to investigate the role of estradiol in T2DM patients suffering from ED.

**Methods & Sample:** A retrospective cross-sectional study has been performed involving 57 patients attending the Diabetology Unit of Padua Hospital. All patients were T2DM patients suffering from ED with an age between 42 and 78 years (mean  $59.2 \pm 9.8$  years), mean T2DM duration of 10.9 years, BMI  $29.2 \pm 5.5 \text{ Kg/m}^2$  and glycated haemoglobin (HbA1c)  $7.8 \pm 1.6\%$ . All the subjects underwent an accurate

medical history collection, International Index of Erectile Function (IIEF-5) questionnaire, physical examination, biochemical blood tests and hormone levels (LH, total testosterone and estradiol). The mean IIEF-5 score was 9.4 (i.e. mild DE).

**Results:** In our population we found a negative association between estradiol levels and IIEF-5 score ( $p = 0.01$ ). We therefore divided our population into quartiles according to estradiol levels and found a much higher prevalence of severe ED (i.e. IIEF-5 score  $< 8$ ) in the highest estradiol-quartile than in the lowest estradiol-quartile (61.5% vs 7.1%,  $p < 0.05$ ). No

difference was found between estradiol quartiles regarding other variables such as age, diabetes duration, HbA1c, BMI, lipid profile or total testosterone.

**Conclusion:** Higher estradiol levels are associated with worse erectile function in T2DM suffering from ED. High estradiol levels are predictive of severe ED. Further studies are required to investigate the role of estrogens in male sexual function.

**Keywords:** Erectile dysfunction, Estradiol, Diabetes

**Conflict of Interest and Disclosure Statement:** None

## Antecedente de Abuso Sexual en la Infancia y Funcion Sexual en la Aduldez, de Mujeres de la Ciudad de Manizales, Colombia

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El efecto del abuso sexual en la niñez sobre el funcionamiento de la respuesta sexual en la vida adulta, tiene diferentes aproximaciones, principalmente en cuanto al efecto negativo a largo plazo que tiene el abuso sexual en la vida de los niños víctimas. Entre los efectos se describe una amplia gama de trastornos médicos, conductuales y psiquiátricos, que incluyen depresión, trastornos del sueño, trastornos de la alimentación, obesidad, sentimientos de aislamiento, estigmatización, baja autoestima, problemas con las relaciones interpersonales, disfunciones sexuales, revictimización, abuso de sustancias, comportamiento suicida y psicosis.

Son múltiples los factores que afectan la función sexual femenina, entre estos: la edad, la presencia o no de enfermedades, antecedentes de violencia sexual, problemas interpersonales, autoestima, alteraciones anatómicas, entre otras; por lo cual, asegurar la relación directa de antecedente de abuso sexual y alteración de la función sexual es osado. Otros planteamientos, sugieren que, en la función sexual de la mujer adulta con antecedente de abuso sexual, intervienen

otros factores además de este, y si hay alteración de esta, no tiene que estar relacionada con el antecedente del abuso sexual. Se conoce que aún persiste la falta de unanimidad en los estudios que afirman la relación directa entre la experiencia de abuso sexual en la infancia y las disfunciones sexuales.

Lo que pretende el presente estudio desde el enfoque cualitativo interpretativo, con perspectiva del modelo hermenéutico, identificar categorías según el análisis de un grupo de casos de mujeres de la ciudad de Manizales; de tal forma que se puedan develar los factores que intervienen en el desarrollo de la función sexual en la mujer adulta que ha tenido el antecedente de abuso sexual en su niñez

**Palabras clave:** childhood sexual abuse, sexual dysfunction, qualitative methods

**Fuente de financiamiento:** Universidad de Caldas

**Conflicto de interés y declaración de divulgación:** Ninguno

## Born in the Right or the Wrong Country?

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A comparison of quality of life for the trans populations in Mexico and Norway with focus on psychological measures in relation to societal changes that has taken place.

**Introduction and Aims:** The aim of this study is to provide an overview of issues faced by gender diverse people in Mexico and Norway and how these issues are met. A holistic approach will be utilized, integrating human rights, citizenship, medical and psychological health care.

Lack of adequate legal recognition leads to the invisibility of said citizens, while common health psychological problems include, loneliness, sadness, substance abuse, hate-crimes and suicide. These problems may arise through lack of belonging and minority stress.

**Method:** We did the comparison of data from Mexico and Norway on different aspects of quality of life for the trans populations, the Norwegian sample there were more sadness, more suicidal thoughts,

attempts, and discrimination from family and professionals in the health care system than expected.

**Results:** The Mexican groups have more sexual partners, experience less discrimination in general. More trans individuals in Mexico are using hormones, usually not prescribed by a physician. The rate of suicide attempts in the general population in Norway is .11. In the Norwegian sample of trans individuals the suicide attempt rate was 29 %. In the general population in Mexico the rate of suicide attempts is 2,8. The rate of suicide attempts among Mexican trans individuals studied were 14,9 at gathering places 21,3% from the trans clinic, and 30,1% in prisons.

**Conclusions:** Overall, the results we have so far strengthens the need for more informed strategies apt to promote the inclusion of all social strata by raising awareness on the difficulties and the joys experienced by gender diverse people.

**Keywords:** Trans, Mexico, Norway

**Conflict of Interest and Disclosure Statement:** None

## Impacto del Embarazo en la Sexualidad de las Gestantes del eje Cafetero

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**Introducción:** El embarazo juega un papel importante en la función y comportamiento sexual de las mujeres; durante el embarazo, además de la presencia de un gran impacto hormonal, los cambios emocionales pueden ocurrir en el estilo de vida e incluso en la propia imagen, lo que termina por cambiar la expresión de la sexualidad y el comportamiento sexual de la gestante.

**Objetivo:** evaluar el impacto del embarazo en la sexualidad de las mujeres del eje cafetero, así como determinar la prevalencia de disfunciones sexuales entre las gestantes.

**Sujetos y Métodos:** estudio analítico, prospectivo y longitudinal, que se realizó en 1440 gestantes.

**Resultados:** Las gestantes obtenían el orgasmo con la sola penetración en un 26,04%, el 53,75% lo lograba

a través de la asistencia con el estímulo del clítoris y el resto 20,21% mediante la masturbación. El deseo sexual disminuyó en cada uno de los trimestres del embarazo; en el segundo trimestre el dolor presentó una diferencia significativa respecto a los otros trimestres; el orgasmo se hizo más difícil de alcanzar en el primer trimestre del embarazo, y un 6,04% manifestaron no haberlo experimentado nunca; la satisfacción sexual fue el dominio que mostró el mayor pico, ya que la mayoría siguieron considerando satisfactoria su vida sexual a lo largo del embarazo. La frecuencia de los coitos también disminuyó de forma significativa en el transcurso del embarazo ( $p = 0,000$ ), mostrando que lo excepcional era tener más de tres encuentros a la semana. La prevalencia de la disfunción sexual en el

primer trimestre fue del 39,6%, 34,5% en el segundo trimestre y, 78,95% en el tercer trimestre

**Conclusiones:** en las mujeres gestantes se afecta la salud sexual, lo que puede tener efectos negativos sobre el bienestar general y en la relación de pareja.

**Palabras clave:** Embarazo, Disfunción sexual, Epidemiología

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Medical Resistance to Approach Sexual Aspects in the Medical Practice

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Despite the appearance of more than 100 articles and publications in the last 5 years regarding the importance for the physician of boarding the sexual aspects of the patients lives, it has been found that there exists a frank resistance to the practice of gathering sexual aspects of the patient. The medical schools and residency programs, especially the OB/GYN and Urology residency programs, are influenced more by the religions, cultures and politics rather than the science. They have neglected the training and formation of physicians regarding Human Sexuality.

Multiple excuses are given by the practitioners such as: "It is an intimate matter"; "Really, it takes too much time"; "It's really not important anyway"; "The diagnosis or treatment of any issue is not for me to treat"; "I really don't get into that and it's not a part of my field, so I don't treat it"; "How would I even ask the patient any questions about sex and what would the question be?"; "Anyway, insurances don't pay for that". Inclusively, the reality is that Practitioners don't know how to speak to anyone about sex and they have never been exposed to a clear,

simple, open, respectful, responsible and professional conversation about sex. Jokes and dirty language have been the only ways in which they feel comfortable. That has been the known way from everyone throughout their life. How to overcome this situation is analyzed and discussed.

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**Keywords:** Professional Training, Clinical Sexuality,

**Conflict of Interest and Disclosure Statement:** None

## Rediscovering my Body after Cancer

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**Introduction & Rationale:** Women who have had cancer often feel discomfort in their sexual self. They have experienced a distrust of their bodies after cancer and struggle to deal with the emotions of their bodily changes. Often times, they describe a desire "to get out

of their heads and into their bodies", which until recently may have caused them pain. They say they want to "feel like women again and stop feeling the objectification of a being an excellent medical case study".



**Project / Population and settings:** Rediscovering My Body after Cancer is a four-week class for women who have been diagnosed with cancer to help them reimagine their bodies and reconnect with themselves sexually and with their partners. The class is hosted at a local hospital in Boulder, Colorado, USA.

**Outcome:** Post-course surveys indicated that “better understanding of what is normal” had been gained; “greater self-acceptance”; “more joy”; “more pleasure in the body”; “increased connection with their partner”; “gained tools to increase sexual interest”.

**Discussion & Recommendations:** Treatment included self-discovery; psycho-educational information on what is “normal” after cancer; as well as how to express their desires for pleasure; and what those pleasures are; and ways to enhance intimacy with a partner.

## Hysterectomies, Pelvic Surgeries & Anorgasmia

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Multiple studies from Asia and the Middle East have reported the development of anorgasmia secondary to hysterectomies and other pelvic surgeries. In our Center, we have a number of patients in which these procedures are done regularly, on an average of four to six per week occurring for the last 20 years. However, our results regarding the sexual function after these kind of surgeries are exactly the opposite. In evaluations pre and post surgery of the sexual function and in the worst case scenario, the sexual function wasn't affected by the surgery. In the majority of cases, especially when the reasons for the surgery were situations that directly affected the quality and the frequency of the sexual activity such as, dyspareunia, dysmenorrhea, persistent abnormal uterine bleeding, fibroids, genital prolapse, urinary incontinence, pelvic

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**Keywords:** Cancer, Sex, Women

**Conflict of Interest and Disclosure Statement:** None

masses, endometriosis or pelvic adhesions, the final result was remarkable and the patients improved notoriously in respect to their sexual activity with an improvement in the partners experience and activity. The presentation clarifies the present controversy of the practice of surgeons in the female reproductive organs of whether or not it affects positively or negatively the sexual function post surgery. Analysis of the action of these pelvic surgeries on the sexual function and their benefits verses harms is done, as well as the reasons why in the countries of Asia and Polynesia the results were the opposite.

**Keywords:** Anorgasmia, Pelvic Surgeries

**Conflict of Interest and Disclosure Statement:** None

## Funcionamiento Sexual, Prevalencia de Disfunción Sexual y Factores Relacionados en Mujeres a los 6 Meses Postparto

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**Introducción:** Los estudios a nivel mundial han dejado clara la alta prevalencia de las disfunciones sexuales en la mujer en el periodo postparto, índices de inactividad sexual no despreciables y su influencia negativa en la calidad de vida. Aun así, por tradición, se le ha excluido de los cuidados de la atención postnatal, y, aunque la mayoría tiene contacto con los profesionales de la salud, raramente se discuten temas de salud sexual, se interroga al respecto o se hace una búsqueda de manera activa.

**Objetivo General:** Caracterizar el funcionamiento sexual y establecer la prevalencia de disfunción sexual con sus factores asociados en los primeros 6 meses postparto de mujeres asistentes a los centros de atención obstétrica de tercer nivel de la ciudad de Manizales.

**Metodología y Muestra:** El presente estudio es un estudio descriptivo, transversal, correlacional llevado a cabo en 210 pacientes atendidas en la unidad obstétrica de la ESE Hospital de Caldas, durante el transcurso de julio del 2018 a marzo del 2019. Muestreo realizado de manera probabilística, con un

promedio mensual de 24 pacientes. Se seleccionaron las primeras pacientes con parto de cada mes.

**Resultados:** Se describieron las características sociodemográficas del grupo de estudio, se caracterizó el funcionamiento sexual de las mujeres durante el puerperio, se estableció la prevalencia de disfunción sexual en mujeres a los 6 meses postparto y se clasificó las disfunciones sexuales encontradas según los dominios evaluados por el Índice de Función Sexual Femenina (FSFI).

**Conclusión y Recomendaciones:** Se evidenció una alta de prevalencia de disfunciones sexuales con repercusión relacional, relacionado con la falta de información e interés sobre la salud sexual por parte del personal asistencial. Se requieren más estudios para identificar la relación existente entre las disfunciones sexuales y demás variables.

**Palabras clave:** Puerperio, Disfunción sexual, Función sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Trastornos Parafílicos: Dilucidando su Origen

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**Introducción:** Los trastornos parafílicos son estímulos o actos sexuales considerados desviaciones de los comportamientos normales, pero que son necesarios para que se llegue a experimentar excitación y orgasmo. Desde su primera descripción se han propuesto diversas teorías acerca de su etiología. Actualmente, se considera que es un proceso que involucra factores socioculturales, biológicos y psicológicos. Aun no se ha propuesto una vía común para los distintos tipos de trastornos parafílicos, sin embargo, se han realizado estudios de neuroanatomía, neuroquímica y

neurofisiología, los cuales nos han permitido conocer un poco más acerca de estas desviaciones.

**Objetivos:** Presentar las distintas propuestas que se han planteado acerca de la etiología de diversos trastornos parafílicos, desde un enfoque biológico y psicológico.

**Métodos:** Se realizó una revisión extensiva de la literatura, utilizando motores de búsqueda como MEDLINE, Science Direct, Pubmed y ResearchGate, abarcando desde enero 2012 hasta enero 2019, utilizando los términos “paraphilia” “fetishism” “sexual deviance”.

**Hallazgos & Discusión:** La pedofilia es el trastorno mejor descrito y con mayor cantidad de estudios. Dentro de las teorías, varias son extrapolables al resto de trastornos parafilicos. Se habla de un patrón heredable, desequilibrios hormonales y disminución de algunos neurotransmisores. Antecedentes traumáticos en la infancia, como el abuso sexual. También, se han descrito parafilias secundarias a alguna alteración estructural o que involucran alteraciones en las vías del sistema somatosensorial. Otras teorías hablan de alteraciones en la impronta sexual, objetos transicionales, condicionamiento clásico y “erotic location target error”.

**Recomendaciones:** Si bien, aun no existe una etiología clara, estos hallazgos nos permiten distinguir patrones desde la infancia. Es importante continuar con la investigación en este campo, ya que estas desviaciones de la conducta implican un impacto significativo para la calidad de vida de la persona e incluso para aquellos que lo rodean.

**Palabras clave:** Parafilia, Fetichismo, Pedofilia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Indice de Satisfaccion Sexual en Mujeres en la Peri y Postmenopausia

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Durante la última década se ha hecho cada vez más evidente la necesidad de estudiar la sexualidad de mujeres en etapa del climaterio. En México, los resultados de algunos estudios sobre función sexual femenina y deseo sexual en esta etapa de la vida, han generado preguntas sobre diversos aspectos de la sexualidad de mujeres en la perimenopausia y la postmenopausia. El objetivo de este estudio fue explorar el Índice de Satisfacción Sexual y su relación con variables como tiempo en pareja, escolaridad, y uso de hormonas. Participaron un total de 60 mujeres cuya media de edad, fue de 48.8 años; 45% de las mujeres se encontraban en la perimenopausia y el 55% en la Postmenopausia. Todas las mujeres de la muestra tenían pareja, y el promedio de tiempo que tenían conviviendo con esta fue de 23.7 años, (mínima de 1 y máxima de 49). El 81.7% se consideraba católica; el 23.3% tenía estudios máximos de secundaria, el 15% tenía estudios máximos de preparatoria; y el 15% tenía una licenciatura. Se aplicó el Inventario de Satisfacción

Sexual (Álvarez-Gayou, Millán y Honold, 2005) De 29 ítems con respuesta en escala tipo Likert. La media del puntaje total obtenida por la muestra en este estudio fue de 112.16, la cual es menor que la establecida durante la validación del inventario ( $M = 116.97$ ).

Los resultados no mostraron relación entre la satisfacción sexual y el uso de hormonas. Se encontró una correlación significativa y directamente proporcional entre la escolaridad y la satisfacción sexual e inversamente proporcional entre la satisfacción sexual y las variables edad y años de convivencia en pareja. La satisfacción sexual constituye un componente central en la experiencia sexual de la mujer, por lo que su naturaleza y relación con otras variables debe seguir siendo investigada.

**Palabras clave:** satisfacción sexual, menopausia, relación de pareja

**Conflicto de interés y declaración de divulgación:** Ninguno

## Factores Fisiologicos Relacionados con la Disfunción Sexual en Mujeres con Diabetes Tipo 2

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**Introducción:** Actualmente la Diabetes tipo 2 (DT2) representa un problema mundial no solo por su incidencia o prevalencia, si no por las complicaciones que puede causar en las personas que padecen DT2, tales como afectaciones en la función sexual que si bien no pone en peligro la vida, es un marcador de la calidad de vida, en las mujeres este tema ha sido menos abordado debido a su complejidad.

**Propósito:** determinar la relación de los factores fisiológicos con la disfunción sexual en mujeres con DT2 en un hospital comunitario del estado de Puebla.

**Métodos:** diseño descriptivo, transversal, correlacional, para las mediciones biológicas y antropométricas, se utilizó un baumanometro Riester, una báscula BAME, equipos Alcnow y cardio-check, se aplicaron dos instrumentos a lápiz y papel: cédula de datos general y el Índice de función sexual femenina

**Muestra:** 113 mujeres con DT2 que acudieron a consulta de control de la DT2, de un hospital comunitario del estado de Puebla, tomando en cuenta los criterios de inclusión (mayores de 18 años con diagnóstico de DT2, que refieran tener vida sexual activa) y exclusión (mujeres con embarazo o

puerperio, enfermedad de la tiroides, hepática, anemia, salpingooforectomía, o histerectomía).

**Resultados:** La prevalencia de disfunción Sexual Femenina (DSF) fue de 78.8%, donde se encontró relación con la edad ( $rs=-.299$ ;  $p=.031$ ) con las etapas de deseo ( $rs=-.214$ ;  $p=.044$ ), excitación ( $rs=-.226$ ;  $p=.033$ ) y lubricación ( $rs=-.328$ ;  $p=.002$ ). El colesterol y la TAS con la etapa de satisfacción ( $rs=-.216$ ;  $p=.042$ ;  $rs=-.270$ ;  $p=.010$ ).

**Conclusiones:** esta investigación muestra una alta prevalencia de DSF en esta población, no se encontró relación de la hemoglobina glucosilada con la DSF pero si con la edad, el colesterol y la tensión arterial sistólica.

**Recomendaciones:** ampliar el diseño del estudio a longitudinal, además de complementar con otras pruebas e instrumentos donde se integre a la pareja.

**Palabras clave:** Disfunción sexual femenina, Diabetes tipo 2, factores fisiológicos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Vaginismus of the Wife and Alleged Impotence of the Husband in Egypt; Which is the Cause and Which is the Outcome?

Heba Kotb

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Over the history, the matter of virginity has ever been of utmost importance to prove chastity, especially in the eastern and religious communities. Also the manhood is defined in the same communities by the ability to have the sexual act done. In the same conservative societies the first sexual act is supposed to be on the wedding night; after which the woman should not remain virgin. If she does, everybody thinks of husband's impotence. One hundred and twenty (120) couples were studied in this research over a period of 18

month-time; age groups of the spouses were between 23 and 36 years. Investigations were taken over to exclude the organic cause(s) of male impotence like penile Doppler, and subsequent cavernosography and cavernosometry in indicated cases which showed affected penile arterial flow and/or venous leakage in the pictures and reports of the coloured penile Doppler imaging. On the other hand, a neuro-physiologic evaluation of the wives were taken over using a special physical-therapy vaginal probe to measure the

tone of bulbocavernosus/spongiosus muscles to settle the presence or absence of “vaginismus”. The results were surprisingly settling that the vast majority of the couples with incapability to perform the sexual intercourse were having the problem of vaginismus (96.6%) whereas a very small percentage of the husbands (male partners) were suffering from an organic reason with variable degrees of erectile dysfunction (1.4%) besides

another category of husbands complaining of psychological impotence secondary to vaginismus of the wife (2%).

**Keywords:** vaginismus impotence, claimed male impotence

**Conflict of Interest and Disclosure Statement:** None

## Cirugía de Reasignación de Sexo: Vaginoplastia Utilizando Mucosa Uretral

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**Introducción y Justificación:** La cirugía de reasignación de sexo (cirugía transgénero o transexual) es comúnmente el último y el paso mas importante en el tratamiento de la disforia de género. Existen una gran variante de técnicas que ofrecen resultados muy diferentes tanto funcionales como estéticos. El uso de la mucosa de la uretra peneana y bulbar para la formación de la neovagina es una técnica que ofrece excelentes resultados.

**Métodos y muestra:** La experiencia de ambos centros han logrado recolectar 47 casos de cirugía de reasignación de sexo de hombre a mujer utilizando esta técnica que se utiliza en pocos lugares del mundo. Se realizaron cuestionarios de satisfacción a los 3 meses y a los 12 meses después de la cirugía.

**Hallazgos y discusión:** La vaginoplastia es una cirugía que debe realizarse por médicos especialistas en reconstrucción genital que estén familiarizados con el aspecto funcional y estético. Esta técnica innovadora tiene la gran ventaja de usar la uretra peneana y bulbar para formar la pared anterior de la neovagina, con lo que se consigue una apariencia y sensación mas

natural. Se hicieron 3 preguntas clave ¿Qué tan satisfecho está con el resultado funcional de su cirugía?, ¿Qué tan satisfecho está con el resultado estético de su cirugía? y ¿Qué tan satisfecho está usted con su apariencia exterior?; 43 pacientes respondieron muy satisfecho a la primer pregunta, 45 respondieron muy satisfecho a la segunda y 42 pacientes respondieron muy satisfecho a la tercer pregunta. Aquellos que respondieron poco satisfecho a la pregunta del resultado funcional eran pacientes que no habían logrado aun tener orgasmo durante las relaciones sexuales.

**Recomendaciones:** Hemos observado que el resultado funcional y estético ofrecido por este procedimiento esta por encima de otras técnicas, sin embargo no deja de ser un procedimiento un poco mas complejo.

**Palabras clave:** disforia de genero, cirugia transgenero, vaginoplastia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Relationship and Sexual Dysfunction and Satisfaction Among Males Injecting Drug Users in Tunisia

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**Introduction:** High-dose buprenorphine (HDB) or Subutex® injecting drug abuse is a serious epidemic in

Tunisia with serious and harmful outcomes. The aim of our study was to evaluate the effect of the use of

HDB injecting-drug-use on the couple's relationship fitting, sexual dysfunction and satisfaction among males injecting drug users in Tunisia.

**Subjects and Method:** We conducted a descriptive cross-sectional study using the Locke and Wallace questionnaire in a population of 27 men in a specialist addiction consultation undergoing treatment for HDB injecting-drug-use and who were in a relationship at the time of the study.

**Results:** The mean age was 35.6 years. Socioeconomic conditions were poor or average in 96% of cases. The average couple relationship length was 7 years. The partner average age was 30.7 years. The mean score of the Locke and Wallace questionnaire was 86 with ranging extremes ranging from 55 to 113.

A low score was significantly associated with a major alteration of the marital agreement, poor socioeconomic conditions ( $p = 0.033$ ) and sexual dysfunctions such as decreased desire ( $p = 0.044$ ).

Among our patients, 85% had a poor or average satisfaction of their couple sexuality according to the scale of the overall measure of sexual satisfaction.

**Conclusion:** Couples adjustment and sexuality are impacted by addiction. These problems are often overshadowed or underestimated. Couples therapy and counseling might be an excellent addition to individual therapy.

**Keywords:** relationship, couple, drug user

**Conflict of Interest and Disclosure Statement:** None

## Pesquisa de Disfunção Sexual Femenina en la Sala de Espera del Consultorio de Ginecología de un Hospital Polivalente

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**Objetivo:** La Disfunción Sexual Femenina (DSF) es una condición aún poco estudiada y poco diagnosticada. Detectar disfunciones sexuales en las pacientes que concurren al consultorio externo de Ginecología del Hospital de Clínicas General José de San Martín de la Ciudad Autónoma de Buenos Aires con el fin de orientar la estrategia de difusión y acceso a la consulta sexológica.

**Material y Metodo:** Se distribuyeron al azar un total de 196 cuestionarios auto-administrados; Índice de Función Sexual Femenina (FSFI) a mujeres de 18 a 75 años, en la sala de espera del consultorio externo de Ginecología del Hospital de Clínicas General José de San Martín, entre los meses de abril y septiembre de 2018.

**Resultados:** del análisis de los FSFI relevados surge una prevalencia de Disfunción Sexual global del 47% distribuida en concordancia con los resultados de otros estudios internacionales según los diferentes dominios:

18%Deseo, 18%Exitación, 21% Lubricación, 27,7% Orgasmo, 15% Satisfacción, 35%Dolor.

**Conclusion:** La Disfunción Sexual Femenina (DSF) es una condición aún poco estudiada y poco diagnosticada. Esto puede ser una de las razones por la cual las pacientes no llegan a los consultorios específicos; ya que muchas veces las mujeres no saben a quien plantear el problema. En la actualidad, el abordaje de la DSF es multidisciplinario, constituyendo un desafío para la investigación básica, la evaluación diagnóstica y las distintas opciones de consulta sexológica, cuya oferta se encuentra disponible y es subutilizada en el Hospital de Clínicas José de San Martín de La ciudad de Buenos Aires.

**Palabras clave:** Sexualidad Femenina, Disfunción Sexual, Diagnóstico Sexológico

**Conflicto de interés y declaración de divulgación:** Ninguno



## Aumento na Circunferência do Pênis com PMMA. Acompanhamento de 2 Anos

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**Introdução e Objetivos:** A eficácia do aumento da circunferência do pênis (ACP) é ainda discutido. Neste trabalho mostramos os resultados do procedimento de ACP com polimetilmetacrilato (PMMA) em 64 pacientes acompanhados por 2 anos.

**Métodos e Amostra:** O implante subdérmico peniano (ISP) utilizado foi o PMMA (10%) no volume de 20 ml sob anestesia local (xylocaina), 20 dias após a postectomia e teste alérgico. Procedimento ambulatorial, com alta imediata. Proibição de qualquer atividade sexual por 4 dias e uso de tração mecânica por 15 dias. Sendo o uso diário mínimo de 6 horas (utilizado com intervalo de 1 hora a cada 2 horas de uso).

O seguimento de 64 pacientes que realizaram o procedimento ACP em janeiro de 2015, foram avaliados em dezembro de 2017. Dos 64 pacientes, 26 (40,63%) responderam espontaneamente ao questionário por e-mail, whatsapp ou telefone.

**Resultados:** O ISP de PMMA 10% produziu ACP em 100% dos pacientes que responderam ao questionário. Houve formação de nódulos em 30,8%, não apresentaram nenhuma outra complicação 69,2%.

A satisfação pessoal pós procedimento foi de 96,1%. O contorno lateral do pênis teve satisfação em 88,5%.

Também houve melhora na satisfação da(o) parceira(o) em relação ao volume do pênis em 76,9%.

Relataram aumento no número de relações sexuais 34,6% dos pacientes.

Os resultados definem uma mudança na qualidade de vida de 73,1% dos pacientes com melhorias sociais, físicas e emocionais.

**Conclusão e Recomendações:** O ISP de PMMA de 10% produziu ACP em 100% dos pacientes que responderam ao questionário. O sentimento positivo de satisfação pessoal após o procedimento foi de 96,1% dos pacientes. Novos tipos de implantes são necessários para reduzir o índice de formação de nódulos. Hoje o PMMA 10% é um produto de baixo custo com resultados positivos quando aplicado em pacientes não alérgicos, de forma correta e coerente.

**Palabras clave:** aumento peniano, qualidade de vida, pênis fino

**Conflicto de interés y declaración de divulgación:** Ninguno

## Avaliação da Qualidade de Vida Após 2 Anos do Aumento na Circunferência do Pênis

Marcio Menezes, Carlos Hugo Guilloux, Leandro Giannetti Duarte, Andrea Pena and Amália Fernanda Prata

Clínica Dantas, Brazil

**Introdução & Objetivos:** O pênis fino pode desenvolver uma qualidade de vida insatisfatória (auto-estima, autoconfiança e auto-imagem), limitando a vida (sócio-psico-sexual).

Avaliamos pacientes após 2 anos da realização do aumento da circunferência do pênis (ACP) para identificar mudanças na qualidade de vida do indivíduo (QVI).

**Métodos e Amostra:** O implante subdérmico peniano utilizado foi o polimetilmetacrilato (PMMA)

(10%) no volume de 20 ml sob anestesia local (xylocaina), 20 dias após a postectomia e teste alérgico. Procedimento ambulatorial, com alta imediata. Proibição de qualquer atividade sexual por 4 dias e uso de tração mecânica por 15 dias. Sendo o uso diário mínimo de 6 horas (utilizado com intervalo de 1 hora a cada 2 horas de uso).

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responderam espontaneamente ao questionário por e-mail, whatsapp ou telefone.

**Resultados:** O implante subdérmico peniano de PMMA 10% produziu ACP em 100% dos pacientes que responderam ao questionário.

A satisfação pessoal pós procedimento foi de 96,1% dos pacientes. Também houve melhora na satisfação da(o) parceira(o) em relação ao volume do pênis em 76,9%, 34,6% relataram aumento no número de relações sexuais.

Os resultados definem uma mudança na qualidade de vida de 73,1% dos pacientes com melhorias sociais, físicas e emocionais.

**Conclusão e Recomendações:** O PMMA é uma substância bio expansora compatível com organismo

humano, desde que não haja reação alérgica positiva, usada há mais 20 anos em reparação estética plástica. Este estudo confirma a possibilidade do aumento da circunferência do pênis com uso do PMMA. Mudanças positivas, subjetivas e objetivas na QVI, estimulam um aprofundamento no segmento destes pacientes. Mais estudos devem ser realizados com aprofundamento da qualidade de vida após ACP.

**Palabras clave:** aumento peniano, qualidade de vida, pênis fino

**Conflicto de interés y declaración de divulgación:** Ninguno

## Prevalencia y Caracterización de los Factores Asociados a Dispareunia en Mujeres Con Antecedente de Parto Vaginal o Cesárea, en Tres Sitios de Atención de Armenia, Colombia, 2013 a 2017

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**Introducción:** establecemos la prevalencia de la dispareunia y caracterizamos los factores asociados.

**Objetivo:** establecer la prevalencia y caracterizar los factores asociados a dispareunia en mujeres, con antecedente de parto vaginal o cesárea, en tres clínicas privadas del municipio de Armenia, Quindío, Colombia.

**Materiales y Métodos:** estudio de corte transversal, realizado en 348 mujeres con diagnóstico de dispareunia; entre marzo de 2013 y agosto de 2017. Se realizó el diagnóstico mediante el Índice de Función Sexual Femenino abreviado, instrumento desarrollado para identificar la presencia de disfunciones sexuales en la mujer. Las variables utilizadas fueron datos sociodemográficos y variables obstétricas relacionadas con la dispareunia. Los factores asociados se evaluaron comparando los dos grupos mediante Odds Ratio (OR) e intervalo de confianza del 95%.

**Resultados:** se incluyeron 975 mujeres, edad promedio de  $25.74 \pm 4.65$  años. Se confirmó la presencia de parto instrumentado en el 4.75% [espátulas (2.99%) o

fórceps (1.76%)]; 49.11% fueron sometidas a episiotomía y 41.74% a cesárea. La prevalencia de dispareunia fue de 35.69% ( $n = 348/975$ ) [OR: 25.47; IC 95% 22,54–41,73), ( $p = 0.006$ )]. La etiología más frecuente de la dispareunia fue: parto instrumentado (45.45%), episiotomía (44.91%) y dos o más cesáreas (33.76%). Las mujeres con dispareunia tienen menos encuentros sexuales semanales ( $1.71 \pm 0.47$ ) que las mujeres sin dispareunia ( $5.79 \pm 2.59$ ) [OR: 2.62; IC 95% 1.42–4.57) ( $p = 0.003$ )].

**Conclusiones:** Se hace necesario promover programas preventivos, dirigidos a médicos que asisten a la mujer durante el parto, acerca del análisis de la verdadera necesidad de la episiotomía o la cesárea.

**Palabras clave:** Dispareunia; cesárea; coito; epidemiología; postparto; mujeres

**Conflicto de interés y declaración de divulgación:** Ninguno

## Psychological Predictors of PDE5 Inhibitors in Vasculogenic Erectile Dysfunction

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**Introducción:** A disfunção erétil, pode apresentar múltiplas causas, sendo a causa vascular, a mais comum. Os inibidores da fosfodiesterase 5 (PDE5-i), constituem o tratamento de primeira linha para estes doentes, no entanto, os doentes com disfunção erétil vasculogênica, vão desenvolver um componente psicogénico associado, que irá influenciar, a resposta ao tratamento. Este trabalho tem por objectivo avaliar o valor predictivo, dos factores psicológicos individuais e de relação, na resposta ao tratamento com PDE5-i, em doentes com disfunção erétil arteriogénica, comprovada por ecografia dinâmica com color doppler.

**Métodos:** Numa população de 200 casais heterossexuais, com disfunção erétil arteriogénica, foram avaliados o papel das crenças sexuais do doente e da parceira, através da utilização do questionário Beliefs about Sexual Functioning Scale (Pascoal et al., 2017), o papel da propensão para a excitação ou inibição sexual do doente e da parceira, através do SIS/SES questionnaire short-form (Carpenter et al., 2013), o papel da percepção, que o doente possui sobre a sua doença, e as suas representações cognitivas e emocionais,

através do Brief Illness Perception Questionnaire (Broadbent et al., 2006), e o papel da percepção do doente e da parceira do nível de co-preocupação do casal, através da aplicação do Penn State Co-Worry Questionnaire Abbreviated (CO – PSWQ – A).

**Conclusiones:** A resposta ao tratamento com PDE5-i, em doentes com disfunção erétil vasculogénica, não está dependente apenas de preditores clínicos, mas também de preditores psicológicos. Não apenas os factores de traço individual específicos, como as crenças sexuais, e os factores individuais excitatórios e inibitórios, devem ser avaliados em doentes com disfunção erétil, mas também factores de relação, como a co-preocupação e a percepção da doença, por parte do doente e da parceira, vão influenciar a resposta ao tratamento com PDE5-i, assim como a adesão a esta terapêutica e a sua taxa de abandono.

**Palabras clave:** Erectile dysfunction, PDE5 Inhibitors, Psychological predictors

**Conflicto de interés y declaración de divulgación:** Ninguno

## Disfunción Sexual Femenina Preconcepcional, Durante el Embarazo y el Puerperio en Mujeres de Yucatán

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**Introducción y Objetivos:** Conocer la frecuencia de disfunción sexual previa al embarazo, durante éste y en el puerperio en mujeres que acuden al Centro de Salud de la comunidad de Ekmul, comisaria de Tixkokob, Yucatán

**Metodos y Muestra:** Estudio descriptivo, observacional, que incluyó a 32 mujeres de 15 a 39 años de edad cursando el periodo postparto que acudieron a consultar al Centro de Salud Rural de Ekmul de enero a junio de 2018.

**Resultados y Conclusion:** El 58.06 % de las mujeres reinició actividad sexual entre los 43 a 90 días posterior al evento obstétrico.

En el postparto el 100 % manifiesta sentir algún interés en la actividad sexual en el último mes previo a la entrevista y referente a la satisfacción sexual en sus relaciones, aunque el 80.64 % manifestó experimentarla casi siempre antes del embarazo; ésta disminuyó hasta un 32.26 % durante el mismo y continuó disminuida algunas semanas en el postparto con un 38.71 %.

Hubo insatisfacción sexual durante el primer trimestre. Ninguna la reporta en el 2º, aunque vuelve a referirse en el 9.6 % durante el tercer trimestre.

La apatía y dificultad en la excitación mejoró durante el embarazo y el postparto y esto último parece significar que el embarazo ha mejorado su respuesta sexual.

El 64.52 % de la población encuestada refirió experimentar el orgasmo casi siempre, aunque esto disminuyó durante el embarazo y aumentó nuevamente en el postparto en el 77.42 %.

La dispareunia era rara antes del embarazo y se empezó a presentar en un 29.03 % postparto, sobre todo cuando tuvieron resolución vaginal.

Respecto a la lactancia, el 74 % continuaban amamantando y no se observan cambios en la respuesta que exhiban disfunción sexual.

**Palabras clave:** Disfunción sexual, Preconcepcional, embarazo y puerperio, Frecuencia

**Conflicto de interés y declaración de divulgación:** Ninguno

## El Factor que Impulsa a la Mujer a Reiniciar Actividad Sexual Posparto en Yucatán, México

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**Introducción y Objetivos:** Identificar los factores que influyen en el retorno de la actividad sexual en pareja en el puerperio de mujeres de Xaya, Yucatán.

**Metodos y Muestra:** Se trata de un estudio observacional, transversal, retrospectivo que incluyó a 48 mujeres en período de puerperio, a las cuales se les aplicó un cuestionario que valoró datos relacionados con el tiempo de puerperio, tipo de parto, fecha de reinicio de actividad sexual y factores que impulsan la reanudación del sexo.

**Resultados y Conclusion:** El factor determinante como razón o causa para reiniciar actividad sexual en pareja fue con mayor frecuencia el “deseo propio” de las mujeres (60.4%), seguido del factor “complacer a la pareja”, (20.8%); “exigencia de la pareja” (10.4%) y por último “buscar el placer propio” y “evitar infidelidad”, (4.2%). Esta relación fue satisfactoria en el 72.9 % y solo el 6.3 % refirió dolor perineal, sobre todo en los casos de episiotomía.

El tiempo promedio para el reinicio de las relaciones sexuales fue de  $60.48 \pm 19.63$  días, con un máximo de 100 y un mínimo de 14.

El alto porcentaje de factor determinante registrado como “deseo propio” difiere de investigaciones previas, donde el “complacer a la pareja” fue más frecuente, o tal como refiere Odar et al. quienes observan, que la “exigencia de la pareja” fueron factores determinantes.

Se encontró una asociación significativa entre el parto por vía vaginal y el reinicio de la actividad sexual durante los primeros 60 días posparto,

Se observó autopercepción materna afectada al reinicio de actividad sexual durante los primeros 60 días posparto, aunque no hubo pérdida de autoestima por los cambios corporales.

**Palabras clave:** Reinicio de actividad sexual, Posparto, Factores

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexual Health & Ageing: Keep the Passion Alive

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**Introduction:** Sexual health is an important component of overall health and quality of life.

Sexual relationship can continue as long as a person is alive. Sexual concerns of aged people are always ridiculed and ignored.

Women spend 1/3rd of their life span, post menopause. Population of senior citizens is increasing. Not much is known about sexual behaviour and sexual function of elderly people.

**Objectives and Methods:** To study the sexual attitude, concerns and sexual dysfunctions of women after the age of 50 years. Sexual history including desire, arousal, orgasm, dyspareunia & frequency.

**Findings and Discussion:** Men and women have lot of misconceptions regarding sexual relationship during middle and old age.

Many women think 'Menopause' marks the end of sexual life and sex is only for procreation.

In women, physical changes cause decreased sense of attraction and low self-esteem which affects sexual desire and performance.

Societal taboos, ignorance, religious cultural and personal values and attitudes affect sexual desire & performance.

Detailed sexual history and counselling should be a part of the patient care during any disease, medication and surgery in ageing women.

### **Findings:**

Ignorance about continuation of sex life: 23

Infrequent intercourse: 15

Stoppage of sex life: 9

Desire problems: 20

Arousal problems: 24

Orgasm problems: 28, etc.

**Conclusion & Recommendations:** Women's sexuality has recently emerged as a central concern after years of neglect in the medical world. Aged women on their own will not talk about sexual life and dysfunctions. They have lot of concerns and attitudes and many suffer from desire, arousal problems and dyspareunia.

"Sexual history" should be a part of overall history in ageing women. Sexual dysfunction should be addressed. "Quality of life" assured.

**Keywords:** Sexual Health, Ageing, Post Menopause

**Conflict of Interest and Disclosure Statement:** None

## **Estrés Universitario como Factor Predisponente para la Disfunción Sexual Masculina**

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**Introducción:** las Disfunciones Sexuales Masculinas (DSM) son para la OMS un problema significativo de Salud, que afecta a la calidad de vida de los hombres y sus parejas y es parte fundamental de la salud sexual, además la DSM eréctil puede de ser un síntoma centinela para otras enfermedades subyacentes importantes. Si bien las DSM se presenta mayoritariamente sobre los 40 años, estas pueden iniciar en la juventud, con factores predisponentes como el estrés. Durante el periodo universitario los estudiantes están expuestos a desarrollar altos niveles de estrés, estadísticas internacionales indican que el 20% cursa una depresión mayor, factor que podría influir en DSM por estrés académico en hombres universitarios.

**Objetivo:** Determinar si el factor estrés universitario es influyente en la aparición de algún tipo de DSM.

**Material y Métodos:** El estudio incluyó 110 estudiantes hombres pertenecientes a dos facultades de la Universidad Diego Portales, los que de forma voluntaria respondieron dos encuestas, una para evaluar el estrés en período de exámenes y otra para evaluar la disfunción sexual y en qué grado se presenta.

**Resultados:** Todos los encuestados presentaron estrés en algún grado y el 45,5% (50) presentó algún tipo de disfunción sexual según el "Índice internacional de disfunción", del cual un 36,4% (40) corresponde a una disfunción Media y el 9,1% (10) a una disfunción Media a Moderada, un 0% presentó disfunciones Moderadas y/o Severas. Del total de estudiantes un 54,5% (60) no presentaron ninguna disfunción sexual.

**Conclusión y Recomendaciones:** El estrés no es un factor predisponente por sí solo a la aparición de una

disfunción sexual, a pesar de presentarse en un 100% algún grado de estrés y en un 45,5% algún tipo de DSM, se sugiere realizar más estudios exploratorios integrando factores de estilos de vida y antecedentes familiares.

**Palabras clave:** disfunción sexual masculina, estrés, académico

**Conflicto de interés y declaración de divulgación:** Ninguno

## Caso Clínico: Hormonización En Una Persona de Género no Binario

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Caso Clínico de un paciente de sexo hombre de 31 años de edad con género no binario, quien acude a la consulta para ubicar su identidad de género. El precisa de hormonización parcial hasta llegar a un estado corporal que lo haga sentir con un sentido de pertenencia. En el sector público no se le ha dado el servicio. Se expone el caso para debatir el éxito o fracaso de la

hormonización en personas con dicha identidad de género.

**Palabras clave:** no binario, hormonización, identidad de género

**Conflicto de interés y declaración de divulgación:** Ninguno

## Correlación Positiva para la Adherencia a los ARV con un Modelo de Atención Integral a Personas Transgéneros. Estudio Preliminar

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En la República Dominicana, la epidemia del VIH se caracteriza por ser concentrada en poblaciones de HSH y mujeres trans. El COIN ofrece servicios especializados a personas transgénero con VIH: atención clínica/psicológica, acompañamiento en la transición de cambios en sus cuerpos, la adherencia a los ARV y la incorporación de la familia en ambos procesos. El objetivo de este estudio comparar la adherencia al tratamiento ARV en poblaciones trans. Se diseñaron fichas de caracterización para aplicarse a la entrada de la consejería, otra para usuarios enrolados en los servicios y se confeccionó un programa formativo de intervención dirigido a personas trans VIH con tratamiento hormonal, ARV y sus familias con 10 sesiones basadas en sus necesidades. Para este estudio se evaluaron los indicadores de retención de la OMS, en el grupo que hace uso de los servicios integrales comparados con el grupo que solo asiste al servicio de

atención en VIH. Los hallazgos identificados en las fichas y en los informes de relatorías de los grupos con la familia evidencian que es más alta la retención en el grupo que tiene acceso al servicio integral con acompañamiento familiar y que están en tratamiento hormonal en comparación con el grupo que solo asiste al servicio de VIH, dado el apoyo familiar que tienen en todo el proceso la atención relacionado con el uso del servicio integral lo que permite disminuir las vulnerabilidades asociadas a la adherencia de ARV por la motivación de ser aceptadas por la familia como factor protector, vista la familia desde la perspectiva que no necesariamente es consanguínea.

**Palabras clave:** VIH, Transgenero, Adherencia

**Conflicto de interés y declaración de divulgación:** Ninguno



## Análise da Vivência Sexual de Paciente com Tumor Virilizante: Relato de Caso

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**Introdução e Objetivos:** a sexualidade é uma energia capaz de influenciar pensamentos, sentimentos, ações, interações e, portanto, a saúde física e mental. O tumor das células de Leydig é uma neoplasia benigna de ovário que cursa com aumento da produção e dos níveis séricos de testosterona, levando as pacientes acometidas por esta enfermidade, a desenvolver caracteres sexuais masculinos, ou virilização, interferindo portanto na sua sexualidade. Desta forma, este trabalho teve como objetivo analisar a vivência sexual de paciente feminina com essa patologia.

**Método e Amostra:** aplicação do questionário de avaliação da resposta sexual das mulheres (FSFI) em paciente com tumor virilizante, submetida à cirurgia curativa, com seguimento clínico de dois anos após o procedimento cirúrgico.

**Resultado:** FSFI com escore de 32,4 (variação entre 2,0 e 36,0), evidenciando que a função sexual da paciente encontra-se preservada após o tratamento cirúrgico.

**Conclusão e Recomendações:** o seguimento ambulatorial apontou que não houve recidiva clínica ou hormonal do tumor e, embora a paciente ainda possua características clínicas virilizantes, isto não a impediu de desfrutar de uma vida sexual ativa e com qualidade, diferentemente do que aponta a literatura, em casos semelhantes. Sugerimos, portanto, um trabalho de campo com amostra maior para validar nosso estudo.

**Palabras clave:** virilização, tumor de células de leydig, sexualidade

**Conflicto de interés y declaración de divulgación:** Ninguno

## Disfunção Sexual Feminina em Pacientes com Patologia Ginecológica: Estudo Analítico Transversal

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**Introdução:** a sexualidade feminina é uma energia capaz de influenciar pensamentos, sentimentos, ações, interações e, portanto, a saúde física e mental da mulher. Quando ela sofre de alguma patologia ginecológica, sua saúde sexual pode estar comprometida.

**Objetivo:** analisar a prevalência de disfunção sexual em pacientes com doença ginecológica no Hospital Municipal Dr. Cármino Caricchio, São Paulo/SP-Brasil.

**Materiais e Métodos:** aplicação do questionário Female Sexual Function Index (FSFI) em cem (100)

pacientes com idade entre 18 e 71 anos, que são acompanhadas no Hospital Municipal Dr. Cármino Caricchio, por patologia ginecológica, no período de janeiro a março de 2019.

**Resultados:** A média do escore FSFI foi relativamente alta variando entre 28,2 e 20,5, porém 30% das mulheres referiram alguma disfunção sexual. Os domínios excitação e desejo alcançam seus maiores índices percentuais nas faixas etárias entre 18 e 42 anos. O escore de lubrificação foi o maior em pacientes dos 18 aos 25 anos, oscilando nas demais faixas etárias e tendo seu menor valor nas pacientes

com mais de 57 anos. A média de pacientes que atingem o orgasmo obteve os menores valores nas pacientes de 34 a 41 anos e acima de 58 anos. O domínio satisfação esteve diminuído nas pacientes acima de 58 anos e naquelas entre 42 e 49 anos. O domínio dor manteve-se relativamente alto em todas faixas etárias, alcançando o seu menor índice nas pacientes de 42 a 49 anos.

**Conclusão** Conclui-se que a função sexual das pacientes com patologia ginecológica deste estudo é

semelhante à população feminina geral, corroborando com os dados da literatura. Novos estudos com amostras maiores são necessários em virtude da escassez de estudos que avaliam a prevalência das disfunções sexuais femininas.

**Palabras clave:** sexualidade, disfunção sexual feminina, FSFI

**Conflicto de interés y declaración de divulgación:** Ninguno

## Case Report: Persistent Genital Arousal Disorder in a Child

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My Sexual Health Group, South Africa

**Introduction & Objectives:** A case report is presented of a child with Persistent Genital Arousal Disorder (PGAD).

**Method(s) & Sample:** A ten-year-old child that was seen in private practice in South Africa. The symptoms started at the age of three.

**Findings & Discussion:** The child presents with symptoms that look like hypersexuality. She has been evaluated extensively from a urological, gynaecological and psychiatric perspective. She masturbates compulsively, is extremely distressed by the symptoms and suffers from severe anxiety as well as poor school performance. No Tarlov cysts on MRI. No history of

Sexual abuse. On examination and extremely hyperactive pelvic floor. Symptoms responded to the treatment by a physical therapist with extensive experience in the treatment of children with hypertonic pelvic floors (resulting in enuresis).

**Recommendations:** PGAD could form part of the differential diagnosis in a child with hypersexual behavior.

**Keywords:** Persistent Genital Arousal Disorder, PGAD, Hypertonic Pelvic Floor

**Conflict of Interest and Disclosure Statement:** None

## Gender Incongruence: Using Compounded Hormone Implants to Reach Optimal Hormonal Levels

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My Sexual Health Group, South Africa

**Introduction & Objectives:** Safe, accessible, convenient and affordable gender affirming hormone treatment is the basis of good medical care for transgender individuals. In South Africa, we have high quality compounded hormones available for feminizing hormone treatment.

**Method(s) & Sample:** Data of 25 trans females on hormone implants is reviewed. We look at dosages and the associated peak levels as well as sustainability of these levels. We also report on side effects, adverse events and positive bodily changes.

**Findings & Discussion:** We find that the use of implantable estradiol is safe, effective and cost effective. We also find that it is not very easy to predict levels according to standard dosages – there seems to be great interpersonal variability in serological response, but excellent physical response in all of the study subjects.

**Recommendations:** Estradiol Implants can be recommended as a safe, accessible, convenient, affordable and effective gender affirming hormone treatment for

trans females and seems to be the first choice of most patients in South Africa. An individualized approach with monitoring of hormone levels is recommended. Although most guidelines recommend against the use of blood levels and individualized approaches, we

believe that it is the person's right to access this kind of treatment if desired.

**Keywords:** Gender affirming hormone treatment, Trans female, Hormone Implants

**Conflict of Interest and Disclosure Statement:** None

## New Protocol for Peyronie's Disease: Combination of Platelet Rich Plasma (PRP) Injections with Vacuum Device Physiotherapy

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**Introduction & Objectives:** Peyronie's disease (PD) is a common condition affecting up to 9% of the male population causing scarring of the tunica albuginea leading to penile deformity, curvature, shortening and erectile dysfunction (ED). This condition makes sexual intercourse difficult or impossible affecting pts psychologically too. Many conservative treatment options had been previously tried, from oral therapy to intralesional injections. This protocol combines platelet rich plasma (PRP) intralesional injections with Vacuum erectile device physiotherapy.

**Method(s) & Sample:** 42 pts were enrolled in this study with acute or stable phase of PD. The treatment consisted in three intralesional injections of PRP (once/every two weeks). PRP is obtained from a sample of pts' blood drawn at the time of treatment. From 8 ml of blood, PRP was obtained with two centrifugations, one rapid spin a 6.000/min per 7 minutes and a slow spin at 3.000/min per 2 minutes giving 3-4 ml of PRP. The PRP was injected with few shots inside the plaque and around it. In addition pts were trained to

apply a combination of home modelling, stretching and a vacuum device (15 minutes/twice a day) per 3 months. Pts' erectile function was evaluated at baseline and at 24 weeks post-treatment with the International index of erectile function (IIEF5), Peyronie's disease questionnaire (PDQ), mean penile curvature.

**Results:** An improvement in the angle of curvature was recorded in 34/42 pts (81.1%) by a mean (range) 18° from baseline ( $p < 0.001$ ). A statistically significant improvement was reported in all IIEF5 and PDQ questionnaires ( $p < 0.001$ ). No significant side effects were reported after treatment

**Conclusion & recommendations:** This new protocol combining PRP injection + Vacuum physiotherapy can be a safe and valid option to treat PD. This treatment can reduce the number of men undergoing surgical correction for their PD.

**Keywords:** Peyronie's disease, platelet rich plasma (PRP), Vacuum device

**Conflict of Interest and Disclosure Statement:** None

## Treatment of Erectile Dysfunction Using a New Protocol with Low-Intensity Shock Waves (LISW) and Platelet Rich Plasma (PRP) Intracavernosal Injections

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**Introduction & Objectives:** The aim of this study is to prove the efficacy of this new protocol (Rigenerectio<sup>®</sup>),

combining Low-intensity shock waves (LISW) and Platelet-rich-plasma (PRP) intracavernosal injections, to

treat erectile dysfunction (ED). PRP injections have recently been marketed as a form of therapy under the banner of regenerative medicine despite limited scientific evidence on its use for treating ED. LISW have been widely used the last few years and it has been now generally accepted as a valid option for ED. Combination therapy of LISW and PRP injections can lead to an improvement of erectile function.

**Method(s) & Sample:** 134 patients (pts) were enrolled and randomly allocated in two groups: Group A (70 pts) underwent 6 sessions of LISW (once/week) while Group B (64 pts) underwent 6 sessions LISW +3 intracavernosal injections of PRP (once/every two weeks). The PRP was injected with in both corpora cavernosa. Pts' erectile function was evaluated at baseline and at 24 weeks post-treatment with the International index of erectile function (IIEF5) and the peak systolic velocity (PSV) of the cavernosal artery.

**Results:** At 24 weeks follow-up mean IIEF scores improved in Group A from 14.6  $\pm$  3.1 to 17.7  $\pm$

2.5, Group B from 13.7  $\pm$  3.3 to 21.6  $\pm$  3.1. Mean PSV improved in Group A from 26.4  $\pm$  13.3 to 34.2  $\pm$  9.7, Group B from 27.5  $\pm$  12.4 to 47.1  $\pm$  7.8. No side effects were reported in all treated pts. Intergroup analysis revealed a significantly higher mean IIEF scores and PSV increase in patients receiving the combination protocol ( $p < 0.05$ ;  $p < 0.001$  respectively)

**Conclusion & Recommendations:** LISW significantly improves penile hemodynamics and might induce structural changes that regenerate penile tissue. PRP injections can stimulate tissue regeneration. This protocol seems to work synergistically to improve erectile function

**Keywords:** erectile dysfunction, shock waves, platelet rich plasma

**Conflict of Interest and Disclosure Statement:** None

## Penile Length and Girth Restoration in MB Peyronie's: Less Invasive Approach for Complex Composite Graft Corporoplasty and Implantation of Inflatable Penile Prosthesis

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**Introduction & Objectives:** Peyronie's disease (PD) is a fibrotic disorder of the tunica albuginea. It is both a physically and psychologically devastating disorder that causes penile deformity, curvature, narrowing and shortening, which eventually compromise sexual function. The presented technique is a less invasive approach that gives few complications, has a natural cosmetic outcome with preserved preputium, and high patient satisfaction.

**Materials & Methods:** In the period between December 2017 and March 2019, 32pts aged 35y to 72y (mean 62y) underwent complex corporoplasty with inflatable penile prosthesis implantation. Mean penile curvature was 70°(60°–95°). Average penile shortening was 3.2cm (2–5.5cm), and narrowing 2.5cm (1–4cm). The surgical approach was thru penoscrotal incision, followed by direct dissection of NVB from tunica albuginea, penile eversion, composite

corporoplasty (for transversal grafting 0.5mm thick porcine dermal graft, and for longitudinal graft composite semi-resorbable soft mesh), and 3-piece inflatable penile prosthesis implantation. Postoperative vacuum drainage and compressive dressing were left in place for one week.

**Results:** Follow-up was 4–28 months (mean 18). Penile shape (corrected curvature, length and girth) was restored in all patients. In the first 4 weeks post-operatively 6pts had mild scrotal oedema; 2pts developed mild scrotal haematoma; 4pts developed penile skin oedema; 3pts had a transitory loss of sensitivity. All patients 5 weeks postoperatively started with sexual intercourse. All patients 12 weeks after surgery reported satisfactory aesthetical and functional results with no visible scarring related to surgery. Four pts (12–18 months after surgery) had prosthesis malfunction that needed reimplantation of the prosthesis.

**Conclusion:** Penile eversion thru penoscrotal incision with preserving the prepuce for complex reconstructive surgery of Peyronie's disease is safe and gives the natural aesthetical appearance and good functional result with low complication rate. The high satisfaction

rate for the patients is the most important aspect of this surgical method.

**Keywords:** penile curvature, Peyronie's disease, minimally invasive surgery

**Conflict of Interest and Disclosure Statement:** None

## Total Phalloplasty Using Latissimus Dorsi Free Flap: 10-Year Experience in 185 Male to Female Transgender Patients

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**Introduction & Objectives:** Total phalloplasty (TP) is used for normal sized penis formation in FTM transgender patients. We focused our work on free flap technique using musculus latissimus dorsi flap (MLDF).

**Materials & Methods:** Between February 2009 and October 2018 total phalloplasty using MLDF was performed in 185 transgender men aged between 18 and 58 years (mean 26 years). A necessary precondition for this technique was the normal body mass index. The donor site was prepared preoperatively by skin massage at least 1 month before surgery to enable easier donor site closure. The first surgical step includes removal of female genitalia (transvaginal hysterectomy, adnexectomy, colpocleisis), proximal urethroplasty, perineoplasty, the formation of external male genitalia (scrotoplasty, free flap transfer phalloplasty), and 1st stage distal urethroplasty. The second stage includes distal tubularizing urethroplasty, glans plasty, and testicular prosthesis implantation. In the third stage implantation of a 2-cylinder penile prosthesis is performed through the infrapubic approach. The time between stages was 6–9 months.

**Results:** Follow-up was 5–98 months (mean 58). All 3 stages are performed in 162pts; an additional 11pts underwent 1st and 2nd stage. Penile length varies from 12–18cm and penile girth from 11–16cm. Five partial and 4 total flap loss occurred. Penile urethral stricture developed in 37 pts; 9pts developed proximal urethral diverticulum; 11pts developed urethral fistula. The penile prosthesis was implanted in 162pts; in 107pts 3-component, in 14pts 2-component, in 41pts malleable. Donor site healed satisfactorily in 126pts; 59pts required additional scar correction. Infection with prosthesis removal was present in 11pts, penile prosthesis protrusion in 7pts, malleable prosthesis braking in 16pts; inflatable prosthesis dysfunction in 4pts; misplacement that needed revision in 8pts. Testicular prostheses protruded in 13pts.

**Conclusion:** It is a high-risk, complex and staged procedure, but with a satisfactory functional and esthetic outcome in a large majority of patients.

**Keywords:** total phalloplasty, female to male transgender surgery, sex reassignment surgery

**Conflict of Interest and Disclosure Statement:** None

## Transdermal Estrogen as a Novel Treatment for Peyronie's Disease

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**Introduction & Objectives:** Peyronie's disease (PD), causing an abnormal curvature of the penis, can cause painful erections, chronic sexual dysfunction, and anxiety and depression. Surgery is the current “gold

standard” for treatment, while collagenase clostridium histolyticum (CCH) injections are recommended as an alternative medical intervention.



Here, we present a patient with PD, in which the patient's persistently painful erections and psychologic distress were eliminated by a novel treatment involving transdermal estrogen.

**Method(s) & Sample:** This is a single-patient case report of a (now) 73-year old married male with long-standing Peyronie's disease. An interview with the patient, chart review, and a literature search were conducted. This report was approved by the patient and the Research Ethics Committee at the Royal in Ottawa.

**Results:** Treatment with transdermal estrogen decreased the patient's sex drive and virtually eliminated his erections with no undesirable side effects.

The patient and his wife still enjoy sexual relations without the need for penile erection.

**Conclusion & Recommendations:** This case report presents a novel treatment for PD. It also introduces a novel method to treat men who wish to decrease their sex drive (e.g. men with paraphilic disorders). Replication of this treatment intervention in men with PD and new studies of its use in men with paraphilic disorders are warranted.

**Keywords:** Peyronie's disease, Sexual dysfunction, Estrogen

**Conflict of Interest and Disclosure Statement:** None

## Penecentrismo y Disfunciones Sexuales Masculinas

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**Introducción y objetivos:** Las disfunciones sexuales (DS) son trastornos de la respuesta sexual en sus diferentes fases o ausencia de alguna de ellas. El hombre, a diferencia del animal, posee una sexualidad libre, con una preprogramación genética muy modificada por el gran desarrollo del cerebro anterior. El animal, en cambio, es esclavo de sus instintos programados. A esta libertad sexual, los seres humanos pagamos el tributo en patologías y trastornos, hecho que los animales no padecen.

El estudio propone analizar y cuestionar desde diferentes enfoques, la importancia central de la erección, como modelo androcéntrico legitimado y sus consecuencias sobre la calidad de vida sexual de los varones y sus parejas.

**Fuentes:** Los estudios epidemiológicos de prevalencia no son uniformes en sus resultados pero sabemos que las DS existen en hombres de todas las edades, y los motivos que las originan difieren según la etapa de la vida.

La sexualidad es un lenguaje de la comunicación interpersonal. La disfunción sexual aparece como un

trastorno comunicacional. El problema de conceptos como normalidad, salud, naturaleza, en sexualidad, es de larga data y complicada textura.

**Enfoques:** Se exponen desde diferentes perspectivas, el efecto que las disfunciones sexuales masculinas tienen sobre la vida sexual humana, sus efectos psicológicos, riesgos y beneficios de mantener el penecentrismo; desde un enfoque médico, psicosexual y con perspectiva de género.

**Conclusiones:** La ansiedad de ejecución y rendimiento, la erección peniana puesta en el centro de atención de la relación sexual, los peligrosos supuestos de "normalidad sexual" difundidos a través de la industria de la pornografía, sumado a los preconceptos acerca de cómo debería desarrollarse normalmente una relación sexual, hacen que esta entidad tenga una repercusión importante en la calidad de vida sexual.

**Palabras clave:** disfunciones sexuales masculinas, penecentrismo, calidad de vida

**Conflicto de interés y declaración de divulgación:** Ninguno



## Activación de Punto G

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**Introducción y Justificación:** Nuestra experiencia en la Activación del Punto G, que tiene desarrollado, con el fin de abordar el problema global de la sexualidad: Insatisfacción y anorgasmia vaginal, que afecta aproximadamente al 70% de las mujeres en todo el mundo (1).

Las implicaciones de esta técnica van más allá del placer sexual, ya que los comentarios de los clientes sugieren que la curación emocional está ocurriendo al remediar el problema con ella. Importante para la Salud Sexual de las mujeres y de la sociedad en general.

**Acción y Población Preferida:** Mujeres entre 20 y 50 años de edad.

**Resultados:** Físico: aumento de la libido, duración del orgasmo, multiorgasmia, eliminación de la fibrosis en punto G. Emocional: emociones positivas.

**Discusión y Recomendaciones:** Al aumentar el Punto G Vaginal estamos ampliando la dimensión del mismo, con lo que es más fácil que una mujer experimente el orgasmo al momento del coito (2) y ubicando de forma personalizada cada punto G vaginal ya que en nuestra experiencia, cada mujer posee su Punto G en zonas diferentes del Canal Vaginal, no en un solo lugar como se describe en la literatura, y es por ello que sin una autoexploración adecuada es imposible identificarlo. Motivamos a cada mujer a la autoexploración y a que tome responsabilidad sobre su sexualidad.

Al estimular el nervio vago, esta sensación orgásmica, no sólo eliminamos la fibrosis, sino que éste se distribuye desde vagina a sistema digestivo, corazón y sistema nervioso central. Se liberan hormonas y neurotransmisores como es la acetilcolina (3), tranquilizante natural que después de varias respiraciones profundas, crea un estado de calma interior al mismo tiempo que disminuye y controla el reflejo de inflamación en punto G Vaginal al ser estimulado. Un nervio vago del punto G fibrosado jamás podrá transmitir el impulso ascendente de neurotransmisor.

- Aumentan las mujeres que se operan la vagina para recuperar el placer sexual Ver más en: <https://www.20minutos.es/noticia/797565/0/aumenta/intervenciones/vaginoplastia/#xtor=AD-15&xts=467263>
- G-Spotplasty: A New Surgical Plastic Intervention. The Preliminary Study. Adam Ostrzenski. March, 2018.
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**Palabras clave:** Punto G, Nervio Vago, Orgasmo  
**Conflicto de interés y declaración de divulgación:** Ninguno

## An Integrative Pelvic Exam Protocol-Ipep© Improves Sexual Pleasure for Women with Decreased Genital Arousal

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**Introduction & Objectives:** Women are often psychologically disconnected from their genitals, and experience shame, poor body image, disempowerment and anxiety related to sexual function (Schick, et al, 2010). They avoid visually examining or touching their vulvas, and have difficulty describing symptoms such as pain, or presence of lesions. This disconnection creates a barrier to sexual pleasure, often precluding arousal and

orgasm (Amos, et al, 2016). The Integrative Pelvic Exam Protocol-IPEP is central to a mind-body program using the Four Dimensional Wheel of Sexual Experience (Ogden, 2016) to explore the physical, intellectual, emotional, and spiritual components of the genitals, guided by the physician. Women receive detailed instruction and education about their genital form and function, and participate in a mind-body plan to access the

desired state of sexual pleasure via regular practice. The practice does not require one to be sexually partnered.

**Methods & Sample:** All women were premenopausal, aged 22 to 41, with decreased genital arousal during sexual activity. The control group (10) underwent traditional pelvic exams, with verbal instruction alone. The experimental group (25) experienced IPEP, visualizing their genital anatomy on a digital tablet, with physician instruction, and co-created a self-practice for daily home use. Female Genital Self-Image Scale (FGSIS) and Female Sexual Function Index (FSFI) were compared at baseline, and after six weeks.

**Findings & Discussion:** Women in the IPEP group displayed significant improvement in genital self-image, (26.16 + 0.8) versus controls (9.3 + 1.4)

( $p < 0.001$ ). Likewise, improvement in FSFI scores in the IPEP group (25.7 + 2.7) exceeded controls (12.4 + 7.3) ( $p < 0.001$ ). Women can be guided to connect with their anatomy; with enhanced understanding comes better treatment compliance, improved sexual satisfaction, and empowerment toward sexual pleasure through sovereignty gained from accountability in the healing process.

**Recommendations:** Principles of IPEP are key to helping women appreciate their genital anatomy, improve self-care, and enhance sexual pleasure.

**Keywords:** Integrative Pelvic Exam Protocol, Genital Anatomy, Sexual Pleasure

**Conflict of Interest and Disclosure Statement:** None

## Track: 6. Public Health and Public Policies

### A Theory-Driven Evaluation of Belgian Sexual Assault Care Centers

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**Introduction:** Adapted holistic services for the victims of sexual violence (SV) were so far lacking in Belgium. Sexual assault care centers (SACCs) were piloted for one year in 3 Belgian hospitals since November 2017. SACCs offer holistic care to victims of acute SV through forensic nurses, psychologists and vice inspectors. A theory-driven evaluation is ongoing to assess how the SACCs work and what its impact is on victims' health and on the judicial outcomes of filed complaints.

**Methods:** An initial program theory of the Belgian SACCs from the perspective of the program designers, describing the SACC and its causal assumptions, was completed through a review of project documents and of relevant literature. The program theory is tested through a mixed-method study, conducted from November 2018 until October 2021. Data on the implementation process was gathered during the pilot year through a document review, routine data collection from patient files and observations at the SACC. Surveys, interviews and focus group discussions were performed to understand the mechanisms of impact and the acceptability of SACCs for patients, their

significant others and the SACC personnel. An outcome evaluation including a health survey among victims and a file review to assess the judicial outcomes of reported cases will be performed respectively at 12 and 24 months post their first presentation to SACC. Quantitative data was analysed in SPSS. A content analysis of the qualitative data will be performed in Nvivo.

**Findings:** Currently, data is being analysed and preliminary results will be available by October 2019.

**Conclusions:** Theory-driven evaluations can not only inform policy makers on what interventions work for victims of SV, but also for whom and under what conditions the SACCs work. These insights in SACC mechanisms are extremely important for scale-up of the model.

**Keywords:** Sexual assault, Post-assault care, Evaluation

**Source of Funding:** IGVM on behalf of the Belgian Secretary of State for Equality

**Conflict of Interest and Disclosure Statement:** None

## Consideraciones Conceptuales en Torno al Hostigamiento y Acoso Sexual

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El discurso hegemónico sobre Hostigamiento y Acosos Sexual, aun en este Siglo XXI, reduce la complejidad de un contexto violento, desigual y abusivo; sin parar de crecer la violencia de género, desde el personalizado acosos sexual hasta el aterrador feminicidio; con casi 71 años de haberse aprobado y proclamado la Declaración Universal de los Derechos Humanos, casi 20 años de designado el 25 de Noviembre como el Día Internacional para la Eliminación de la Violencia contra la Mujer, tenemos que seguir exponiendo transgresiones en la esfera de los derechos humanos por razones de género; teniendo un problema serio de derechos humanos, sexuales, de salud y democracia para nosotras y ellos.

**Objetivo:** Indagar los significados del Hostigamiento y Acosos Sexual, utilizando la Técnica de Redes Semánticas Naturales.

Participaron 50 jóvenes, con una edad promedio de 18 años. Se aplicó un formulario de Redes Semánticas en dos momentos; de manera colectiva. Esta población conocía desde un principio el significado de

Hostigamiento y Acoso Sexual, que los ubica como violencias con gran contenido sexual, en el caso del Hostigamiento su sinónimo fue Acoso; en la segunda aplicación, tenemos definidoras como: Violencia de Género, Abuso de Poder, Cohesión Sexual. Lo que indica que puede generarse una conciencia más certera sobre estos conceptos.

Si no definimos e interpretamos correctamente estas violencias, identificando a la “Violencia Simbólica” y trabajamos en fortalecer leyes e instituciones dedicadas a la defensa de los derechos humanos, con una serie de políticas públicas no avanzaremos en la construcción de relaciones más equitativas y placenteras. Lo cual ayudaría a que las Expectativas de Salud Sexual y Democracia de Género puedan ser una realidad cumplida.

**Palabras clave:** Hostigamiento Sexual, Acoso Sexual, Violencia de Género

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sexual Health Conversations in HIV Testing: A Sustainable Practice to Prepare for PREP

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Data remains inconclusive whether routine public health risk reduction HIV testing reduces condom-less sex and increases condom use among first-time or repeat testing clients (Watson, Fish, Allen & Eaton, 2018). Other studies found no additional benefit from HIV sexual risk reduction counseling (Metsch et al, 2012). In 2015 a San Antonio (USA) public health risk reduction HIV testing site had over 40% of return testing clients test HIV positive.

Client centered sexual health focused frameworks promise new methods for engaging first time testing and PrEP education (Ivankovich, Fenton & Douglas, 2013). Unify’s sexual health testing curriculum protects

client rights for sexual pleasure balanced with their right to accurate sexual safety information.

“Unify” is a five-year United States Substance Abuse and Mental Health Services Administration (SAMHSA) grant to address alarming low levels of first time or repeat HIV testing within San Antonio’s 18–24-year-old African-American and Latinx Gay/Queer/MSM. Client-centered HIV testing sexual health conversations integrate the six principles of sexual health (Braun-Harvey, 2009) as an alternative to targeting sexual activity risk-reduction.

Unify psychoeducational groups, sexual health HIV testing curriculum, PrEP clinic, and community based sexual health celebrations engage and motivate

targeted populations to complete their first HIV test, repeat test and/or become interested in PrEP.

30% of Unify HIV tests are first time compared to less than 10% in local public health HIV risk reduction testing. Clients report preferring HIV testing in which they can explore their higher order personal values and consider how their behavior aligns with the six sexual health principles. A large portion of Unify first time participants indicated an intention to retest.

Sexual health HIV testing is a promising practice for motivating first time pre-contemplators to test and

consider if PrEP might be part of their personal vision for their sexual health.

**Keywords:** sexual health, PrEP, HIV testing

**Source of Funding:** United States Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, Minority AIDS Initiative Program, HIV Capacity Building Initiative (Five year grant 2015–2020)

**Conflict of Interest and Disclosure Statement:** None

## Health-Related Characteristics and Health Care of Primary Care Patients with Sexual Dysfunction

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**Introduction & Objectives.** Previous studies have confirmed the high prevalence of sexual dysfunction and its impact on quality of life. However, this factor has not yet been properly recognized in medical care. Our aim was to inquire about occurrence of sexual dysfunctions and sexual anamnesis in primary care patients.

**Method(s) & Sample.** 801 primary care patients in Germany aged between 18 and 40 were included in the study. Female sexual dysfunction was measured by the FSFI, erectile dysfunction by the IIEF-5. Health-related quality of life was measured by the SF12, sexual satisfaction by the NSSS-SD, partnership satisfaction and health by the VAS and depression by the PHQ-9. Patients were also asked about their health care experiences.

**Results.** The study indicates that 33.8% of the women reported sexual dysfunction, and 21.5% of the men erectile dysfunction. Patients with sexual dysfunction reported lower levels of quality of life, sexual satisfaction and partnership satisfaction, but higher levels

of depression than patients without sexual dysfunction. In case of 85.1% of the women and 98.1% of the men, no sexual anamnesis was conducted. Only 10.3% of women and 7.2% of men received the offer to talk about sexual problems. 66.7% of women and 53.1% of men would like their doctor to initiate such talks. 84.8% of the women and 91.5% of the men with sexual dysfunction described themselves as untreated.

**Conclusion & Recommendations.**

Sexual concerns and dysfunctions have a major impact on quality of life. Questions regarding sexual health and sexual counselling ought to be integrated in medical or therapeutic talks. Especially general practitioners could be basic conversation partners for sexual health.

**Keywords:** Sexual Dysfunction, Quality of Life, Sexual Anamnesis

**Conflict of Interest and Disclosure Statement:** None

## Factores Sociodemográficos y Clínicos Relacionados al Autoconcepto Sexualidad Adultos Mayores

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**Introducción:** La sexualidad en el adulto mayor en el país es tema tabú y hay escasas investigaciones al respecto tanto en Chile como en el extranjero.

**Objetivo:** Determinar la relación de los factores sociodemográficos y clínicos con el autoconcepto de la sexualidad de los adultos mayores pertenecientes a clubes del adulto mayor de la comuna de Chillán – Chile.

**Métodos:** Estudio correlacional de corte transversal. Los datos fueron recogidos en las sedes de los clubes de adultos mayores. Nivel de confianza del 95%. Se aplicó consentimiento informado, encuesta sociodemográficos y clínica y cuestionario autoconcepto sexual multidimensional.

**Muestra:** por conveniencia de 252 adultos mayores.

**Resultados:** La mayoría fueron mujeres entre 60 y 79 años, un 62% casados; el autoconcepto de sexualidad disminuye con la edad, siendo mayor en hombres que mujeres; también presentan mayor autoconcepto de sexualidad los casados. La religión muestra una disminución del autoconcepto de sexualidad versus comorbilidad y polifarmacia no muestran influencia.

**Conclusiones:** El autoconcepto de Sexualidad en relación a edad destacan la dimensión de Satisfacción Sexual en personas de 80 años; los hombres, obtienen mayor autoconcepto de sexualidad al igual que las personas casadas y no existe relación con el concepto de polifarmacia y comorbilidad.

**Recomendaciones:** Valorar necesidades, expectativas y posibilidades que adultos mayores manifiesten respecto a sexualidad, mediante escucha activa y disposición para entender opiniones y preferencias de los adultos mayores; Entregar conocimientos con base científica, eliminando falsas creencias que eviten el desarrollo de sexualidad plena; Promover actitud positiva hacia la sexualidad para tomar decisiones acertadas tanto personal como en pareja; Realizar educaciones y derivaciones a especialistas, para que puedan una vida sexual y afectiva de la forma que puedan y quieran.

**Palabras clave:** autoconcepto, sexualidad, adulto mayor

**Conflicto de interés y declaración de divulgación:** Ninguno

## Dale Una Vuelta: Stop Porn, Start Sex

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**Introduction & Justification:** In the last few years pornography use has increased, young people begins at younger ages. There are still videos of categories like “Rape”, “Degradation” and “Humiliation” of women. Pornography tends to be mainly focused on men, and often violate women’s rights and promote gender stereotypes. It is of interest to promote political and social changes in this regard.

**Project / Population and Environments:** Dale Una Vuelta (DUV) is a citizen initiative, created as a non-profit organization, aimed at the Spanish population. It intends to inform the general population, the media and health professionals about the possible consequences of the use of pornography. Its

fundamental pillars are: (a) The defence of women, (b) The protection of minors on the internet (c) Social awareness about the possible consequences of the use of pornography and (d) Information and advice to various groups.

**Result:** During the last 3 years, support has been offered to more than 1000 Spanish and South-American people through the website. More than 50 informative articles on the use of pornography have been published. 15 informative sessions have been given in schools and associations, a campaign was held in defence of the sexual rights of women and adolescents, and 10 collaborations have been made with the media.



**Discussion & Recommendations:** Citizen initiatives can facilitate the attention of people's real concerns. In the case of pornography, both adolescents and parents are interested in knowing how to improve its use. The social concern generated by various mediatized criminal cases has confirmed the interest of NGOs such as

DUV. This style of promotion of sexual health and rights may be of interest to other groups.

**Keywords:** Pornography, Sexual Rights, Sexual Education

**Conflict of Interest and Disclosure Statement:** None

## Opening the First Public Sexual Health Center in Paris

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Sexual health is complex and requires implementation of structures with a large and diversified offer of care (sexual counseling, Testing and treatment of sexually transmitted infections (STIs), HIV- testing, hepatitis B and C testing, family planning center and contraception (CPEF)). Since January 2019, we opened the first sexual clinic in Paris, close to the highest area of HIV-infection and STIs, which offers an extended range of care and treatment.

Our objective is to provide a dedicated Unit for sexual health including a global management of individuals, to improve the sexual healthcare path. Our goal is to reach the entire population including targeted populations, to invest in sexual health promotion and to promote clinical research and innovation in sexual behavior.

Under both governance of the Hall Town and the Academic Public health care system of Paris (APHP), we created, within a Health Cooperation Group, a large multidisciplinary team (Free Centers for Information, Screening and Diagnosis (CeGID), CPEF and Infectious Disease Department) covering overall 10 specialties at the Hôtel-Dieu hospital.

The offer of care is wide, from Monday to Friday, 9am to 7pm, with or without appointment, inside and outside the walls. Free and anonymous access is possible. We offer physical, mental and social counseling linked to sexuality; sexual relationships; gendered discrimination, coercion, and violence as well as medical or nurses' appointments: screening and treatment of STIs, point of care tests, contraception delivery, pre- and post-abortion appointments, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), vaccination, dermatology and proctology consultations.

In connection with the Public Sexual Health Network, the preexisting medical care platform from the hospital including a young health and a judicial medico units, the APHP and the City of Paris, as well as local actors, the center aims to articulate in a coordinated way to reach a high level of excellence

**Keywords:** Sexual Health Center, STIs, Reproductive health

**Conflict of Interest and Disclosure Statement:** None

## Hacia el Aborto Legal en México

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El texto es una argumentación a favor del aborto que enviamos a la Suprema Corte de Justicia de la Nación

para que se despenalizara el aborto, no sólo en la CDMX sino también en toda la República Mexicana.



Nadie quiere un aborto; sin embargo hay circunstancias que llevan a las mujeres a decidirse por él. En México, según datos del INEGI, son las mujeres casadas, de escasos recursos, con más de tres hijos, quienes deciden abortar; mujeres que muchas veces por provocarse un aborto clandestino mueren y dejan en orfandad a sus otros hijos, de ahí que quienes defendemos el derecho a decidir, señalamos que permitir el aborto es una situación de justicia social, debido a que quienes se practican abortos no profilácticos, por tener escasos recursos, pueden perder la vida

Desde el punto de vista social un niño necesita educación, servicios de salud públicos y accesibles, desde que nace, cuando es adulto y hasta que muere, así como empleo cuando crece, una casa donde vivir, agua, luz, teléfono, drenaje, alumbrado público, vías de comunicación pavimentadas, escuelas y maestros de todos los grados, desde kinder hasta posgrado, que les

enseñen desde las primeras letras hasta diferentes hábitos pasando por habilidades y saberes que les hagan superar las condiciones de pobreza en las que viven y también necesitan adquirir los conocimientos necesarios para hacer crecer al país.

¿Cómo vivirán esos niños si, no son deseados ni planeados? ¿Les faltará amor? ¿recibirán golpes?, ¿aumentará la delincuencia?, ¿serán carne de cañón de tratantes de personas?

El derecho a decidir es una opción viable, de justicia social para todas las mujeres en edad reproductiva, que debe ejercerse para bien de las mujeres y del país mismo. Hagámoslo valer

**Palabras clave:** aborto, derecho a decidir, justicia social

**Conflicto de interés y declaración de divulgación:** Ninguno

## Identidad y Embarazo Adolescente de Madres e Hijas

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La investigación da cuenta de los cambios y continuidades en la construcción de la identidad de dos generaciones de mujeres, madres e hijas, ambas con embarazo en la adolescencia en un contexto urbano de pobreza de la ciudad de Aguascalientes.

Se analizan y se comparan las narrativas de ocho mujeres, cuatro madres y sus respectivas hijas. Se utilizó el método biográfico para dar cuenta de la construcción de la identidad de estas mujeres, a través de entrevistas y centrando la atención en seis etapas de su trayectoria de vida: La familia de origen, la adolescencia, la experiencia del amor y noviazgo, el ejercicio de la sexualidad, el embarazo adolescente y la vida conyugal. Cada una de estas etapas identifica los actores involucrados, los conocimientos que circularon, las normas y valores transmitidos; así como la elaboración y en su caso resignificación de los mismos.

Dentro de los principales hallazgos encontrados se tiene que la conyugalidad y la maternidad adolescente ocuparon un papel central en la construcción de la identidad de la generación de las madres. Las

identidades en transición de las hijas corresponden, en la mayoría de los casos, a la pérdida de la centralidad de la maternidad y conyugalidad adolescente. A cambio del deseo de ejercer su sexualidad; sin embargo, ante la escasa autonomía para poder decidir sobre su cuerpo y su sexualidad, tuvieron que continuar con un embarazo. Así la generación de las hijas se encuentra entre la contradicción de los discursos hegemónicos que sancionan la sexualidad adolescente, principalmente de las mujeres, con las prácticas cotidianas.

Es necesario hacer a un lado la relación inmediata del ejercicio de la sexualidad con el problema del embarazo y hablar del placer sexual y por ende de la necesidad de protegerse y cuidarse para continuar ejerciendo una sexualidad libre y autónoma.

**Palabras clave:** Identidad, Embarazo adolescente, Madres e hijas

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Promoción de los Derechos Sexuales Desde el Sector Público

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Es sabido que el respeto a los derechos humanos de la población LGBTTTI es uno de los mayores retos para alcanzar la igualdad sustantiva y mayores niveles de bienestar.

En esta búsqueda de derechos, el activismo y el trabajo de las organizaciones de la sociedad civil ha sido una herramienta importante, pero insuficiente.

La actual coyuntura, por otra parte, complica aún más el escenario, toda vez que se han anunciado importantes recortes –si no es que la total cancelación– de entrega de recursos y apoyos que venía haciendo el gobierno federal a las organizaciones de la sociedad civil.

Aunado a esta circunstancia, en algunos municipios como el de Xalapa –en Veracruz– se ha presentado otra realidad, el hecho de que hombres y mujeres activistas por los derechos de las mujeres y de la población LGBTTTI, se han incorporado a la administración pública, con resultados que se traducen en un avance en el tema de los derechos humanos

aunque, y esto es importante mencionarlo, no sin tener que superar serios obstáculos.

Es importante reflexionar en torno a estas circunstancias y que busquemos las mejores vías para que personas comprometidas con el tema de los derechos humanos y que han dedicado muchos años al activismo, ocupen espacios que en otros momentos han sido acaparados por profesionales de la burocracia que solamente buscan cobrar un sueldo y escalar en sus aspiraciones políticas, sin mostrar un compromiso real por impulsar y promover políticas públicas a favor de sectores históricamente olvidados como las mujeres o las personas de la diversidad sexual y genérica.

**Palabras clave:** Activismo, Políticas públicas, Población LGBTTTI

**Conflicto de interés y declaración de divulgación:** Ninguno

## Diseño de Flujograma de Pesquisa Preventiva Evaluando la Función Sexual Masculina en una Clínica Privada

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**Introducción:** El Índice Internacional de la Función Eréctil (IIEF) es altamente sensible para pesquisar la Disfunción Eréctil<sup>(1)</sup>; teniendo alta utilidad en la predicción de patologías cardiovasculares con bastante anticipación. Estas características del instrumento hacen que pueda ser complementario al examen de medicina preventiva considerando el periódico monitoreo y la evaluación de la salud a lo largo del ciclo vital que realiza, siendo su principal objetivo reducir la morbimortalidad asociada a aquellas enfermedades o condiciones prevenibles o controlables<sup>(2)</sup>.

**Objetivos:** Representar gráficamente la aplicación del Índice Internacional de la Función Eréctil en contexto del examen médico preventivo.

Ordenar gráficamente procesos de atención clínica y derivación, incorporando como tamizaje el Índice Internacional de la Función Eréctil.

**Métodos:** Se realizó un listado de acciones que constituyen el examen médico preventivo incorporando el Índice Internacional de la Función Eréctil como tamizaje. Se definió el profesional que participaría y las derivaciones a especialistas de acuerdo a scores obtenidos en el Índice y los tamizajes del examen. Se estableció prestaciones que recibirían estos usuarios según nivel de intervención, identificando cada actor que la realizaría. Se desarrollo flujograma graficando la secuencia de actividades a realizar, indicando entradas y salidas del proceso. Posteriormente se implementó un piloto de aplicación en una clínica privada desde

Marzo a Diciembre 2018 que consideró una capacitación en el Índice.

**Hallazgos y Discusión:** El flujograma fue altamente efectivo para ordenar los procesos clínicos de atención. El Índice Internacional de la Función Eréctil demostró ser una herramienta útil para complementar la pesquisa de patologías cardiovasculares en el examen médico preventivo. Se plantea la posibilidad de que se aplique en la Atención Primaria en Salud mejorando la pesquisa en población masculina.

**Recomendaciones:** Esta estrategia es una alternativa a explorar en salud pública, como complemento a la pesquisa de patologías cardiovasculares en varones.

**Palabras clave:** Flujograma, Pesquisa, Función Eréctil

**Fuente de financiamiento:** Universidad del Desarrollo.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Elementos para la Elección de un Anticonceptivo en una Muestra de Mujeres Mexicanas

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**Introducción/Objetivo:** De acuerdo a cifras del Consejo Nacional de Población (CONAPO), las mujeres mexicanas comienzan a usar anticonceptivos antes de los 29 años. Por otro lado, algunas investigaciones muestran que el esquema de uso de anticonceptivos se ha modificado en los últimos años, mientras que otros estudios muestran que éste podría estar vinculado a la edad de las usuarias.

El objetivo de la presente investigación fue explorar aspectos específicos relacionados con el uso y elección de anticonceptivos en una muestra de mujeres mexicanas.

**Muestra/Metodología:** Participaron un total de 1280 mujeres de 15 a 29 años ( $M= 21.8$ ) de toda la República Mexicana.

**Resultados/Conclusion:** Para prevenir un embarazo, el 49.3% ha usado anticonceptivos hormonales, el 84.7% ha usado preservativo y 44% ha recurrido al coito interrumpido. El 74.9% ha usado algún tipo de anticoncepción de emergencia o anticoncepción hormonal poscoito (en los últimos 12 meses, el 61.6% la usó una vez y el 23.7% dos veces) y la razón principal

de su uso fue no estar usando un anticonceptivo de manera regular (51.6%). A pesar de que el 52.5% de las usuarias dice tener dudas sobre el uso de anticonceptivos, la información que han obtenido (principalmente en la escuela y a través de amistades), les sirve para elegir un método en función de la efectividad que perciben que tiene, el precio y posibilidad de acceso a ellos, la “discreción” con la que puedan ser usados y la percepción de sus efectos positivos (incluyendo el hecho de que no afecten su deseo sexual).

Los esfuerzos por ampliar el acceso a métodos anticonceptivos en mujeres jóvenes se beneficia de considerar las necesidades específicas de información y estilo de vida que tiene este sector de la población, por lo que el estudio actualizado de dichas necesidades resulta relevante.

**Palabras clave:** Anticoncepción, Mujeres jóvenes, Percepción

**Conflicto de interés y declaración de divulgación:** Ninguno

## Actitudes Homofóbicas en Estudiantes Universitarios

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**Introducción & Objetivos:** El término homofobia fue utilizado por primera vez por George Weinberg a inicios de los años setenta para definir el desprecio y rechazo hacia las actitudes y personas que se autodefinen como homosexuales. La homofobia está presente en la población mexicana de manera consciente e inconsciente, entre el 2013 y 2017 se registraron al menos 158 casos de hombres gay (o percibidos como tal) asesinados presuntamente por motivos de su orientación sexual, 6 hombres bisexuales y 3 mujeres lesbianas, como resultado del máximo grado de violencia. El objetivo de la presente investigación fue determinar la asociación que existe entre el grado de homofobia y los factores sociodemográficos en estudiantes universitarios.

**Método(s) & Muestra:** Es un estudio observacional transversal, en el que a todas y a todos los participantes se les envió una invitación para participar en el mismo anexando el link donde se encontraba la carta de consentimiento informado y cuestionario de datos sociodemográficos, y preguntas de Encuesta Nacional sobre Discriminación 2017 (ENADIS-2017). Los

criterios de inclusión para poder participar en el estudio serán las siguientes: Ser parte de la UNAM (académico, administrativo o estudiante), tener más de 17 años y firmar la carta de consentimiento informado. Se conformó una muestra de 161 personas, con edades entre 19 y 69 años. Se realizaron los estadísticos ( $X^2$ , regresión logística) con el programa SPSS V. 21.0

**Resultados y Conclusión:** El 4.3% de los encuestados afirmó que no rentaría una habitación a un hombre gay, el 3.6% no estaría de acuerdo en que su hijo(a) se casara con una persona de su mismo sexo, el 12.9% considera que no debería permitirse la adopción a las personas homosexuales. Se identificó como factor de riesgo para presentar actitudes prejuiciosas u homofóbicas el “matrimonio o divorcio”; “practicar una religión” y “tener hijos/as”.

**Palabras clave:** Homofobia, LGBTTTIQ+, Homosexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Cambios en la Sexualidad de la Pareja Después del Primer Hijo

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**Introducción & Objetivos:** La sexualidad de la pareja sufre complejas modificaciones con el embarazo y el nacimiento del primer hijo. Es un área muy vulnerable de la relación.

Los objetivos son recopilar antecedentes sobre estos cambios y mostrar cómo se aborda la dimensión de la sexualidad en los servicios de salud.

**Método(s) & Muestra:** Las palabras claves SEXUALITY, CHILDBIRTH, RELATIONSHIP, QUALITY y POSPARTUM fueron ingresadas a base de datos ProQuest. Se obtuvieron 3.794 resultados. Después de ordenar y filtrar, la búsqueda arrojó 568 artículos. Se revisaron los resúmenes de los primeros 150 y se seleccionaron según criterios de inclusión,

incorporándose aquellos que aparecieron de forma reiterada en las referencias.

**Hallazgos y Discusión:** El nacimiento de un hijo puede profundizar la relación, especialmente si las expectativas son realistas y la pareja está preparada.

Por otro lado, el niño podría experimentarse como una interferencia. La falta de tiempo de ocio hace que la satisfacción disminuya. Compartir las tareas domésticas y las responsabilidades son fuentes comunes de conflicto.

La literatura señala ampliamente que para la mayoría de las parejas, la sexualidad postgestacional es al principio problemática. El parto provoca una

disminución en el deseo y la frecuencia de las relaciones sexuales.

Tanto padres como madres se ven sometidos a estrés y enfrentan diversos conflictos y necesidades en esta etapa. Hay múltiples factores en juego y dependerá de cada pareja y su entorno cómo reelaboran sus roles. Esta tarea se dificulta debido a la falta de información en los centros de salud.

**Recomendaciones:** Incorporar la sexualidad a las consultas en servicios de salud. Planificar programas y consejerías en sexualidad, ya que esto ayuda significativa y permanentemente a los padres a afrontar y preparar su nuevo rol, disminuyendo la ansiedad y conflictos derivados.

Debido a mi formación en temas de género, esperaba encontrar que una gran mayoría de las parejas tuvieran dificultades en su sexualidad después del

primer hijo, exacerbado esto en Latinoamérica, dado su matriz social tradicional en cuanto a la rígida división de roles. Los mayores problemas derivarían entonces, aunque la madre sea profesional, de la asignación y responsabilización casi exclusiva del cuidado del hijo y quehaceres domésticos a ella. Sumado a esto, la concepción Marianista de la mujer y la maternidad, donde la mujer se realiza al ser madre y ya no cabe sino esperar de ella su devoción exclusiva a su hijo y familia, determina también la desvinculación de la mujer con su cuerpo erótico, poniéndolo solo o muy prioritariamente en función del cuidado.

**Palabras clave:** sexualidad, pareja, postparto

**Conflicto de interés y declaración de divulgación:** Ninguno

## Teacher Training Organisations and Their Preparation of the Pre-Service Teacher to Deliver Comprehensive Sexuality Education in the School Setting: A Systematic Literature Review

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**Objectives:** To explore the extent to which Australian and international teacher training organisations (TTOs), responsible for initial teacher training (ITT), prepare pre-service teachers to deliver comprehensive sexuality education (CSE) in the school setting.

**Design:** Systematic literature review (SLR) of relevant peer reviewed publications.

**Method:** Five electronic databases were searched systematically, to identify publications that reported TTOs provision of CSE training for pre-service teachers. Data extraction was completed, and methodological quality was appraised using The Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Systematic Reviews and Research Syntheses. A descriptive analysis was executed to summarise the scope of preparation for pre-service teachers to deliver CSE in a school setting.

**Results:** Twenty-two documents, primarily from the United Kingdom (UK), Australia and the United States of America (USA), were identified for review. Information regarding CSE training for pre-service

teachers is limited. The available data illustrates variability in course content, core and elective positioning and inconsistency of the scope of sexuality health topics taught during ITT. TTOs course content transparency, access and publication were identified as limitations of this study.

**Conclusion/Recommendation:** This SLR identified evidence of gaps and limitations in current provision of TTOs CSE course content and methodologies that are currently delivered to prepare pre-service teachers to effectively deliver CSE. Further research into how TTOs prepare pre-service teachers to deliver CSE is recommended, to identify and prioritise best-practice holistic teaching concepts in achieving improved teacher and student outcomes.

**Keywords:** Sexuality and relationship education, Primary and secondary pre-service teacher education, Teacher training organisations

**Conflict of Interest and Disclosure Statement:** None

## Valoración de Riesgo Pregestacional Como Estrategia para Prevenir Embarazo Adolescente

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**Introducción:** El embarazo adolescente en México representa un grave problema de salud pública debido al riesgo de mortalidad para la madre, como para el hijo. Son embarazos no planeados (ENP), aun cuando los adolescentes tienen acceso a la información sobre métodos anticonceptivos y su uso, pero al inicio de vida sexual su uso es incipiente, poniéndose en riesgo de ENP o contraer infecciones de transmisión sexual. Es necesario que además de identificar métodos anticonceptivos conozcan los riesgos de salud, evitando ENP a edad temprana y disminuir el riesgo de mortalidad materno-fetal.

**Objetivo:** Evaluar el uso de la Tabla de Valoración de Riesgo Pregestacional (TVRP) para contribuir a la disminución del embarazo adolescente mediante el conocimiento de los riesgos de salud que conlleva.

**Materiales y Métodos:** Se realizó una investigación de tipo transversal en un grupo de adolescentes de entre 12 a 19 años de edad en el Centro de Salud Urbano Metropolitana del Instituto de Salud del

Estado de México las cuales acudieron a consulta externa o a cita Prospera, ahí se aplicó la TVRP.

**Resultados:** Se encontró que el realizar la TVRP las adolescentes conocieron los riesgos que representa para la salud el embarazo a esta edad y la ventaja de retrasar el primer embarazo y los subsecuentes si es que ya tuvieron alguno.

**Conclusiones y Recomendaciones:** Mientras no se informe a las adolescentes el riesgo que implica para la salud un embarazo a temprana edad se seguirá incrementando la mortalidad materno-fetal, así como las complicaciones que de ahí se puedan derivar, no basta con que conozcan los tipos de métodos de planificación. El uso anual de la TVRP podría impactar en la planeación del embarazo en la adolescente.

**Palabras clave:** embarazo, adolescente, salud

**Conflicto de interés y declaración de divulgación:** Ninguno

## Prevention Project Serie

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Directive 2011/92/EU of The European Parliament on combating sexual abuse and sexual exploitation of children requires EU member states to provide sexual abuse/violence prevention services to potential offenders. Convention on the Rights of the Child requires that the nations that have ratified the convention take action to protect the child from all forms of physical and mental violence, including sexual abuse and exploitation. Currently Finland does not meet these requirements. Prevention services or intervention programs are not provided for non-convicted potential sexual offenders. Additionally, social and health care professionals lack tools and skills to work with clients that are concerned about their sexual interests.

The Prevention Project SeriE focuses on providing free preventive and supportive services to high-risk potential offenders. The main target group is those individuals aged 15–25 that have a significant risk of committing a sexual offence. Supportive services are provided in Finnish, Swedish and English. Professional counselling and consultation to social and health care professionals are provided within the project. Brochures and other material are produced to provide information about child sexual abuse and pedophilia as a phenomenon. Providing accurate information will reduce stigma and encourage potential offenders to seek support.



The SeriE-network coordinates the services and knowledge of authorities, NGOs and other actors within the Helsinki Metropolitan area (Helsinki, Espoo, Vantaa, Kauniainen). The SeriE-network aims to clarify the paths of service both to the clients and the professionals working with potential/convicted sexual offenders. The SeriE-project is as a pilot project linked with “SERITA-project” and “Välitä! project”. The staff in SeriE project consists of two Sexuality

Therapists and one Network Coordinator. The project is funded by STEA and will be implemented in 2018–2020.

**Keywords:** child sexual abuse, sexual violence, prevention

**Source of Funding:** STEA Project Grant, EU Interreg Central Baltic Programme.

**Conflict of Interest and Disclosure Statement:** None

## Sexual Orientation, Health Behaviors and Lifestyle Among Brazilian Public Servants

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**Introduction & Objectives:** The role of affective relationships in health promotion has been extensively studied; however, there are few reports on health behaviors as a function of gender differences and, principally, sexual orientation. This study aimed to investigate differences in health behaviors as a function of sexual orientation in a sample of Brazilian public servants.

**Method(s) & Sample:** This study included 10,314 participants reporting to be in a stable relationship 4-years after the baseline (2012–2014) of the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil). Of these, 54.9% were women and 45.1% men, with 188 (1.8%) declaring that they were in a same-sex relationship. Data were collected using a multidimensional questionnaire on health-related behaviors: smoking, alcohol consumption, leisure time physical activity, sleep duration and leisure-time screen use. Simple and multinomial logistic regression analyses were performed.

**Results:** Individuals in same-sex relationships were more likely to smoke (OR =1.69; 95%CI: 1.10–2.58), to spend more of their leisure-time in front of a screen (OR =1.43; 95%CI: 1.06–1.93) and to sleep longer (OR =0.73; 95%CI: 0.55–0.98). No significant difference was found between the homosexual and the heterosexual groups regarding alcohol consumption and physical activity.

**Conclusion & Recommendations:** These findings should contribute towards preventing chronic non-communicable diseases and promoting health in people with different sexual orientations in Brazil and in other similar settings.

**Keywords:** sexual orientation, health behaviors and lifestyle, public health

**Source of Funding:** The ELSA-Brasil study is supported by the Brazilian Ministry of Health (Department of Science and Technology), the Brazilian Ministry of Science and Technology (Funding Agency for Studies and Projects) and the National Council for Scientific and Technological Development – CNPq (grants 01 06 0010.00 RS, 01 06 0212.00 BA, 01 06 0300.00 ES, 01 06 0278.00 MG, 01 06 0115.00 SP, 01 06 0071.00 RJ). The present study received additional funding from a collaborative project between Brazil and Portugal entitled “Gender and health in adulthood: dialogues between Brazil and Portugal”, sponsored by the Coordination for the Improvement of Higher Education Personnel in Brazil (CAPES) (Grant 99999.008396/2014-00). Estela M. L. Aquino is a CNPq fellow whose scientific research output is classified as level 1D.

**Conflict of Interest and Disclosure Statement:** None

## Escenarios de Vulnerabilidad en Sexualidad de Mujeres Mayas Parejas de Migrantes

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**Introducción:** Yucatán es una entidad con un índice alto de marginación, lo que ha propiciado que cada vez más habitantes migren como alternativa para salir de la pobreza. La adquisición del VIH/Sida se redimensiona a la luz de la migración, en la medida que incrementa prácticas de riesgo asociados a la adquisición de esta enfermedad. La lejanía de sus comunidades, provoca en los hombres migrantes mayor permisividad que los lleva a sostener encuentros sexuales con un mayor número de personas sin la adecuada protección. Después de haber estado expuestos a contactos sexuales no protegidos, regresan al encuentro de sus parejas que los esperan en las comunidades de origen y sostienen relaciones sexuales sin protección.

**Método:** En este trabajo se analizan los resultados de un diagnóstico cuantitativo que tuvo como objetivo identificar las creencias, prácticas y significados que acompañan el ejercicio de la sexualidad de mujeres mayas parejas de migrantes y la medida en que estos se configuran como factores de vulnerabilidad asociados a la potencial adquisición del VIH/sida. Se diseñó

y aplicó una encuesta a 120 mujeres mayas de Yucatán, parejas de hombres migrantes.

**Resultados:** En los resultados se exponen los factores de vulnerabilidad y riesgo asociados al ejercicio de la sexualidad de las mujeres investigadas. Por ejemplo, su baja percepción de riesgo, la violencia doméstica, la presencia de mitos en temas de sexualidad y VIH/sida, el monolingüismo y baja escolaridad, sus construcciones de género, entre otros. Se indica de qué manera cada uno de estos representan factores asociados a la posible adquisición de VIH/sida entre las participantes en la investigación.

**Conclusiones:** A partir de los hallazgos se vislumbran lineamientos para el diseño de políticas públicas orientadas al desarrollo de estrategias educativas y de prevención para hacer frente a la diada migración-VIH/Sida, entre mujeres mayas parejas de migrantes.

**Palabras clave:** vulnerabilidad, mujeres mayas, sexualidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Comunicación Entre Padres y Adolescentes Sobre Sexualidad, para Prevenir Embarazos en la Adolescencia

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**Introducción & Objetivo:** La literatura científica ha constatado que la educación sexual en la familia contribuye a la postergación del debut sexual y al uso de anticonceptivos cuando se tiene acceso a ellos. No obstante, en México existen pocos estudios que se aboquen a la investigación sobre el tema.

El objetivo de este trabajo es poner a prueba de manera directa la relación que existe entre la comunicación sobre temas de SSyR entre familiares y adolescentes, y el impacto en el Embarazo en la Adolescencia(EA). Se matizará cuándo la comunicación es realizada con una

actitud positiva, negativa, intimidante o nula por parte del familiar.

**Método:** Se analizaran datos de la Encuesta Nacional de los Factores Determinantes del EA (ENFaDEA, 2017). El universo de análisis para está compuesto por 3,380 mujeres de 20-24 años de edad. La muestra es representativa a nivel nacional en zonas rurales y urbanas para 4,792,056 mujeres de 20 a 24 años de edad en México en 2017.

Realizamos modelos logísticos multivariados en donde  $Y = EA$ ; las variables independientes son

interacciones entre las variables “Familiar le habló sobre alguno de los temas de SSyR” y “Actitud del familiar”. Se incluyeron otras variables sociodemográficas de control.

**Resultados & Conclusiones:** Los resultados muestran que las mujeres en familias donde NO le hablaron de algún tema de SSyR tienen 35% más de probabilidad de experimentar algún EA, en comparación con las mujeres que SÍ recibieron información con actitud positiva sobre SSyR por parte de su familiar. Cuando las mujeres reciben información de SSyR pero con una

actitud negativa por parte del familiar, hay un 19% más de probabilidad de tener un EA. Se puede concluir que, en México, la comunicación sobre temas de SSyR que tengan los familiares (los padres) con las adolescentes con una actitud positiva, es un componente importante para prevenir el EA.

**Palabras clave:** Embarazo adolescente, Familiares, Comunicación sobre SSyR

**Conflicto de interés y declaración de divulgación:** Ninguno

## Derechos Sexuales y Reproductivos para el Desarrollo Sustentable Sobre Ruedas: Sube Atención Multidisciplinaria Donde Urge

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**Introduction/Rationale:** Los DDyLF enfrentan numerosos desafíos que limitan su eficacia orientada al desarrollo sustentable. La eficacia es una demanda social contundente, misma que se observa en los resultados de cualquier tomador de decisiones públicas, operador jurídico y/o gestor de fondos públicos. Los derechos de la salud sexual y reproductiva (DSSyR) son DDyLF exigibles y justiciables, forman parte de sistema de Derechos Económicos, sociales, culturales y ambientales (DESCA). Las políticas públicas normalizadoras, sin contexto demográfico, territorial y temporal son acciones dedicadas a la ineficiencia, así como violatorias de este enfoque por acción u omisión indebida. La ausencia de educación integral en DSSyR presupone un ejercicio nulo o limitado por parte de las personas.

Data Fuentes oficiales en la region demuestran el concurso de discriminaciones agravadas en el curso de la vida (personas menores y mayores de edad). En materia de DSSyR, mujeres en contextos rurales y de marginación, esto se magnifica afectando su calidad y proyecto de vida.

**Discussion:** Las barreras para la autodeterminación gradual de la persona, inician con el impedimento de

su educación sexual integral, el conocimiento de su propio cuerpo. Se identifican con distintos tipos de violencias; la trata de personas, especialmente con fines de explotación sexual; el trueque o compra de personas menores de 18 años para efecto de concubinato, matrimonio o fines reproductivos; y, la decisión social sobre el embarazo forzado, son ejes para el desarrollo de políticas públicas con enfoque de DDyLF.

**Outcome and Recommendations:** Presentamos el proyecto de un Centro móvil: SUBE; una metodología de atención a partir de estándares básicos a partir de un código semaforizado (triage) de acuerdo con el contexto personalizado de intervenciones para mejorar la afectación causada por violación de derechos en las zonas de mayor necesidad. Aplicase el modelo de restituo in integrum centrado proyecto de vida resiliente

**Palabras clave:** human rights efficacy, sexual assessment, targeted public policy

**Conflicto de interés y declaración de divulgación:** Ninguno

## Miscarriage Care and Early Pregnancy Assessment Services in Australia

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**Introduction & Objectives:** Around 1 in 4 pregnancies end in miscarriage. In Australia, miscarriage is defined as pregnancy loss under 20 weeks gestation. Early Pregnancy Assessment Services (EPASs) are clinics in public hospitals specifically designed for women with early pregnancy complications. They are designed to manage patients efficiently and effectively by reducing emergency department waiting times, providing dedicated staff and facilities, and maintaining continuity of care. This is the first Australian study to explore the pathways into EPASs, and the common characteristics between services.

**Methods & Sample:** A mixed methods approach was used involving audit and semi-structured interviews. Nine Victorian EPASs were included in this study and 15 EPAS staff were interviewed. Process mapping, a method of observation, was performed at all services.

**Results:** This study identified four main themes: (1) the importance of EPASs (2) similarities and differences (3) EPAS challenges and (4) possible improvements. Most patients were referred to EPASs through the emergency department or their primary care doctor. The services provided expert care in a timely manner compared to alternative pathways and highlighted

the staff dedication and support for patients. In an effort to maximise patient care, the purported operation of EPASs often varied from actual practice. Most services were run by junior doctors who rotated through the service frequently and a lack of time, money and space meant EPASs were generally unable to offer ultrasound services. Staff suggestions for improved service included increased facilities, such as having an on-site ultrasound machine, moving services to an area separate from antenatal services and increased service availability.

**Conclusion & Recommendations:** This study provides the first description and comparison between EPASs in Victoria, Australia, and showed that while there was considerable service variation and limitations among EPASs, staff were dedicated to providing the best possible care to patients.

**Keywords:** early pregnancy assessment services, miscarriage, pregnancy loss

**Source of Funding:** Dr Jade Bilardi is in receipt of a National Health and Medical Research Council Early Career Fellowship No 1013135

**Conflict of Interest and Disclosure Statement:** None

## De la Violencia al Buentrato: Dinámica de las Relaciones de Pareja en Jóvenes de la UNAM

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**Introducción:** El proyecto se enfoca en la violencia expresada en las relaciones de pareja que establecen las y los jóvenes del bachillerato, quienes atraviesan por una etapa en la que se definen los comportamientos en su vida sexual y la relación con sus pares, por lo que es importante crear estrategias de intervención temprana. Para comprender y analizar la violencia asociada a las relaciones de pareja se diseñó un instrumento, cuyos resultados demostraron se consideran a

las agresiones psicológicas como “normales” en sus relaciones de pareja.

**Palabras claves:** Violencia, pareja, jóvenes

**Objetivo:** Identificar la frecuencia, las modalidades y la normalización en los tipos de violencia que vive el estudiantado de bachillerato en sus relaciones de pareja.

**Desarrollo:** El instrumento conformado por 58 reactivos en versión automatizada para su aplicación en

línea, organizado en 4 secciones. Se aplicaron 17,368 encuestas al bachillerato de la UNAM.

### Resultados

- 56. a) Control de las relaciones de pareja en su entorno social – 56.7%
- 57. b) Control de la sexualidad en la pareja – 8.8%
- 58. c) Uso de la fuerza física – 8.5%

### Conclusiones

- Como resultado de este análisis se puede concluir que la principal forma de expresión de la violencia está

relacionada con el Control de las relaciones de pareja en el entorno social.

- El concepto de violencia es identificado por los jóvenes de manera diferente entre las mujeres y los hombres: para ellas el control en las relaciones de pareja en mi entorno social y ellos lo asocian con maltrato físico y sexual.

**Palabras clave:** Violencia, Pareja, Jóvenes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Insecurity, Gender-Based Violence, and Sexual and Reproductive Health and Rights in El Salvador

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**Introduction & Objectives:** This research maps the interacting forms of violence that are critical barriers to the fulfilment of sexual and reproductive health and rights in El Salvador. Despite the national health sector reform that expanded the availability of free health services, including contraception, El Salvador is contending with a troubling increase in adolescent pregnancy rates alongside high unmet need among girls and young women. And, along with endemic insecurity due to gang violence, national statistics indicate that women and girls experience high rates of intimate partner violence and gender-based violence in their homes and public spaces.

**Method(s) & Sample:** Research was conducted in El Salvador through semi-structured group interviews with 28 NGO-trained community leaders. This methodological approach helped draw out evidence of the impacts of gang violence, gender-based violence, and systemic violence in daily interactions. To better understand the broader context of violence and women's rights, over 20 additional key informant interviews were conducted with government ministries and local and international NGOs. Interview data was supplemented by a literature review.

**Findings & Discussion:** El Salvador's inability to contend with gang violence, entrenched machismo, and gender-based violence cannot be separated from its struggle to advance sexual and reproductive health and rights. Broader sociocultural norms and biases intrinsically linked with gang violence and harmful national policies – including the total abortion ban – reinforce the repression of these rights. These forms of violence create multi-level barriers that limit the ability of vulnerable populations to make informed decisions about their rights and seek quality services.

**Recommendations:** El Salvador and its development and security donors like the United States fail to address the linkages between violence against women and girls and insecurity. The government of El Salvador must tackle attacks on women, harmful policies, and sexual and reproductive health in a holistic way.

**Keywords:** Gender-based violence, Sexual and reproductive health and rights, Violence against women

**Conflict of Interest and Disclosure Statement:** None

## Track: 7. Education

### Resuelve Tu Erotismo

María Isabel Alva Castro

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“Resuelve tu erotismo”: Es una herramienta de educación sexual. Promueve el bienestar emocional y el desarrollo de un erotismo saludable, a través de la asertividad sexual. El placer sexual es uno de los temas más controvertidos en la educación sexual, no habiendo un entrenamiento para expresar qué sí y que no quiero y cómo lo quiero. El placer como concepto está vinculado al de asertividad sexual y al de consentimiento. Por ello hemos desarrollado un recurso didáctico que puede abonar a resolver el erotismo. Resolver es enfrentar, encontrar una solución o respuesta para un problema, una dificultad o una duda, también es tomar una determinación definitiva.

Ruleta con 72 palabras, 5 áreas: pasado, futuro, mímica, reto o verdad y 69 tarjetas con sugerencias para reto o verdad.

Población: Jóvenes mayores de 18 años

Los propósitos del juego se han cumplido logrando:

Mayor asertividad sexual mediante una actividad lúdica.

Explorar el erotismo y posibles emociones y situaciones asociadas a lo que gusta o no gusta, se disfruta o no se disfruta, siente placer o no.

Ampliar una visión del erotismo no reducida a lo genital.

Intercambiar experiencias que abonen a un mayor disfrute del erotismo

Insistir en el consentimiento como una actitud y conducta importante en el intercambio erótico.

Identificar oportunidades eróticas en el intercambio de experiencias

Discusión y bibliografía

Al Trabajar con recursos como éste, se abona a la asertividad sexual y a lograr el consentimiento. Es una herramienta que contribuye a la educación sexual y a la prevención e intervención de violencia sexual. Carrera-Fernández, Lameiras-Fernández, Foltz, Núñez-Mangana y Rodríguez-Castro, (2007), Santos-Iglesias Pablo (2010) El papel de la asertividad sexual en la sexualidad humana: una revisión sistemática <https://www.redalyc.org/html/337/33714079010/>

**Palabras clave:** Erotismo, Asertividad sexual, Juego didáctico

**Conflicto de interés y declaración de divulgación:** Ninguno

## El Amor Romántico y la Violencia de Género

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**Introducción y Justificación:** la socialización entre hombres y mujeres implica la consideración de diferencia por naturaleza, dando paso a identidades diferenciadas que conllevan estilos cognitivos, conductuales y actitudinales. Es así como existe una tendencia a relacionar a la masculinidad con poder, agresividad, violencia, y a la femineidad con pasividad, obediencia, vulnerabilidad. Hablamos entonces de procesos que perpetúan las desigualdades entre mujeres y hombres, socializados de manera diferente y que en el contexto social patriarcal entenderán por amor y amar cosas diferentes. La sociedad tiene la necesidad de erradicar las desigualdades en

torno al Amor y su práctica amorosa. Visibilizando la delgada línea con la Violencia de Género. Esta cultura patriarcal y normativa es causante de que se desarrollen creencias idealizadas y mitos en torno al amor, dificultando el establecimiento de relaciones sanas y provocando tolerancia a comportamientos violentos. Se trata de una forma que somete y se propaga culturalmente de forma normalizada en la música, historias dramáticas y dibujos animados generando patrones precoces de los mitos de "princesas y príncipes", "amar única e incondicionalmente", acaba con la individualidad, con la idea de complementariedad. Estos mensajes transmitidos una y



otra vez son interiorizados, la persona los hace “suyos” y termina comportándose en consecuencia, generando gran frustración en las relaciones sentimentales. El Amor Romántico no tiene nada que ver con el cariño a una pareja. Para una relación sana es necesaria la reciprocidad.

**Proyecto, Población, Ajustes y Recomendaciones:** Conferencia y Talleres para Visibilizar la Violencia en las relaciones sentimentales. Desmitificar el Amor Romántico.

Dirigido a toda persona. En torno a funcionalidad organizar grupos por características de edad, intereses y género.

Se recomienda hacer evaluaciones periódicas del diseño para modificarlo de acuerdo a necesidades.

Afortunadamente son cada vez más las personas que se encuentran desmarcándose de estereotipos y etiquetas, quieren y buscan cambiar las identidades de género, quieren vivir y elegir con libertad. La sociedad

tiene la necesidad de transitar en la deconstrucción del Amor Romántico, erradicar desigualdades entre las personas en torno al Amor y las relaciones sentimentales. Al igual de necesario es poder contribuir a cambiar los mensajes colectivos y sociales. Aportar herramientas que potencien nuevas formas de Amor, que se construyan desde sí mismas y desde la fortaleza de un Amor Propio.

### Literatura Apoyo

Lagarde, M. (2005). Claves feministas para la negociación del Amor.

Herrera, C. (2011). Construcción Sociocultural del AR

**Palabras clave:** Amor Romántico, Violencia de Género, Mitos y Deconstrucción

**Conflicto de interés y declaración de divulgación:** Ninguno

## Guía de Disex. Comunicación Asertiva para la Creación de Entornos Favorables a la Salud Sexual en Adolescentes

Ma de Lurdes Barbosa Cárdenas

Sexología, Género, Mujeres en Frecuencia A. C., IMESEX, Pro equidad, INMUJERES, Ciudad de México, México

México enfrenta graves problemáticas de salud sexual en adolescentes y las cifras son cada vez más alarmantes. Para empezar, nuestro país tiene el primer lugar en embarazos de mujeres menores de 19 años (OCDE, 2018) y, una gran cifra de estos ocurren por violación cometida por un hombre mayor y cercano a la víctima (IPAS, 2018). De hecho, también tenemos el primer lugar de abuso sexual contra niñas y mujeres menores de 15 años. A estas lamentables cifras se suma el incremento de infecciones de ITS y VIH en menores de 19 años, siendo el grupo HSH el de mayor riesgo e incidencia (CENSIDA, 2018), por citar algunas problemáticas.

Este contexto nos alerta sobre la necesidad de dotar de herramientas a las y los adolescentes para la prevención de riesgos y, aunque se han hecho muchos esfuerzos (por ejemplo, la puesta en marcha de la ENAPEA), no han sido suficientes o no han considerado todas las aristas para atender las problemáticas de manera integral.

Nosotras encontramos que si el entorno no es favorable a la vivencia de la sexualidad en los chicos y las chicas, se seguirán viviendo riesgos y el incremento de problemáticas. Por citar algunos ejemplos; algunas instituciones públicas dotaron de condones a las escuelas, pero son los directivos quienes los distribuyen, lo que es una barrera para los jóvenes; en el caso de la familia, continúan las prohibiciones y la violencia, lo que orilla a que se viva la sexualidad en la clandestinidad; en general, la sociedad sigue condenando la sexualidad en adolescentes y con ello, aumentando los riesgos.

La GUIA EDISEX es una estrategia de comunicación y capacitación dirigida a mamás, papás, maestros y personas adultas para ayudarles a entender la sexualidad en adolescentes y prevenir riesgos. Incluye serie radiofónica y material didáctico para talleres.

**Palabras clave:** Embarazo no deseado, Adolescentes, Orientación

**Conflicto de interés y declaración de divulgación:** Ninguno

## Modelo Educativo para Estudiantes Universitarios Buscando Salud Sexual Integral

Angelica Liliana Barboza Delgadillo

Universidad de Guadalajara, México

**Introducción:** La definición de salud sexual de la OMS, menciona que esta se observa en las expresiones libres y responsables de las capacidades sexuales que propician un bienestar armonioso personal y social, lo cual es imposible de lograr sin la concepción e integración a la vivencia sexual de las distintas expresiones comportamentales de la sexualidad, bien llamadas así, por Alvarez Gayou desde la década de los ochentas.

Es decir, para tener una vivencia, plena y enriquecida de la sexualidad es necesario incluir las expresiones comportamentales.

**Justificación:** El tema de las expresiones comportamentales de la sexualidad es concebido, como lo mas pervertido de la sexualidad, por lo que relevante que los estudiantes de Ciencias de la Salud de la Universidad de Guadalajara, comprendan y diferencien filias de parafilias de manera primero personal y después profesional para naturalizar la diversidad erótica sana, como un elemento para alcanzar la salud sexual y al mismo tiempo disminuir riesgos en sus practicas sexuales.

**Proyecto:** Modelo educativo, desmitificador de la expresiones comportamentales

**Población y ajustes:** Estudiantes del Centro Universitario de Ciencias de la Salud de la Universidad de Guadalajara

**Resultado:** Los jóvenes logran identificar las expresiones comportamentales eróticas y no eróticas que disfrutan aceptándolas como parte de una vivencia de la sexualidad sana y plena.

**Discusión & Recomendaciones:** El modelo educativo de la sexualidad debería integrar la desmitificación de las expresiones comportamentales, como parte del entendimiento de la salud sexual y los derechos sexuales.

### Citas de la literatura de apoyo

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**Palabras clave:** educación, salud sexual, expresiones comportamentales

**Conflicto de interés y declaración de divulgación:**  
Ninguno

## Young Men are Trying! Talking About Youths' Experiences with Male Contraception Failure

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ETR, Scotts Valley, CA, USA

**Introduction & Objective:** Engaging males in sexual health interventions encourages their participation in sexual decision-making and taking responsibility for their sexual health (Pulerwitz, et al., 2010). In this poster, we examine condoms and withdrawal (pulling-out) use, the only two male-specific methods available to youth. Condoms and withdrawal have similar typical failure rates of 13% and 20% and a perfect use failure

rate of 2% and 4% respectively (Hatcher, 2018). Typical use failure is often the result of user-error for both methods. This poster discusses youths' experience with male-specific contraception, including condom and withdrawal failure to promote improved classroom instruction on the topic.

**Method & Sample:** In a randomized controlled trial, we collected condom and withdrawal use and failure

data from 1,596 participants (baseline mean age 15.6) from two different regions in the US. At baseline, 25% reported having ever had vaginal sex. Of these students, 59% (n = 191) reported having had sex in the past three months.

**Results:** This sub-set of students was asked about their condom use and practice of withdrawal in the past three months. About 38% report that at least once, they did not fully pull out before ejaculating. Approximately 25% of respondents reported the condom broke and 20% reported the condom slipped off during sex.

**Conclusion & Recommendations:** The results support enhanced skill building for condom and withdrawal use. These data support further instruction on what to do in case of method failure. Interventions

that focus on young males' experiences with contraception can shape habits and address gender roles as youth begin to develop relationships.

### References

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**Keywords:** withdrawal, condom error, adolescents

**Source of Funding:** This work is funded by the US Department of Health and Human Services, Office of Adolescent Health, Grant # TP2AH000031.

**Conflict of Interest and Disclosure Statement:** None

## Análisis del Discurso Sobre Prácticas Sexuales Dentro del Espacio Universitario

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Dentro del espacio universitario además de las situaciones de enseñanza-aprendizaje se desarrollan otro tipo de experiencias y de relaciones que van a la par del proceso formativo. La vivencia y práctica de la sexualidad se entremezclan con la vida académica y aunque en el discurso institucional la sexualidad aparece muy poco, la formación profesional no está aislada de ella. El objetivo de la investigación fue conocer cuáles son los discursos sobre las prácticas sexuales dentro de la Universidad.

Es un estudio cualitativo exploratorio utilizando el Análisis Crítico del discurso (ACD). Se analizaron 6 entrevistas semiestructuradas a estudiantes de la FES Aragón de la UNAM, de entre 19 y 24 años.

Los estudiantes reconocen la existencia de prácticas sexuales dentro del plantel, hay un conocimiento de los lugares más frecuentes, del tipo de prácticas y de jóvenes que han sido sorprendidas por autoridades. Aunque la práctica sexual dentro de la FES fue calificada como una actividad cotidiana, subyace una connotación negativa pero el rechazo no se expresa abiertamente. La crítica a quienes realizan la actividad

difiere según el género de los participantes y si la práctica es en público o en privado. Se castiga discursivamente más a una mujer que a un hombre.

El ACD develó que lo que desagrada de la práctica sexual en la facultad, no es la acción, sino la transgresión del espacio público; lo que criticable es que la conducta sexual salga del espacio íntimo; tienen una representación discursiva sobre la vigilancia institucional y las consecuencias de estos actos.

Es importante reconocer la existencia de estas prácticas en la vida académica universitaria, comprender sus motivaciones, el contexto en el que ocurren y la vinculación con el desempeño académico. Promover la reflexión con el alumnado acerca de su propia experiencia, para tomar decisiones conscientes sobre sus prácticas sexuales.

**Palabras clave:** prácticas sexuales, estudiantes, análisis de discurso

**Conflicto de interés y declaración de divulgación:** Ninguno

## Entendiendo la Performatividad del Género en el Cuerpo a Través del Teatro Cabaret

Genaro Andrés Carreño Cruz

CABARET MISTERIO, México

**Introducción:** Hace más de 20 años que me dedico de manera profesional a las artes escénicas. En específico al Teatro Cabaret [1]. A la par los estudios de la Academia acerca del Género, la Disidencia sexual me han acompañado toda mi vida.

**Justificación:** El Género como un acto performativo a través de la iteración, según Judith Butler.

“Encontrar el mecanismo mediante el cual el sexo se convierte en género supone precisar no sólo el carácter construido del género, su calidad innatural e innecesaria, sino la universalidad cultural de la opresión en términos biológicos.”[2]

**Objetivo:** Obtener un ejercicio de actuación de fácil acceso a las personas, sean o no profesionales del teatro, y que me ayude a evidenciar, que el género es una construcción, y que las personas validamos o no la expresión del mismo.

**Proyecto:** El ejercicio que voy a describir lo realicé con un grupo de mujeres y hombres profesionales del teatro. Las edades oscilan entre los 25 y los 35 años.

Se colocaron en círculo todas las personas. Una de ellas realizó un movimiento con sonido considerado

masculino. La persona inmediata que estaba a su lado, trató de hacer una copia fiel y calca del gesto “primordial”. Así continuaron el orden del círculo. Gracias a que no somos máquinas, si no personas con una fisicalidad e historia de vida única, el gesto inicial se modificó.

Hicieron este ejercicio también travestidos.

**Resultado:** A través de esta serie de ejercicios, las personas lograron reconocer el Género como una construcción que se “encarna” en los cuerpos.

1. El teatro Cabaret en ciudad de México es una expresión teatral, en tono de farsa, que busca la disidencia sexual, política y social.
2. “El Género en disputa” BUTLER, Judith, Paidós, 2015.

**Palabras clave:** Género, Teatro, performatividad

**Fuente de financiamiento:** Fondo Nacional para la Cultura y las Artes FONCA Cabaret Misterio

**Conflicto de interés y declaración de divulgación:** Ninguno

## Las Cápsulas del Doctor Misterio. El Teatro Cabaret al Servicio de la Infancia

Genaro Andrés Carreño Cruz

CABARET MISTERIO, México

Las cápsulas del Doctor Misterio es un proyecto de youtube, en el que con un personaje de ficción abordo temas relacionados a la sexualidad y al género. Siempre a través del humor y la metáfora. Con el humor busco una manera más amable de llegar a la audiencia, la risa permite que la mente se abra y las posibles resistencias a temas complicados bajen. Al mismo tiempo, con el sentido del humor se le puede dar la vuelta a la censura.

Con este personaje he creado espectáculos de Teatro Cabaret, para hablar de la construcción de género a través de la designación de los colores, los juguetes y las profesiones. He hablado también de la diversidad sexual, y de la identidad de género y sexo. Soy el

precursor del género de Teatro Cabaret para niñas y niños en México.

Mi trabajo siempre ha sido una combinación de Teatro con derechos sexuales DH y Género.

Creo importante mostrar que herramientas más allá de la Academia están disponibles para llegar a las audiencias más jóvenes.

Mi trabajo es, hacer más digeribles conceptos de la Academia.

Adjunto 3 capsulas

- 1 Las personas y sus colores, en ella hablo de la construcción del género

- 2 abordó el tema de las emociones que se nos mod-  
ela a expresar de acuerdo a nuestro género
- 3 el tema de las parejas homosexuales.

Me encantaría poder realizar la ponencia en personaje, es decir que el Doctor Misterio sea el que se presente. Esto lo he realizado con anterioridad en miles de ocasiones, y ayuda a que la audiencia se divierta, se relaje de un ambiente académico.

Canal de youtube

[youtube.com/doctormisterio](https://www.youtube.com/doctormisterio)

videos específicos

Las personas y sus colores

[https://www.youtube.com/watch?v=hF3fBzq3pSU&](https://www.youtube.com/watch?v=hF3fBzq3pSU&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=2)

[list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-](https://www.youtube.com/watch?v=hF3fBzq3pSU&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=2)

[cSfc3&index=2](https://www.youtube.com/watch?v=hF3fBzq3pSU&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=2)

¿es bueno llorar?

[https://www.youtube.com/watch?v=](https://www.youtube.com/watch?v=LSNVngN0q6w&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=6)

[LSNVngN0q6w&list=PLLXVW2o-](https://www.youtube.com/watch?v=LSNVngN0q6w&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=6)

[z3GP4TGpNWlfLmnkEZ-cSfc3&index=6](https://www.youtube.com/watch?v=LSNVngN0q6w&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=6)

¿Existe una sola historia de amor?

[https://www.youtube.com/watch?v=BM-1iyoceok&](https://www.youtube.com/watch?v=BM-1iyoceok&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=10)

[list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-](https://www.youtube.com/watch?v=BM-1iyoceok&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=10)

[cSfc3&index=10](https://www.youtube.com/watch?v=BM-1iyoceok&list=PLLXVW2o-z3GP4TGpNWlfLmnkEZ-cSfc3&index=10)

Página web

[www.cabaretmisterio.com.mx](http://www.cabaretmisterio.com.mx)

**Palabras clave:** infancia, genero, teatro

**Fuente de financiamiento:** FONCA Fondo Nacional para la Cultura y las Artes becario FONCA creadores escénicos en teatro cabaret con trayectoria.

**Conflicto de interés y declaración de divulgación:** Ninguno

## College-Level Sex Education as a Tool for Sexual Violence Prevention

Ashlee Carter

University of Massachusetts Boston; Seton Hall University, USA

**Introduction & Objectives:** As the conversation around the perpetration of sexual violence continues, research around sexual assault on college campuses continues to grow. By collecting both quantitative and qualitative data, this study investigated the effects on students' levels of sexual assertiveness, sexual awareness, communication skills, and sexual refusal skills as a result of taking a college-level human sexual behavior course.

**Methods & Sample:** The single-case mixed method design was conducted in four phases at a private, 4-year university in the Northeastern United States. There were three quantitative components (surveys), and semi-structured interviews took place at the completion of the course. Following the interviews, both the quantitative and qualitative data were analyzed. By analyzing both sets of data, I determined overall patterns by looking for consistent themes within student's responses that measure a change in their levels of sexual assertiveness, ability to refuse an unwanted sexual situation, and sexual awareness.

### Results

- Increase in 67% of the respondent's levels of sexual assertiveness; from pre- to post-test

- Positive change in 56% of the respondent's ability to reject an unwanted sexual situation
- 82% of the respondents reported feeling more confident in ability to refuse a sexual situation
- Positive change in students' level of sexual awareness in 74% of the respondents

**Conclusion & Recommendations:** Findings add to the current body of literature focused on the benefits of sex education, specifically at the college-level, and education and prevention of sexual violence amongst college students. Findings supported a change associated with student's perceptions, beliefs, and awareness on sexual assertiveness, their ability to reject an unwanted sexual station, and sexual awareness and communication. This study brings awareness to issue of sexual violence on college campuses, and how to utilize additional resources that potentially already exist on campus as means of prevention and education.

**Keywords:** sexual violence, higher education, sex education

**Conflict of Interest and Disclosure Statement:** None

## Percepción de Estudiantes de Secundaria Ante Prácticas de Riesgo

Xochitl Castellanos Xolocotzi and Victoria Castellanos

Colectivo para la Investigación, la Ciencia y el Desarrollo, A. C., México

**Introducción & objetivos:** En la ENSANUT 2012, se estableció que un 47.8% de las mujeres en el rango de 12 a 19 años que ya iniciaron vida sexual activa, usaron condón en su última relación sexual y el 82% reconoce que es un método de prevención de ITS y embarazos.

**Método(s) & muestra:** En ocho escuelas de la CDMX y dos del Estado de México, se aplicó un cuestionario a 2,418 adolescentes para conocer la percepción de riesgo que tiene ante prácticas de cuidado de la salud que aumentan la posibilidad de adquirir una ITS. Mediante una serie de enunciados en una escala Likert, se identificaron las actitudes que tiene este grupo.

**Resultados:** El 42.09% de la muestra de adolescentes reconoció que al consumir algún tipo de droga se eleva el riesgo de adquirir una ITS. También el 62.02% percibió que se pone en riesgo la salud cuando se consume algún método hormonal sin seguimiento médico, de igual forma el 78.46% reconoció que en caso de

tener algún síntoma de ITS se debe evitar utilizar algún remedio recomendado por sus pares.

**Conclusiones & recomendaciones:** La mayoría de los adolescentes reconoce que se debe contar con un seguimiento médico para el uso de algún método anti-conceptivo, percibiendo que se eleva el riesgo de una ITS cuando se utiliza la auto medicación y el uso de remedios caseros. Los jóvenes reconocen como riesgo mezclar el uso de drogas dentro de la vida sexual.

Es importante fortalecer la atención médica y de orientación en los centros de salud y espacios educativos; para poder incentivar el cuidado de la salud sexual como mecanismo de prevención; a través del uso de canales de comunicación asertivos y empáticos, los cuales permitan un fácil acceso a los servicios de salud.

**Palabras clave:** Percepción, Riesgo, Adolescentes

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Implementación Focalizada en Educación Sexual en Escuelas Municipales de Santiago de Chile

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La sexualidad es una dimensión de la vida humana, que puede ser fuente de comunicación, afectos y satisfacciones influyendo en el estado de salud y bienestar de cada persona. Por su variabilidad individual, cultural y temporal no puede abordarse mediante un patrón universal. No obstante, se hace necesario contar con herramientas metodológicas que permitan la vinculación de las instituciones sociales, tales como la escuela, en el proceso de reflexión sobre estas temáticas, de modo situado, acorde a sus lenguajes y necesidades, de modo tal que la experiencia sea

enriquecedora de los procesos de aprendizaje que se dan en el aula.

En este marco, se propuso desarrollar la experiencia del Diplomado de Afectividad y Sexualidad dirigido a docentes de educación parvularia y educación básica de las escuelas municipales de la comuna de Santiago de Chile, entregándoles como herramienta principal de abordaje de la educación sexoafectiva, la implementación focalizada en educación sexual (IFESEX) como una metodología rigurosa y a la vez, flexible, para desarrollar una experiencia colectiva



situada y adecuada a las dinámicas propias de cada escuela y su contexto.

Los resultados de esta experiencia educativa señalan las principales resistencias valóricas y culturales que se presentan en diversos espacios educativos, así como los principales intereses de niños, niñas y adolescentes para abordar mediante la implementación focalizada en educación sexual.

La discusión teórica y metodológica apunta a cuestionar la pertinencia de guías y orientaciones de contenidos en el marco de una política pública de educación sexual en el país, que no considera los lenguajes, creencias y gramáticas escolares; es así que

mediante la implementación focalizada, se posibilita el acceso a una diversidad mayor de escuelas con la intensidad reflexiva necesaria de parte de la comunidad que soporta a las instituciones educativas para generar espacios de aprendizaje en esta temática.

**Palabras clave:** Educación sexual, Focalización, Territorios

**Fuente de financiamiento:** Proyecto financiado por la I. Municipalidad de Santiago de Chile.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Educación Popular como Herramienta Pedagógica Sobre Salud Sexual y Reproductiva

Michel Collado-Toro

Taller Salud, Inc. Loíza Puerto Rico;

Taller Salud está localizado en Loíza, pueblo afrodescendiente, pobre y altamente cristiano ubicado al este de Puerto Rico. En la isla el sistema educativo no ofrece educación sexual integral para asegurar los más básicos cuidados de salud individual.

En Taller Salud entendemos que a través de técnicas participativas basadas en los intereses y necesidades de nuestra población es posible desarrollar estrategias pedagógicas efectivas que nos permitan enfrentar realidades como esta. De esta inquietud surge Historias para reflexionar.

Este proyecto usa el teatro-foro y de títeres como herramienta de educación popular para trabajar con temas de salud sexual y reproductiva entre adolescentes y sus comunidades. En este proyecto se trabajó con 20 mujeres jóvenes afrodescendientes en edades entre 13 y 18 años, del pueblo de Loíza. Su objetivo principal es fortalecer a las jóvenes y sus comunidades en el cuidado de su salud sexual y reproductiva desde una perspectiva feminista y comunitaria, a través de enfoques de género.

Buscamos fortalecer el diálogo entre personas jóvenes y sus comunidades, para conocer sobre

derechos sexuales y reproductivos, mejores prácticas de salud sexual y dinámicas saludables relacionadas a género. El concepto de teatro de títeres y teatro foro provee nuevas formas de conversar entre pares sobre temas de alta carga estigmática como el aborto o la sexualidad.

Creamos un espacio de discusión en donde las participantes identificaron problemáticas centrales para la creación de personajes. Luego tomaron un taller creativo con una experta maestra titiritera para el desarrollo del material de teatrinos titeriles. Finalmente se mostraron 3 presentaciones en espacios comunitarios con el objetivo de generar espacios seguros de discusión, guiados desde el teatro foro entre el público y nuestras participantes.

**Palabras clave:** Educación popular, salud sexual y reproductiva, perspectiva feminista y comunitaria

**Fuente de financiamiento:** Taller Salud recibió una pequeña asignación para iniciar el proyecto del Consorcio Latinoamericano contra el aborto inseguro.

**Conflicto de interés y declaración de divulgación:** Ninguno

## Edu- Entretenimiento: Cuentos Infantiles. Educación de la Sexualidad: Nivel Inicial

Amelia Iris Del Sueldo Padilla<sup>a</sup> and Olga Marega<sup>b</sup>

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**Introducción & justificación:** Abordamos la Educación de la sexualidad integral mediante el uso de diversos recursos didácticos como una forma de favorecer y promover habilidades de protección en la infancia.

**Proyecto/Población y ajustes:** Durante la infancia niños y niñas expresan la necesidad de la autoexploración, sobre su cuerpo en general y sus genitales en particular, comienzan a esbozar su identidad y orientación sexual, siendo vulnerables al abuso sexual porque su inmadurez les impide reconocer las estrategias de seducción que propician las personas abusadoras que en la mayoría de los casos pertenecen a su núcleo cercano, de personas queridas y de confianza. Las personas responsables de cuidar a niños y niñas deberían asumir la responsabilidad de enseñar habilidades de prevención y protección a través de diversos recursos que configuran lo que se ha dado en llamar “Educación – entretenimiento”, para que puedan reconocer ciertas estrategias que personas inescrupulosas llevan a cabo para lograr una excitación erótica en su beneficio, utilizando la coerción y el engaño.

**Resultado:** El 85% de los abusos son intrafamiliares o institucionales (educativas, religiosas, deportivas).

Por lo que es necesario recurrir a instancias que van más allá de las reconocidas como académicas pero igualmente efectivas, cuentos, títeres, rompecabezas, etc. cuando de la prevención de niños pequeños se trata.

**Discusión & recomendaciones:** Es necesario realizar una tarea de capacitación y sensibilización para que los adultos responsables cumplan efectivamente con su función de cuidar, proteger y educar en un marco amoroso de respeto y equidad, posibilitando intervenciones a través de la palabra y actitudes, a fin que los niños puedan desarrollar su personalidad sexual de manera saludable y protegida.

**Citas de la literatura de apoyo:** Preschool Gender – Typed Ply Behavior at Age 3.5 Years Predicts. Physical Aggression at Age 13 Years / Arch Sex Behav (47:905-914) 2018

**Palabras clave:** Educación, Sexual, Infantil

**Conflicto de interés y declaración de divulgación:** Ninguno

## Todas y Todos Tenemos Derecho a Una Vida Sin Violencia

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Asociación Mexicana Para La Salud Sexual A. C. (AMSSAC), México

La violencia en las relaciones humanas es un fenómeno universal que trasciende clases y grupos sociales de todo tipo. Las repuestas a este problema tienen que adecuarse a cada cultura pues de otra forma estarán condenadas al fracaso, a limitar el beneficio posible o a distorsionar los resultados previstos. No deben olvidarse las razones por las cuales se trabaja la violencia, la cual comprende agresiones físicas, relaciones sexuales forzadas y otras formas de coacción sexual, y maltratos psíquicos como la intimidación, entre otros. En México la violencia mata e invalida a

mujeres entre los 15 y 44 años de edad en mayor número que las que son víctimas de cáncer.

El presente trabajo fue creado a través de atención psicoterapéutica y entrevistas, realizadas a 50 jóvenes de 14 a 18 años residentes de la Ciudad de México. Infortunadamente, en México, la violencia en el noviazgo no ha mermado a pesar de los esfuerzos realizados tanto por el gobierno como por asociaciones civiles o privadas. La violencia en la adolescencia debe atacarse desde la infancia, no existe un joven violento que no haya dado muestras de agresividad importantes

a lo largo de su etapa infantil. El principal factor de protección es la familia, la autoridad ejercida desde el afecto y el amor, establece límites y es un claro factor de protección. Por esto me parece imprescindible la creación de talleres enfocados a la detección de la violencia y su erradicación desde la infancia.

Flores Garrido, N., & Barreto Ávila, M. (2018). Violencia en el noviazgo entre estudiantes de la Universidad Nacional

Autónoma de México. Un análisis mixto. *Revista iberoamericana de educación superior* 9(26), 1–22.

Castro, R. e I. Casique (2010). Violencia en el noviazgo entre los jóvenes mexicanos, México, UNAM/ Instituto Nacional de la Juventud.

**Palabras clave:** Violencia de género, Noviazgo, Adolescencia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Experiencia en un Programa de Intervención en Salud Sexual y Reproductiva con Estudiantes Universitarios

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La salud sexual y reproductiva en los jóvenes es tema de gran interés dentro de la investigación y las políticas públicas del sistema de salud, no obstante, los programas de salud sexual habitualmente se concentran en prevención de ITS y embarazos no planeados, sin embargo se ha demostrado su poca efectividad (González y Hurtado, 2013). El Centro Nacional para la Prevención y Control del VIH/ SIDA en México (CENSIDA, 2018) señala que la población de 16 a 20 años es la que presenta mayor riesgo, además de ser el Estado de México uno de los estados con mayores índices de ITS (MILENIO, 2018 e ISEM, 2018).

Por lo tanto, el programa de intervención en salud sexual y reproductiva que desarrollamos tiene como objetivo promover en universitarios: conocimientos y habilidades que les permitan enfrentar con éxito situaciones que ponen en riesgo su salud afectiva, sexual y reproductiva, sensibilizándolos hacia el ejercicio de una sexualidad placentera y responsable, mediante actividades que garanticen el derecho a la educación sexual integral basada en evidencia científica, realizadas por el Grupo de Investigación en Psicología y Salud Sexual de la UNAM. Se ha encontrado que la

población se acerca al servicio ya cuando presenta una ITS; externan creencias erróneas de la sexualidad, problemáticas asociadas a las creencias en torno al amor romántico que dificultan sus relaciones de pareja; desconocen el funcionamiento de los métodos anticonceptivos, etc., particularmente se observa que los estudiantes cometen errores en el uso del condón masculino, no lo usan o no saben cómo colocarlo correctamente (Robles et. al. 2009 y 2014), y rara vez hacen uso del condón femenino (Landa, et. al., 2018), entre otros. Por tanto, el objetivo del presente trabajo es dar a conocer el trabajo del grupo de investigación y los datos encontrados en los últimos dos años en diversos foros.

**Palabras clave:** universitarios, salud sexual, educación sexual

**Fuente de financiamiento:** Programa de Apoyo a proyectos de Investigación e Innovación Tecnológica, PAPIIT No. IA303218

**Conflicto de interés y declaración de divulgación:** Ninguno

## The Effects of Mongolia Adolescent Peer Education Regarding Sexuality

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**Introduction:** The authors are running an adolescent peer education project in Sukhbaatar district, Ulaanbaatar. In the first year's activities, we focus on group work as a peer education on life design. For sexuality education, mainly peer counselor made the newspaper on sexuality to be distributed on campus. The objective of this research is to reveal effects of Mongolia peer education project on awareness and knowledge that adolescents have regarding sexuality.

**Method:** The subjects were 255 from 8th grade to 10th grade who could match in the baseline survey and the middle line survey. The self-administered questionnaire survey was conducted twice, the first was in 2016 before the project and the second was in 2017.

**Results:** The rate of those who know the peer education activity increased from 5.9 to 57.3% ( $p < 0.01$ ). The rate of information source on sexuality from peer counselors also increased from 6.3% to 36.9% ( $p < 0.01$ ). The all degree of interest in secondary sexual characteristic, sexual transmitted diseases and

contraception significantly increased ( $p < 0.01$ ). However, as for knowledge, the number of persons rate who answer corrects regarding sexual transmitted diseases and contraception were limited.

**Conclusion:** According to these results, first years activities of peer counsellors were to appeal for existence of peer counsellor to all of students. By thinking about life design in peer education, sexual awareness increased, but the effect on knowledge of sexuality was insufficient. From now on, in addition to indirect methods such as newspapers, it is necessary to conduct more times of peer education including contents of pregnancy and sexual transmitted diseases. It is considered that knowledge and behavior of sexuality of adolescents will also be established by discussing and sharing on sexuality contents.

**Keywords:** Peer education, Adolescent, Sexuality

**Source of Funding:** Grass-root technical cooperation program of Japan International Cooperation Agency.

**Conflict of Interest and Disclosure Statement:** None

## El Impacto de la Internet en el Desarrollo

Silvia García Olmedo

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Durante 13 años ininterrumpidos Silvia Olmedo se ha dedicado al divulgación de la psicología y la sexología. Con más de 50,000 correos con preguntas sobre psicología y sexología en México muestra una percepción real sobre cómo están cambiando la percepción e inquietudes sobre la sexualidad en

México y el desarrollo de posibles nuevas disfunciones sexuales con las nuevas tecnologías y las redes sociales.

**Palabras clave:** medios de comunciación, internet, disfunciones sexuales

**Conflicto de interés y declaración de divulgación:** Es una percepción personal

## Proyecto Sentido Gestacional

Maria del Carmen Garcia Tapia and Salomon Sellam

Colegio Atenea, S.C., Ciudad de Mexico, México

**Introducción:** Trabajo con niños en el departamento de psicología, de preescolar a secundaria.

**Resultado:** En el proyecto sentido gestacional, vamos a ver que le ocurre a la madre, desde el momento de la concepción, sus problemáticas, sus emociones, porque el bebé va a grabar en su inconsciente.

El hijo es la solución inconsciente a los problemas, deseos y conflictos de los padres.

Imaginemos una mujer embarazada y todas las personas a su alrededor están contentas, ... este es el lado positivo. Y en el lado negativo por ejemplo un embarazo no deseado donde hay angustia, malestar depresión.

**Ejemplo:** una mujer queda embarazada poco después de la muerte de su padre, siente tristeza, angustia depresión, y el bebe va a estar marcado por estas emociones,

La madre vive un duelo bloqueado con tristeza, el bebé tiene un duelo bloqueado en la tristeza durante toda su vida.

Cuando tenemos una profesión que no nos gusta, probablemente estamos reparando. Cuando reparamos hay dos posibilidades o se hace con pasión que es una sublimación; o no nos gusta nada y uno de los signos

es que, trabajamos mucho y no nos ganamos bien la vida.

Todas las memorias ancestrales del clan se focalizan en ese bebe, por ejemplo en el niño de sustitución, cuando nacemos después de un hermano que ha muerto o el síndrome del yaciente, que proviene de un familiar o antepasado fallecido antes de nuestra concepción-

### Diferentes tipos de hijos

El hijo de sustitución

Los yacientes

El eventual hijo de sustitución

El niño medicamento

El bastón de la vejez

El mosquetero de la reina: la

El niño esponja:

Niño basura

Bibliografía Principios de la Psicomatica clínica; Síndrome del Yaciente. Salomon Sellam Editorial Berengel

**Palabras clave:** Proyecto, Sentido, Gestacional

**Conflicto de interés y declaración de divulgación:** Ninguno

## What Parents Have to say on a Sex Education Program Implementation

Margarita Gerouki, Elena Vitalaki, Athina Triamataki and Despoina Mayraki

Ministry of Education, Department of Primary Education, Rethymno, Greece

**Introduction & Objectives:** This poster presents data from a research study on parents whose children participated in the pilot implementation of a sexuality education program in Rethymno, Greece. Sexuality education is non-mandatory and still a controversial topic in Greece. Although there are options in the curriculum very few projects are implemented. Very often teachers express considerations on parents' reactions to the topic. FRIXOS is a sex education program for 5–8 years-old students. It was developed by four primary school teachers and piloted during a school year

in eighteen pre-school and early primary school classes, reaching approximately 250 students. During the implementation phase, two meetings were organized with the students' parents, in the beginning, and at the end of the program. Additionally, all parents were sent a questionnaire asking for their feedback.

**Method(s) & Sample:** The sample consisted of 250 parents whose children participated in the program. We received 129 answers to our questionnaire. Response rate 51,6%. The questionnaire consisted of 15 Likert scale questions that explored the extent that

the program's cognitive goals were met. Also 3 yes/no questions and an open question.

**Results, Conclusion & Recommendations:** Parents' majority indicated that the cognitive goals of the program were met. Students learned about their genitals, hygiene rules, privacy, and protection issues. 80% of parents confirmed that the program improved their communication on sexuality-related issues with their children. In most cases (60%) it is the mother who discusses sexuality issues with the child, however, 28%

also mentioned both parents. Parents felt that this was an important program for themselves not solely for their children. They wished that their children will receive more systematic training on sexuality issues throughout primary school, especially on sexual abuse and harassment. Finally, they expressed their trust in the school to undertake this.

**Keywords:** sex education, early school, Greece

**Conflict of Interest and Disclosure Statement:** None

## Acompañamiento y Actualización a Profesionales de la Salud Sexual

Jose Luis Gonzalez Garcia

Asociación Mexicana para la salud sexual AMSSAC, México

**Introducción/justificación:** En México la carencia de profesionales calificados sobre la salud sexual es evidente y alarmante, de igual manera que la falta de actualización que permita atención mas eficiente hacia las problemáticas diarias de salud sexual. Ante esto diseñamos y ejecutamos una serie de cursos intensivos dirigidos a profesionales y personas que atienden problemáticas de la salud sexual.

**Proyecto/población/entorno:** Los cursos en línea tienen una duración de 8 horas y pueden ser tomados por profesionales de la salud, el contenido puede ser visto en cualquier computadora por un cierto lapso de tiempo a través de una plataforma que permite la interacción con el/la ponente tanto con preguntas y respuestas como con actividades que fortalecen el aprendizaje

También hay cursos presenciales que se realizan cada dos años con aproximadamente 10 ponentes por cada curso, dicho evento se realiza durante todo un día permitiendo tener el mayor aprendizaje sobre el tema en un tiempo breve.

**Resultados:** Desde noviembre del 2017 se han atendido más de 50 personas a través de los cursos en línea y desde el año 2014 se ha proporcionado actualización a más de 150 personas en la modalidad

presencial, siendo estos cursos un evento ya esperado por la comunidad de sexólogos.

Las temáticas generales son: Psicopatología y salud sexual, Técnicas en Psicoterapia Sexual, transexualidades, género y empoderamiento de la mujer, vejez y salud sexual, Nuevas masculinidades.

Todos estos cursos han contado con mas de 50 ponentes especialistas en sus ramas

**Discusión/recomendaciones:** Dichos cursos representan un esfuerzo en pro de la salud, encontrando una oportunidad para aportar herramientas actualizadas a profesionales de la salud de todo el país, con el reto de ampliar la oferta de cursos y temáticas, buscando ejecutar de manera mas accesible para las y los usuarios.

OPS, Recomendaciones de Acción, [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=397:2008-promotion-sexual-health-recommendations-action&Itemid=1574&lang=es](https://www.paho.org/hq/index.php?option=com_content&view=article&id=397:2008-promotion-sexual-health-recommendations-action&Itemid=1574&lang=es)

**Palabras clave:** Sexología, Actualización, Salud Sexual

**Conflicto de interés y declaración de divulgación:** Ninguno



## Los Cuentos y su Estructura Narrativa en Educación de la Sexualidad

Jose Luis Gonzalez Garcia

Psicología para el desarrollo PSIDE A.C., México

En México se da constante apertura a la educación de la sexualidad, sin embargo el avance aun es poco y la resistencia a este tipo de trabajos es constante y muy activa, lo cual no permite que la educación de la sexualidad sea una materia permanente en las escuelas, y los espacios que se abren sean muy reducidos, pese a la constante demandad por parte de instancias educativas y laborales sobre dicho tema.

Por ello la educación de la sexualidad debe ser efectiva, lograr el mayor impacto en el menor tiempo posible, impactar en la vida de un niño/a o adolescente en menos de una hora, cambiarle la vida en tiempo record.

Así encontramos el obstáculo ¿Cuánta información se le puede dar en una hora? La respuesta es sencilla, no se puede. Sin embargo vemos que se puede invitar a la reflexión sobre temas clave a fin de promover la reflexión y la integración del cuidado de la salud sexual.

**Proyecto/población/entorno:** Ante esto PSIDE se capacito en el arte de la narración oral, desde 2011 tres psicólogos nos dimos a la tarea de capacitarnos en

el arte de la narración oral, incluyendo el modelo de la ESCUN “Educación de la sexualidad a través del cuento”

**Resultados:** Dicho proyecto es de manera permanente, se imparte los domingos en un parque temático y se han ofertado mas de 30 presentaciones en escuelas desde nivel preescolar hasta universidades y empresas y festivales internacionales de Narración Oral. impactando a mas de 2000 personas.

**Discusión/recomendaciones:** Los comentarios han sido positivos y la demanda constante pese a lo complicado que es llevar la educación de la sexualidad a las escuelas. Nuestro reto es buscar vías que nos faciliten la entrada a las escuelas.

Clemades, T. (2011). LA educación de la sexualidad a traves de los cuentos.

**Palabras clave:** Cuentos, Sexualidad, Narracion oral

**Conflicto de interés y declaración de divulgación:**

Ninguno

## Enfermería en la Salud Sexual del Paciente Vista por sus Docentes

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**Introducción:** Actualmente la investigación en torno a la salud sexual carece de participación por profesionales de enfermería; tradicionalmente la salud sexual es ligada al rol reproductivo que las mujeres han desempeñado. Las universidades mexicanas intentan incorporar temáticas sobre sexualidad humana; sin embargo, la enseñanza del cuidado enfermero en esta área no ha respondido a las demandas de la población. Es fundamental eliminar barreras en el personal de enfermería que se tiene respecto al cuidado enfermero de la salud sexual a través de la visión de los docentes.

**Objetivos:** Describir la perspectiva de docentes de enfermería de una universidad pública mexicana en relación a la enfermería en la salud sexual de los pacientes.

**Método y Muestra:** Estudio cuantitativo, descriptivo, prospectivo y correlacional, dirigido a 48

profesores de la carrera de enfermería de una universidad pública mexicana.

**Resultados:** Preliminarmente en relación a cuatro variables, respecto a la primera el 46% no cree que los pacientes esperan que las enfermeras (os) les pregunten sobre sus preocupaciones sexuales, en la segunda el 46% considera que la mayoría dan prioridad a su enfermedad como para estar interesados en su sexualidad; 3° el 13% supone que la sexualidad es una cuestión demasiado íntima y el 4° el 77% confía en su capacidad para abordar la salud sexual de los pacientes.

**Conclusión y Recomendaciones:** Los docentes universitarios de enfermería confían en su capacidad para las temáticas en salud sexual; no obstante, opinan que las personas enfermas no tienen interés en su

sexualidad y el cuidado enfermero es a petición del paciente. La enfermería en la salud sexual del paciente debe ser inherente, encaminada a demoler barreras en los formadores de futuros profesionales de enfermería a través del conocimiento de sus actitudes y creencias para sensibilizarse.

## Lenguaje Incluyente y no Sexista

Roberto Andrés Guadarrama Barretero

GENDES A.C., México

**Introducción & justificación:** En un mundo donde sigue prevaleciendo el sistema patriarcal y la cultura machista, la manera de hablar no es la excepción, por ello es muy importante mencionar como el lenguaje por un lado invisibiliza y por otro lado es sexista en sus diferentes formas (verbal, gráfico, etc) siendo esta una manera de menospreciar, descalificar, humillar, violentar; de tal manera que el reflexionar acerca de la diferentes opciones que tiene el lenguaje incluyente y no sexista nos lleva a la idea de incorporar el primero y erradicar el segundo.

¿Cómo pensamos?, ¿cómo hablamos?, la invisibilidad en el lenguaje, las dobles maneras y otras alternativas, más allá de la gramática, la descalificación, discriminación y violencia en el lenguaje. Aquí una invitación a la crítica, cuestionamientos, reflexión y si, a la construcción y creatividad de las diferentes maneras de hablar.

**Palabras clave:** Enfermería, Salud sexual, Docentes

**Conflicto de interés y declaración de divulgación:** Ninguno

Una propuesta con el propósito de informar y sensibilizar acerca del tema, así como la importancia del porqué de su uso y de considerarlo relevante para las relaciones y la convivencia.

**Objetivo:** Reconocerán sobre la importancia del uso del lenguaje incluyente y no sexista a partir de la reflexión, que les lleve a un cambio de paradigmas en las maneras de hablar y comunicarse.

### **Bibliografía:**

- Consejo Nacional para Prevenir la Discriminación, 10 Criterios recomendaciones para el uso no sexista del lenguaje, Textos del Caracol 1, México, 2009
- Comisión Nacional de los Derechos Humanos, Guía para el Uso de un Lenguaje Incluyente y No Sexista, CNDH, Ciudad de México, 2017

**Palabras clave:** Lenguaje, Incluyente, No sexista

**Conflicto de interés y declaración de divulgación:** Ninguno

## Sistematización de Buenas Prácticas Sobre Educación Sexual en Adolescentes

Natividad Guerrero Borrego

Centro Nacional de Educación Sexual, Cuba

Desde la fundación del Centro Nacional de Educación Sexual en el año 1988 muchas han sido las buenas prácticas relacionadas con la formación de recursos humanos profesionales y no profesionales, pero el trabajo con adolescentes ha tenido una impronta relevante por su alcance y sostenibilidad.

En la década de los 80 se realizaron varias investigaciones que permitieron caracterizar esta población. Ya

en los 90 se diseñaron los primeros programas educativos y se validaron no solo en la capital donde se encuentra el Centro Nacional de Educación Sexual, sino a lo largo de toda la isla.

Durante los 30 años transcurridos se han diseñado y ejecutado programas de Educación Sexual dirigidos a adolescentes y jóvenes como Mi proyecto de vida, Conserva tus sueños, Crecer en la adolescencia y

Descubriendo Caminos diseñado por una colaboradora del centro y que responde a objetivos similares.

La presentación ponencia sistematiza estos programas educativos con el objetivo de argumentarlas como buenas prácticas, identificando sus aciertos metodológicos, limitaciones y lecciones aprendidas.

Entre los resultados principales se distingue la aceptación de los adolescentes, elevación de sus conocimientos, desarrollo de habilidades comunicativas y el mejoramiento del trabajo en grupos. Los adolescentes lograron potenciar sus actitudes en relación con la esfera sexual. No obstante, todavía existen limitaciones relacionadas con la participación de los docentes en este proceso educativo que se resisten a asumir el rol que les corresponde. Se recomienda finalmente

socializar las experiencias a modo de manuales que faciliten su aplicación, generalizar las experiencias como buenas prácticas y continuar en la actualización de sus temas de acuerdo a los diferentes contextos.

Jara, O. (2017). *La sistematización de experiencias: práctica y teoría para otros mundos posibles*, 1ed. Bogotá: Centro Internacional de Educación y Desarrollo Humano –CINDE, 2018. 258, pp 193–201

**Palabras clave:** educación sexual, adolescencia, sistematización

**Fuente de financiamiento:** Social Science Research Council (SSRC)

**Conflicto de interés y declaración de divulgación:** Ninguno

## Las Habilidades Socioemocionales y la Educación Integral en Sexualidad Para el Cambio de Actitudes y Conocimientos en Estudiantes de Educación Media Superior en el Estado de México

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El modelo educativo para la educación obligatoria (MEPEO), instaurado en 2018, integra al currículo el trabajo con las Habilidades Socioemocionales (HSE) al ser reconocidas por la Secretaría de la Educación Pública (SEP) como necesarias para alcanzar el desarrollo integral de los adolescentes y para enfrentar diversas conductas de riesgo; como el embarazo temprano. Sin embargo, el vínculo entre las HSE y la Educación Integral en Sexualidad (EIS) aún requiere ser explorado, por lo que el objetivo de esta investigación fue comparar, mediante dos instrumentos diseñados y validados para población adolescente (unos sobre conocimientos y otro sobre actitudes ante la sexualidad), los puntajes obtenidos por estudiantes de preparatoria del Estado de México al iniciar y al concluir un programa de EIS y HSE. La primera medición (preprueba) se realizó en agosto de 2018 y el seguimiento (postprueba) se realizó en enero de 2019, después de un total de trece sesiones de 100 minutos cada una. Participaron un total de 35 estudiantes (54.3% fueron mujeres y 45.7% hombres) cuya media

de edad fue de 15.54. Los resultados muestran un cambio significativo en las actitudes ante la sexualidad de los sujetos al iniciar el programa ( $M = 89.73$ ,  $SD = 9.639$ ) y al concluirlo ( $=95.3529$ ,  $sd = 10.772$ ), lo cual, de acuerdo a los parámetros establecidos por la prueba, deriva en actitudes más positivas ante la sexualidad ( $t(33) = -2.369$ ,  $p = .024$ ). los puntajes para la prueba de conocimientos sólo presentaron diferencias significativas en el caso de las mujeres ( $M = 11.631$ ,  $SD = 2.966$ ;  $t(17) = -3.415$ ,  $p = .003$ ). Se discute la pertinencia de combinar las HSE y la EIS para el necesario cambio de actitudes y conocimientos hacia la sexualidad, así como la inclusión de temas como el del placer y otros más que respondan a las necesidades de la población adolescente.

**Palabras clave:** Habilidades Socio emocionales HSE, Educación Integral en Sexualidad EIS, Actitudes Adolescentes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Intimidad y Motivaciones de Quienes se Dicen Sexólogos en México

María Teresa Hurtado De Mendoza Zabalgoitia and Gabriel Contreras Sanjuan

Asociación Mexicana para la Salud Sexual AC, México

**Introducción:** Desde hace algunos años investigadores como Gaimi, Luria, Colombi, se han dedicado a explorar respecto a la profesionalización de la sexología, documentando evidencias en cuanto al perfil profesional, tipo de formación, su vida sexual, motivaciones para ingresar al área, entre otras. El objetivo de esta investigación fue conocer cómo están en esos aspectos en México los que se dicen sexólogos.

**Metodología:** Es una investigación exploratoria descriptiva. Se aplicó la Encuesta Universal de Terapeutas Educadores e Investigadores Sexuales (Luria et al.), adaptada al castellano. La encuesta ha sido aplicada en 2 eventos especializados de sexología en México. La muestra quedó conformada por 51 participantes

**Resultados:** Se entregaron 300 instrumentos, una vez llenos se habilitó una caja en área de registro de forma confidencial; únicamente se obtuvieron 51 instrumentos llenados adecuadamente. Hombres 27%, mujeres 73%. La media de edad (DE  $\pm 11.6$  años). Solteros el 39%, unidos 47%, su profesión Psicólogos/as 45%, Médicos/as 29%. La media de edad de la

primer relación coital a los 19 años (DE  $\pm 3.9$  años). Refieren haber tenido una mala educación sexual el 41%, regular 25.5% y buena 33.5%, sufrieron abuso sexual infantil 42% de las mujeres y 16% de los hombres; el 16% tiene una relación de pareja regular a insatisfactoria, el 25% tiene relaciones sexuales no satisfactorias, el 27% tiene poco interés sexual, 7% de las mujeres dificultades para lubricar, 8% de los hombres en la erección, 8% eyaculación prematura y 2.3% de las mujeres dificultades para alcanzar el orgasmo.

**Conclusiones:** Hay renuencia por parte de los sexólogos a responder el cuestionario. Conocer respecto a las motivaciones, prácticas sexuales y salud sexual de los sexólogos; resulta necesario para apelar a la congruencia al atender y orientar a los pacientes. Conocer las motivaciones que llevaron a estudiar sexología.

**Palabras clave:** sexólogos, satisfacción, intimidad

**Conflicto de interés y declaración de divulgación:** Ninguno

## Foreign Language (L2) and LGBTQ Identity Empowerment: A Theoretical Model

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**Introduction and Rationale:** Language holds a strong relationship with societal values and conventions. Its ties with human cognition and thought are also significantly strong. Using the post-structuralistic approach of identity as a constant interaction between language, individual, and society, this presentation provides a new theoretical model on sexual minority identity empowerment through the use of a second, non-native language (L2).

**Project/Population and Settings:** The theory of identity empowerment through L2 accounts for individuals who self-identify within the LGBTQ+ spectrum. When those folks find themselves in naturalistic L2 contexts, where language learning has no formal structure and depends exclusively on interacting with the surrounding

community, their internalized, implicit attitudes about their minority identities change.

**Outcome:** In the new linguistic context, individuals re-negotiate their minority identities with decreased interference of emotionality due to low susceptibility to emotional biases in the L2. This change in emotionality, combined with changes in implicit attitudes towards minority characteristics, can increase an LGBTQ+ individual's positive attitudes toward the self, resulting in the empowerment of their minority identity.

**Discussion and Recommendations:** Linguistic relativity accounts for differences in cognition as well as implicit attitudes. Given that language is central to the process of identity formation, the use of a different

language might be key to more assertive and positive LGBTQ+ identity negotiation. Further research must be conducted to test the hypotheses of this theoretical model and determine the psychological effects of identity re-negotiation in an L2 linguistic context.

**Citation of Supporting Literature:** (Bergen & Chan Lau, 2012; Boroditsky & Gaby, 2010; Caldwell-Harris, 2014; Costa et al., 2014; Danziger & Ward, 2010; Evripidou & Çavuşoğlu, 2015; King, 2008; Konishi,

1993; Lucy, 1997; Nachshon, 1985; Nguyen & Yang, 2015; Norton, 2013; Núñez & Sweetser, 2006; Ogunnaike, Dunham, & Banaji, 2010; Tversky, Kugelmass, & Winter, 1991; Whorf, 1956; Winawer et al., 2007)

**Keywords:** linguistic relativity, LGBTQI+, identity empowerment

**Conflict of Interest and Disclosure Statement:** None

## The Construction and Preliminary Evaluation of Youth “Self-Participating” Sexual Health Education Model

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Epidemiology and health statistics, Southeast University, China

**Objective:** To construct a sexual health education model suitable for adolescents and to evaluate it initially.

**Methods:** Based on literature review and field activities, construct the “self-participating” sexual health education model, and 954 high school students were studied by using a self-designed questionnaire, using cluster random sampling methods, and the odd classes were the intervention group and the even classes were the control group. 15 AIDS-related questions were selected as evaluation indicators, and 12 pairs of questions were answered. Differences between groups were compared using  $\chi^2$  test or u test. The test level is  $\alpha = 0.05$ .

**Results:** Combined with the “core intervention system” and “peripheral support system” to build the “self-participating” sexual health education model, the intervention group and the control group had changes

in knowledge and attitudes related to AIDS. The awareness rate of the questions about “eat with PLWHA doesn’t transmit HIV”, “share razor maybe transmit HIV” and “mosquito bites doesn’t transmit HIV” in intervention group increased from 61.0%, 30.6%, 30.9% to 76.0%, 61.9% and 54.7%. The difference is statistically significant.

**Discussion:** This model has certain effects on the improvement of sexual health literacy of middle school students with less manpower and material resources. And with the support of existing policy, it can be adopted by all secondary schools to form a good learning environment by long-term management.

**Keywords:** middle school students, sexual health education, Autonomous participation

**Conflict of Interest and Disclosure Statement:** None

## Efecto de una Intervención de Enfermería en la Función Sexual, Calidad de Vida, y Autoestima en Mujeres Histerectomizadas: Un Enfoque de Método Mixto

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**Antecedentes:** La histerectomía quirúrgica ocupa el segundo lugar después de la cesárea como procedimiento quirúrgico en la mujer, causando impacto en la función sexual, calidad de vida y autoestima, por lo que es necesario incorporar una atención integral en busca del bienestar de la mujer.

**Objetivo:** Determinar el efecto de una intervención de enfermería basada en el autocuidado en el mejoramiento de la función sexual, calidad de vida relacionada con salud y autoestima en mujeres sometidas a histerectomía por causa benigna.

**Sujetos y métodos:** Estudio de método mixto de tipo exploratorio secuencial. La fase cualitativa se compone de una fase inicial de recolección y análisis de datos cualitativos en mujeres entre 40 a 60 años con indicación de histerectomía y la fase cuantitativa corresponde a un estudio cuasi experimental con grupo control no equivalente en mujeres con indicación de histerectomía de 40 a 60 años en dos Hospitales Gineco Obstétricos de Quito. Serán incluidas, al menos, 26 mujeres en lista de espera para histerectomía para grupo experimental y 26 para el grupo de comparación. Instrumentos: Cuestionario biosociodemográfico, Índice de Función Sexual Femenina, SF-36 y Escala de Rosenberg. Los dos grupos recibirán atención tradicional y el grupo experimental recibirá adicionalmente una intervención

educativa de enfermería presencial con apoyo tecnológico, elaborada en base la información obtenida en la fase cualitativa. Serán considerados requisitos éticos.

**Resultados esperados:** Posterior a la intervención educativa de enfermería presencial con apoyo tecnológico, las mujeres del grupo experimental mejoran su función sexual, calidad de vida relacionada con salud y autoestima en relación al grupo comparación.

**Palabras clave:** Histerectomía, Función sexual, Autoestima

**Conflicto de interés y declaración de divulgación:** Ninguno

## “Embarazo en Adolescencia y Educación Sexual ¿Integral?” Una Experiencia, Otra Evidencia

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**Introducción y Justificación:** El embarazo en la adolescencia nos ha preocupado en tanto fenómeno emergente de ausencia real de derechos y causal de desigualdades y exclusión. Bajo estos principios, desde 1992, desarrollamos acciones orientadas específicamente al componente sexual de la salud, con distintas modalidades, con continuidad pero desarticuladas. En 2004, los datos obtenidos de diferentes fuentes eran alarmantes: la maternidad y paternidad adolescente eran la primera causa de deserción escolar, el 29% de los nacimientos hospitalarios eran de adolescentes y el 70% accidentales. No había datos del subsector privado. Replanteamos las intervenciones mediante la implementación de proyectos simultáneos, intersectoriales e interinstitucionales, para sensibilizar, prevenir y asistir la salud sexual y reproductiva (SSyR) durante el período 2005–2012.

**Población:** Los sextos grados y sextos años de todas las escuelas. Todo el alumnado de 2 escuelas secundarias y 1 primaria, públicas urbano-periféricas. Concurrentes de programas fuera del sistema educativo formal, amas de casa, centros de atención

primaria de salud, consultorio de SSyR, alumnado de profesorados.

**Resultados:** Datos Año 2005: 572 nacimientos, 99 madres adolescentes. Año 2012: 571 nacimientos, 80 madres adolescentes. La disminución global de la maternidad en adolescentes fue del 3%. En el subsector público se registró un descenso del 27% al 19% mientras que en el subsector privado sólo fue del 11% al 10%.

**Discusión y Recomendaciones:** Luego de analizar y evaluar 20 años de trabajo, concluimos que la ESI requiere integralidad en su especificidad didáctica y pedagógica, pero también en su consecución. Necesita abordajes y acciones integrales tanto intraescolares como extraescolares para ser efectiva. Nuestra experiencia nos enseñó que es la manera de garantizar la autonomía reproductiva. Implica ser entendida como política integral de estado.

**Palabras clave:** Integralidad, Efectividad, autonomía reproductiva

**Conflicto de interés y declaración de divulgación:** Ninguno



## Expressive Arts Sex Coaching

Michele Lyons

Sex Coach U, Los Angeles, USA

Expressive Arts Sex Coaching is combining art making and coaching. The arts provide a safe container to express sexual experiences and desires. Expressive Arts uses the art disciplines in an accessible way. Art allows for the expression of important aspects of our lives that cannot be easily verbalized. The client makes the meaning out of their own art, be it visual, movement, music, or poetry. I work in private practice with heterosexual couples. Guiding a couple to make an abstract co-creation art is a “way in” to sensitive sexual topics. For example, with a recent couple, the woman was shy to talk about their sex life. The first session’s art was a shared drawing, one partner begins with a line, or a shape and the other partner adds to it, etc. During the discussion and viewing of the art, an image of a large bowl was noticed. The couple decided the container was a metaphor for the relationship and a lively discussion of what each one wanted to put inside it ensued. During another session, the art prompt was

“with line color and shape, draw the current state of your relationship.” As the clients began to draw, it was apparent there was a gentle cooperation between the two in sensual way that they were blending the colors. Upon completion of the art, a dialogue was initiated about how this cooperation and sensuality showed up in their sexual relationship. The couple had a deep discussion of their sexual life. The art process provided a safe container which allowed the couple to reveal vulnerable sexual details. Discussion of the therapeutic advantages of using art modalities in sex coaching. Recommendation is to have therapist training workshops about using the arts in clinical sexology.

The Art of Sex Coaching: Dr. Britton; Art Heals: McNiff

**Keywords:** Sex Coaching, Expressive Arts Therapy, Couples

**Conflict of Interest and Disclosure Statement:** None

## If, When, How? Reproductive Decision Making: A Psycho-Social Approach to Sex Education

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**Introduction & rationale:** This poster details the work of the Sex Education Initiative (SEI) launched at Teachers College, Columbia University and its efforts to reconceptualize traditional pregnancy prevention approaches in New York City schools. Given successful public health initiatives that have increased education surrounding contraceptive use, this training instead emphasizes the underlying psycho-social factors that influence their effectiveness.

**Project:** The SEI introduces sex educators to the emerging theoretical concept of Reproductive Identity Formation, based on other types of identity models (e.g. sexual, professional, spiritual) whereby individuals explore and arrive at a “good-fit” with their internal meaning systems and (potentially competing) outer cultural contexts. Intentionality is introduced as an

integral dimension of sex and pre-conception education, using the “If, When, and How” framework: the motivation, readiness, and resources available to properly prevent pregnancy or build a family.

**Outcome:** Educators who have participated in the SEI understand what Reproductive Identity is and how to apply it in a classroom setting to help others explore their own formation. They are also able to analyze how it does or does not inform their student’s sexual health behaviors and practices, evaluate whether there are inconsistencies between student’s intentions and behaviors, and bring this into awareness. It also enables educators to create more flexible and creative approaches that are more in alignment with students’ psychological and social motivations, readiness, and resources.

**Discussion & recommendations:** Though SEI training emphasizes reproductive decision-making and future-orientation skills of young adults, it is inclusive for any age, gender-identification or sexual-orientation. Many national fertility trends support the need to further illuminate the psycho-social landscape of pregnancy and parenting for all, and increasingly diverse demographics of families in the 21st century suggests that the path to becoming a parent, or opting out, has

many possibilities and misconceptions in need of innovative education.

**Keywords:** Sexual Health Education, Reproductive Planning, Reproductive Health

**Source of Funding:** Teachers College Alumnus Mary Edlow

**Conflict of Interest and Disclosure Statement:** None

## The University Sexual Experience: Getting Real and Relevant

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**Introduction:** Having taught a freshman-level course on Human Sexual Behavior for 16 years, the struggle to make material relevant to students has led to incorporation of local statistics into the curriculum for comparison and analysis. The objectives of this study were (1) to gather local behavioral statistics; (2) compare and contrast local statistics with existing research of larger and more diverse populations; (3) Incorporate local statistics into the course to increase relevance of instructional material; and (4) establish a baseline for longitudinal data collection.

**Method and Sample:** This study of undergraduates examined the perception of sexual behaviors and the actual behaviors of college students on a public university campus in the middle of the United States. A survey was distributed to all enrolled undergraduate students exploring their perceptions of sexual activity among their peers and their own, actual behavior and sexual history. Over 700 completed surveys were analyzed.

**Results:** Data revealed that reported sexual activity on this campus correlates strongly with previous

reports of similar studies across the country. This reinforced the textbook and lecture data presented in the course, making the material more believable and relevant for the students.

**Conclusion and Recommendations:** Aside from the pedagogical use, the marked differences between the number of sexual partners among traditional students and non-traditional students in this study suggest that the college experience, in itself, exposes the individual to an increased likelihood of higher numbers of sexual partners during the 4-5 years on campus. The need for sexual health education is vital and should be an integral part of the college educational experience; however, this study also illuminates the importance of sexual education before the university experience—in the secondary school curriculum.

**Keywords:** sexual partners, sexual experience, sex education

**Conflict of Interest and Disclosure Statement:** None

## Evaluación e Intervención en Habilidades Socio-Afectivas en Estudiantes de las Carreras Médico Biológicas

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**Introducción & Objetivos:** La juventud constituye un paso decisivo hacia la madurez (Díaz, 2006 y Méndez,

2015) y donde las relaciones de pareja son importantes y forman parte del proyecto de vida. Para Romo

(2008) una relación exitosa requiere tiempo, disposición a la convivencia logrando adaptación y un buen trato. Además, Rocha, Avendaño, Barrios y Polo (2017) mencionan que el amor es el componente central. Hoy en día las relaciones de los jóvenes se caracterizan por celos, obsesión, intensidad, un juego de frialdad-control donde una de las partes es vulnerable ante el otro y el sufrimiento por amor parece ser obligatorio (Rodríguez, 2015). En este sentido, se observan índices cada vez mayores de violencia y dificultad para reaccionar a ésta, abuso, inequidad, discriminación, heterosexualidad como única forma de relación afectivo-sexual, embarazos no planeados, contagio de ITS/VIH etc., en las relaciones de esta población (Ruiz Repullo, 2009 y Ferrer y Bosch, 2013).

Por tanto, se observa que el amor en los jóvenes se conforma a partir de información que reciben de la cultura y esta información refiere a un ideal de amor romántico que construye personas fragmentadas y difusas (Rocha, 2014). A partir de esta problemática, surge la necesidad de generar programas de intervención que sensibilicen a los jóvenes en habilidades para establecer relaciones sexo-afectivas más

saludables. Por tanto el objetivo de esta investigación fue desarrollar, aplicar y evaluar un programa de intervención de habilidades socio-afectivas que facilite el cambio de actitudes hacia la conformación de relaciones de pareja saludables desde la desmitificación del amor romántico en estudiantes universitarios de carreras médico-biológicas.

**Método(s) & Muestra:** La investigación se realizó mediante un diseño experimental preprueba-postprueba. Participaron estudiantes de las carreras médico-biológicas de ambos sexos.

**Resultados y Conclusión & recomendaciones:** Los resultados obtenidos mostraron diferencias entre grupos y por sexo.

**Palabras clave:** habilidades socio-afectivas, amor romántico, universitarios

**Fuente de financiamiento:** Programa de Apoyo a Proyectos de Investigación e Innovación Tecnológica, PAPIIT No. IA303218

**Conflicto de interés y declaración de divulgación:** Ninguno

## Aspects of Low Sexual Desire and (Non-)Hormonal Treatments in Perimenopause

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**Introduction:** A case is presented of a 43-year-old woman with low sexual desire while using combined oral contraceptive pills and dehydroepiandrosterone (DHEA) for 5 years. Bothersome menopausal complaints indicated transdermal estrogen therapy combined with a levonorgestrel intrauterine device and psychosexual counselling. Wellbeing and mood improved, but intensity of orgasm dropped after DHEA was discontinued because of excessive abdominal weight gain and adverse androgenic effects.

**Project:** Literature review on efficacy and safety of DHEA and non-hormonal alternatives in perimenopausal women with low sexual desire for a tailored approach

**Outcome:** Compared to placebo DHEA may improve sexual function, but high placebo responses, dosing difficulties and adverse effects e.g. acne and

deteriorating liver function tests are challenging. A small randomized placebo-controlled pilot study demonstrated more improvement of arousal, lubrication, orgasm, satisfaction and the number of successful sexual encounters by Ashwagandha (*Withania somnifera*) a non-hormonal herbal alternative without adverse effects. Efficacy and safety studies of other pharmacological agents are under development.

**Discussion:** In healthy perimenopausal women with low sexual desire complaints may result from estrogen or androgen deficiency. Additional pharmacotherapy may be considered for persistent sexual complaints after addressing menopausal symptoms. Androgen assays from peripheral blood may not correspond well with sexual complaints, thus complicating proper diagnosis and monitoring. Androgen supplementation may improve sexual function but adverse effects and

possibly irreversible virilisation cause concerns. Non-hormonal alternatives and placebo may be preferred by some women as they lack androgen therapy associated adverse effects. It is recommended that estrogen deficiency is addressed first along with careful evaluation of biopsychosocial factors in perimenopausal women with low sexual desire. Potential risks, adverse effects and alternatives should be discussed prior to

start of androgen therapy. More studies are needed to improve individualized care for women with low sexual desire

**Citations:** Scheffers (2015), Dongre (2015)

**Keywords:** low sexual desire, perimenopausal estrogen/androgen therapy, non-hormonal treatments

**Conflict of Interest and Disclosure Statement:** None

## Overlooked Sexual Violence Victimization Among Boys in Japan

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**Introduction and Objective:** According to the Japanese Government 2018 survey on violence between men and women, 7.8% of women responded they had been forced to have sexual intercourse, while 1.5% of men did. In Japan women are 5 times more likely than men to experience coercive sexual intercourse. However, the ratio of male respondents who had been forced to have sexual intercourse before turning 17 years old is higher than that of female respondents. The government's survey title also shows a stereotypical perspective in the survey on violence: that is, violence occurs between men and women, and victims are women and offenders men. The present study aimed to investigate why boys before 17 years old are more likely to be forced to have sexual intercourse.

**Method & Sample:** The present study conducted a semi-structured interview to target three consultants at one-stop centers for sexual assault victim relief in three cities, Japan, during January 2019 after approved by the Committee of Research Ethics of Japanese Red Cross Kyushu International College of Nursing.

**Findings & Discussion:** The analysis of the recorded narratives of the three participants reveal, (1)

there might be a complex, distorted, and sexually abusive family relationship along with a change of family structure due to such as repeated divorce and remarriage behind the reasons why boys before 17 years old are more likely to experience coercive sexual intercourse, (2) gender bias might blur a perspective that boys can also be a victim of sexual violence, which makes people overlook boy's victimization of sexual violence, and (3) there are quite few boy-centered sex education programs to prevent sexual violence victimization.

**Recommendation:** More sex education to prevent sexual violence victimization among boys should be provided boys before turning 17, dispelling gender bias that girls are more likely than boys to be victimized.

**Keywords:** sexual violence victimization, a change of family structure, boys-centered sex education

**Source of Funding:** Japan Society for the Promotion of Science

**Conflict of Interest and Disclosure Statement:** None

## Sexualidade da Pessoa Com Deficiência Intelectual: Workshop de Capacitação Profissional

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**Introdução:** Os currículos acadêmicos raramente abordam a sexualidade e os profissionais da saúde e

educação sentem-se despreparados para lidar com a temática. Isso se agrava relacionado a pessoas com

Deficiência Intelectual (DI) devido a crenças errôneas e limitantes. Entretanto, frequentemente surgem demandas afetivas e sexuais nos contextos institucionais, cujos profissionais tendem a respondê-las baseados em senso comum, história e crenças pessoais. Também, considerando a vulnerabilidade, faz-se necessário capacitar profissionais para identificar fatores de risco à violência sexual e oferecer suporte adequado, favorecendo a inclusão social.

**População e Método:** O workshop “Afetividade e Sexualidade na Educação Profissional: construindo saberes e práticas voltadas ao aprendiz com deficiência e a seus familiares” objetivou capacitar a equipe do Programa de Educação Profissional da Fundação Catarinense de Educação Especial, que atua com aprendizes com DI e/ou transtorno do espectro autista e familiares, para lidarem adequadamente com questões afetivas e sexuais e orientá-los no mercado de trabalho. Baseou-se em: Abordagem Centrada na Pessoa, Design Thinking e Cocriação. Ocorreram 8 encontros em 2019, totalizando 24 horas. Participaram 25 profissionais entre professores, pedagogos, assistentes sociais e psicólogos.

**Resultados:** Os encontros desenvolveram-se mediante aulas expositivas, exemplificação e discussão de conteúdos a partir de personas e cases, quiz, entre outras técnicas, buscando a construção conjunta do conhecimento e propostas de práticas voltadas ao público-alvo. Discutiu-se: conceituação e aspectos relacionados à sexualidade; desenvolvimento psicossocial e psicossocial; relacionamentos abusivo e abuso sexual; método Ex-PLISSIT; sexualidade da pessoa com DI. Além da capacitação profissional, resultou em propostas de atuação com aprendizes e com familiares.

**Discussão e Recomendações:** A capacitação em sexualidade é imprescindível na atuação com jovens e adultos com DI objetivando a inclusão social. Recomenda-se a sua continuidade, oferecendo espaço de informações e troca de experiências entre profissionais que deparam-se diariamente com demandas afetivas e sexuais de pessoas com DI.

**Palabras clave:** Sexualidade, Deficiência intelectual, Capacitação profissional

**Conflicto de interés y declaración de divulgación:** Ninguno

## Estudiantes Secundaria Conocimiento en Infecciones de Trasmision Sexual y Prevención de Embarazo

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Las prácticas sexuales seguras requieren de conocimientos sobre métodos de protección y el sobre las infecciones de transmisión sexual (ITS), la conducta impetuosa del adolescente en general lo hace vulnerable al riesgo de adquirir una ITS, o embarazo no deseado.

**El objetivo es:** Conocer si el adolescente ha sido instruido acerca de las infecciones de transmisión sexual y sobre la prevención del embarazo en estudiantes de secundaria de la Ciudad de Tijuana.

**Metodología:** Con permiso de directivos de escuelas secundarias, y consentimiento de padres y estudiantes se aplicó un instrumento que proporcione información sobre las ITS, previo a ello se asesoró a los estudiantes en su espacio de clase para sensibilizarlos sobre la veracidad de la encuesta y la

confidencialidad Se aplicaron 700 encuestas y 64 excluidas por incompletas. Se realizaron 12 visitas.

**Resultados:** participaron 636 estudiantes, edad 11-15 años, mujeres 44.02% (280) y hombres 52.08% (356). Educación sexual a través de la familia 52%, Escuela 55%, amigos 30%, centros de salud 30%. A favor de inicio actividad sexual. El 22.47% de Hombres y 8.20% Mujeres ya han iniciado su vida sexual activa, sin embargo el 13.74% de los Hombres y 5.30% de las Mujeres han practicado algún método de prevención. El 58% de los hombres saben usar condón, de las mujeres 34%, el 33% manifestó saber que sus compañeros han tenido actividad sexual. Desconocen algunas enfermedades de transmisión por contacto como: Trichomoniasis y pediculosis púbica 5%, Infecciones virales como Hepatitis B y C y molusco contagioso 18%, Infecciones

por *Chlamydia trachomatis* y *Haemophilus ducreyii* y *Klebsiella granulomatis* con 10%.

**Conclusión:** Acorde a los resultados los adolescentes participantes de la encuesta presentan conocimientos deficientes sobre todos los agentes infecciosos lo que representa un riesgo de salud

**Palabras clave:** Adolescentes, Métodos prevención embarazo, infecciones de trasmision sexual

**Conflicto de interés y declaración de divulgación:** Ninguno

## Factores que Inciden en las Prácticas de Riesgo Sexual en Adolescentes de Tijuana

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La toma de decisión para realizar la práctica sexual en adolescentes depende de múltiples factores, los conocimientos sobre la prevención del embarazo y la transmisión de infección sexual debe ser un conocimiento básico en la adolescencia para lograr un adulto responsable de su sexualidad, es importante conocer si los adolescentes tienen discernimiento sobre la práctica sexual con prevención, si ya cuentan con esta experiencia y los riesgos de adquirir un infección por la pareja.

**Objetivo:** Determinar si hay conocimiento sobre infecciones de transmisión sexual, la práctica sexual con prevención, la información sobre anticonceptivos en estudiantes de secundaria.

**Metodología:** Encuestas realizadas en escuelas secundarias con consentimiento informado. Base de datos para estadística. Se entrevistaron hombres y mujeres. Se excluyeron encuestas incompletas.

**Resultados:** Encuesta a 636 estudiantes adolescentes de secundaria en la ciudad de Tijuana, participaron hombres y mujeres, su conocimiento sobre métodos de prevención del embarazo, se basa en el condón masculino y femenino, píldora del día después, DIU y anticonceptivos orales, algunos estudiantes ya han

realizado prácticas sexuales con y sin métodos de prevención y declararon saber colocar el condón en ambos géneros, y consideran prácticas sexuales normales a la masturbación, penetración vaginal, practica oral y penetración anal. El conocimiento sobre algunas enfermedades de transmisión sexual son: VIH, gonorrea, Virus del papiloma, herpes y Sífilis, pero desconocen otras. Reportan tener conocimiento de que sus compañeros de colegio ya cuentan con prácticas sexuales, y no se han presentado embarazos, otros declararon tener preferencias sexuales.

**Conclusión:** unos estudiantes manifestaron que han tenido práctica sexual, sin embargo su desconocimiento sobre las ITS es evidente, así como los anticonceptivos por lo que se recomienda informar a las autoridades escolares para que intervengan el profundizar estos temas es sus actividades escolares y disminuir la deserción escolar por embarazos tempranos.

**Palabras clave:** métodos anticonceptivos, infecciones de transmisión sexual, adolescentes de secundaria

**Conflicto de interés y declaración de divulgación:** Ninguno

## Exposición de Exvotos: Entre la fe y la Libertad

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Católicas por el Derecho a Decidir A.C., México

En un esfuerzo por recuperar las experiencias de mujeres católicas que ejercieron su libertad de conciencia al enfrentarse al dilema de interrumpir el

embarazo, Católicas por el Derecho a Decidir (CDD) ha recogido testimonios, a manera de exvotos, de mujeres diferentes edades y estados de la República



que han enfrentado embarazos no planeados y no deseados y han recurrido a su libertad de conciencia para tomar una decisión. Un exvoto es un agradecimiento que una persona hace a Dios, a la virgen o a un santo por un favor recibido.

Se expresa a través de un dibujo que plantea la situación y el beneficio obtenido. En México, el aborto es legal en siete circunstancias: Por violación (32 estados), Imprudencial (29 estados), por peligro de muerte de la mujer (24 estados), por alteraciones genéticas o congénitas en el producto (16 estados); en caso de daño grave a la salud de la mujer (14 estados), por inseminación artificial no consentida (13 estados), y por razones socioeconómicas (2 estados).

Es importante recordar que la Iglesia no solo está conformada por obispos y sacerdotes, también son

parte de ella las mujeres y hombres creyentes, por lo que existe una gran diversidad de opiniones al interior de esta Iglesia. De acuerdo con la Encuesta de Opinión Católica 2014, 6 de cada 10 (60%) creyentes considera que la interrupción de un embarazo es un asunto que las mujeres deben dilucidar en su fuero interno y en su relación directa con Dios, sin la intermediación de los sacerdotes y obispos, tres de cada cuatro (74%) feligreses apoyaría a su Iglesia si ésta permite el aborto en algunas circunstancias; además el 90% de la feligresía tiene claro que las leyes.

**Palabras clave::** aborto, religión, exvotos

**Conflicto de interés y declaración de divulgación:** Ninguno

## Conducta Sexual y Uso de Condón en Estudiantes Preparatoria Rural de Yucatán

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**Introducción:** La salud sexual y reproductiva de los adolescentes figura en la actualidad como uno de los asuntos de mayor relevancia tanto en el ámbito académico como político, el derecho al ejercicio de una sexualidad con responsabilidad y saludable.

**Objetivo:** Conocer la conducta sexual y el uso de condón de los adolescentes estudiantes de bachillerato de una comunidad de Yucatán.

**Métodos:** Estudio descriptivo, observacional, transversal. La muestra fue de 326 conformado. La recolección de la información se realizará mediante el empleo de un cuestionario validado.

**Resultados:** predominó el conocimiento regular y solo un bajo porcentaje de alumnos tuvo un conocimiento malo; La media de inicio de vida sexual fue de 16.3; El 67% de tuvo su primera relación sexual con la novia(o), el 25.8% con un amigo(a) y el 3.2% por igual con desconocido y trabajadora sexual respectivamente. El 12.9% ha tenido relaciones sexuales con personas desconocidas. El 80.6% ha tenido relaciones sexuales con una sola persona, el 6.5% con 2, el 9.7% con 3 y

el 3.2% respondió que ha tenido relaciones sexuales con 4 personas distintas. De los adolescentes que han iniciado su vida sexual activa, el 100% respondió que sabe como se utiliza el condón, sin embargo el 19.4% respondió que no ha utilizado el condón. La frecuencia del uso del condón fue mayor entre los hombres que entre las mujeres. El 72% de los adolescentes que han usado condón en sus relaciones sexuales lo consiguió en el centro de salud y el 28% lo compró en la farmacia.

**Conclusiones:** La salud de adolescentes es un elemento clave para el progreso social, económico y político de todos los países y territorios de las Américas. Requiere de políticas públicas, y la agenda del sector salud para avanzar en una mejor situación de salud sexual entre los adolescentes.

**Palabras clave:** Conducta sexual, Condón, Adolescencia

**Conflicto de interés y declaración de divulgación:** Ninguno

## Comunicación Educativa. Experiencias del Centro Nacional de Educación Sexual de Cuba

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La estrategia de comunicación externa del Centro Nacional de Educación Sexual (CENESEX) de Cuba, ha constituido un salto cualitativo superior en el trabajo institucional. Se diseñó con el objetivo de contribuir al cambio de percepción entorno a la sexualidad humana, sobre la base de los procesos de comunicación y definió como áreas claves la generación de conocimiento, la sensibilización de actores claves y el posicionamiento del CENESEX como organización encargada de liderar/rectorar/asesorar la educación integral de la sexualidad en Cuba. La obtención de este resultado institucional ha propiciado que las campañas educativas tengan un sustento científico superior. El presente trabajo

Un ejemplo de ello lo constituyó la Jornada por el Día Mundial de la Salud sexual “Afecto y Salud Sexual, una posibilidad para todas las personas”, de 2017, reconocida a nivel internacional y cuyo análisis conceptual, constituye la piedra angular del trabajo que se presenta. Dicho análisis ofrece como resultados que el éxito de la campaña estuvo vinculado a:

- Definición clara del público meta de la Jornada: niños, niñas, adolescentes y jóvenes.

- Utilización de colores que no solo respondían a la visualidad institucional, sino a lo que el pilotaje con un público similar a la población meta, legitimó.
- Utilización de soportes acorde a dicha población.
- Realización de actividades de sensibilización, que no solo afianzaran los mensajes educativos, sino que también mostraran su correspondencia con la visualidad propuesta.

**Conclusiones:** La comunicación externa con matiz educativo debe estar basada en una conceptualización profunda de los mensajes que se desean compartir. Al mismo tiempo, es esencial el alcance que logren las acciones planificadas, y la sinergia entre diferentes instituciones.

### Recomendaciones

Ampliar los formatos en los que se expresan los mensajes institucionales.

Lograr que la visualidad de esta Jornada tenga total sintonía con el resto de las jornadas que realiza la institución.

**Palabras clave:** educación, comunicación, afectos

**Conflicto de interés y declaración de divulgación:** Ninguno

## La Salud Sexual y Reproductiva del Adolescente: El Uso de Una Página Web Como Herramienta Para Promover la Toma de Decisiones Saludables

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La edad de inicio de la actividad sexual en los adolescentes es cada vez más temprana, situación no siempre acompañada de información correcta y suficiente, además, suele ser tardía, lo cual los lleva a exponerse a ITS y embarazos no deseados (1–2). El desarrollo y uso de tecnologías de la información y comunicación ha logrado un aumento en la implementación de

estrategias de enseñanza que permiten llegar a más personas y sin restricciones geográficas (3–4) En México, el 33.7% de los usuarios de Internet tienen entre 12 y 24 años de edad (5).

**Proyecto:** Se diseñó una página web con contenido dirigido a adolescentes sobre temas que favorecen el desarrollo de su salud sexual, reproductiva y mental,

cuyo propósito fue incrementar la adquisición de conocimiento y capacidades a través de comunicación asertiva y la creación de un plan de vida.

**Resultados:** Para la página web se crearon y recolectaron videos, encuestas e infografías con material educativo, el cual fue distribuido en cuatro secciones: 1: ¿Qué haré en el futuro? Proporciona consejos para elaborar un plan de vida; 2: ¿Cómo me comunico? Pretende ayudarlos a identificar ventajas de ejercer una comunicación asertiva; 3: “No me quiero embarazar”: Con reflexiones e información básica sobre beneficios del uso de métodos anticonceptivos; 4: “Vivir sin ITS”: Muestra aspectos positivos del uso del condón. Además, en las secciones 3 y 4, se agregaron encuestas con preguntas Falso-Verdadero sobre uso de condón y

anticoncepción y una vez contestada, se les proporcionan las respuestas correctas con explicaciones.

**Discusión:** La página, se ha promovido en escuelas secundarias y preparatorias, así como en grupos de padres de familia y ha obtenido muy buena aceptación. Una de las secciones que resultó ser mas innovadora fue la de “haciendo mi proyecto de vida”. Se sugiere promocionar más la página en instituciones públicas de salud.

**Palabras clave:** Sexual education, Communication technology, ICT in education

**Fuente de financiamiento:** CONACYT

**Conflicto de interés y declaración de divulgación:** Ninguno

## Reeducación no Sexista Desde el Abordaje Holístico de Género

Lucila Soriano Flores

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**Introducción & Justificación:** La Declaración Universal de los Derechos Humanos sostiene el principio fundamental de la inadmisibilidad de la discriminación. El estigma que ésta trae aparejado, ha sido la herramienta de excelencia que el poder político ha usado durante siglos para controlar a la población a través de generar el miedo a la exclusión.

En este momento sociohistórico el género es la bandera que se enarbola para provocar enfrentamientos a nivel mundial, esto hace necesario el estudio y evidenciación de este fenómeno.

El uso de estereotipos es un elemento potenciador de la violencia de género en contra de las mujeres, esto se hace evidente en las discusiones que se dan dentro y fuera del movimiento feminista en cuanto a la legitimidad de la participación de las mujeres transsexuales en el mismo.

**Proyecto/Población y ajustes:** En la mayoría de los casos se lleva a cabo un combate aislado de la discriminación. Para que esto cambie, se debe fomentar una educación Integral de la sexualidad que provea de los conocimientos y actitudes que faciliten la

comunicación, la interrelación social, el respeto mutuo y un sólido nexo entre sexualidad y afectividad, para la resolución de conflictos y el fomento de la equidad de las relaciones interpersonales entre hombres y mujeres, entre generaciones y entre las culturas. Este trabajo se lleva a cabo con los diferentes grupos de formación en sexualidad en los que se trabaja.

El abordaje holístico de la discriminación, enfatiza el carácter multitranssectorial de la discriminación, proponiendo formas básicas de prevención y abordaje temprano de la misma, percibe la diversidad como un valor y no como una deficiencia.

Citas de la literatura de apoyo:

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**Palabras clave:** Discriminación por género, Reeducación no sexista, Abordaje holístico de género

**Conflicto de interés y declaración de divulgación:** Ninguno

## Factores Asociados al Consumo de Pornografía en Estudiantes Universitarios

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**Introducción:** El consumo de pornografía entre jóvenes es cada vez más común. El uso de las nuevas tecnologías entre los jóvenes ha contribuido a incrementar el consumo, e incluso a adelantar la edad de inicio de consumo.

**Objetivo:** Explorar los factores asociados al consumo de pornografía en jóvenes universitarios.

**Métodos:** Estudio cuantitativo descriptivo y transversal en 300 estudiantes mexicanos de la Escuela Nacional de Enfermería y Obstetricia, seleccionados al azar, quienes fueron informados de los objetivos de la investigación otorgando su consentimiento. Recogida de datos durante septiembre-octubre de 2017. Se realizó un análisis descriptivo e inferencial mediante SPSS-2 para variables socio-demográficas, comportamientos sexuales y la escala validada "Pornography Consumption Inventory" versión en español.

**Resultados:** Edad media 20,64 años (DE =2,4); género mujeres en el 75,7% (227); religión católica no practicante (62%); 89,7% residen en el domicilio familiar y 68,3% provienen de familia nuclear. 88,1% se manifiesto como heterosexual y 56,8% tienen pareja. Media

de parejas sexuales en el último año 1,85 (DE =1,8); edad de inicio de la primera relación sexual 16,79 años (DE =6,8); 35,6% afirmó consumir pornografía, 24,8% "varias veces a la semana". Principales causas del consumo, 39,2% "por placer (desconectar, disminuir la ansiedad)" y 36,1% para "aprender" siendo la edad media de inicio de consumo 15,28 años (DE =4,1). 85% lo consume por internet, 75,7% solo y 20,7% acompañado por la pareja (74%). Los chicos consumen más porno ( $p < 0.000$ ), las chicas lo ven más para aprender y los chicos por placer ( $p = 0,04$ ). Los que tienen pareja ven más porno ( $p < 0,000$ ).

**Conclusiones:** Se consta que los jóvenes consumen pornografía no sólo como estímulo para la masturbación, sino también para aprender por lo que se deberían abordar en los programas de educación sexual para jóvenes las situaciones que se abordan en la pornografía para construir una sexualidad saludable.

**Palabras clave:** Consumo, Pornografía, Estudiantes

**Conflicto de interés y declaración de divulgación:** Ninguno

## Psicología de la Salud en las Conductas de Riesgo Sexual de Adolescentes

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**Introducción:** La adolescencia es una etapa prioritaria en salud sexual por tener mayor propensión a asumir conductas de riesgo derivadas de mediación de factores cognitivos, psicológicos y sociales, conllevando a graves consecuencias. El objetivo del trabajo es caracterizar los comportamientos y factores psicosociales relacionados con la sexualidad de estudiantes de una preparatoria de la Universidad de Guadalajara.

**Métodos:** Estudio transversal analítico, muestra voluntaria elegida por conveniencia y representativa al

95% de 377 estudiantes. Se utilizó un cuestionario de datos sociodemográficos y comportamientos sexuales, escalas de autoestima, resiliencia para sexo seguro, asertividad sexual, conocimientos sobre sexualidad, autoeficacia sexual, beneficios y barreras percibidas del uso del condón. Se realizaron estadísticos descriptivos y correlaciones (SPSS).

**Resultados:** Del total, 67,4% fueron mujeres y 32,4% hombres. La media de edad fue de 16,6 años (DE 1,225). 29% ya inició su actividad sexual coital

a la edad media de 15.55 años(DE1.251), principalmente por haberse dejado llevar por sus deseos (29%).La media de parejas sexuales es de 2.62(DE2.962).6 mujeres han estado embarazadas, y 2 casos de ITS.El condón masculino es el método anti-conceptivo más común, el motivo principal para no usarlo es no estar disponible(41%).

Hay diferencias significativas por sexo en asertividad para prácticas sexuales seguras( $U = 275.500; p.022$ ), e inhibición de conducta asertiva( $U = 289.500; p.048$ ) puntuando menos mujeres.También en autoeficacia para uso del preservativo( $U = 308.000; p.033$ ) puntuando menos hombres, aunque refieren usarlo más frecuentemente( $X^2 = 8.292; p.004$ ).La prueba Spearman arrojó correlaciones significativas con autoeficacia para decir “no” a relaciones sexuales y autoestima( $r=.261;$

$p = 05$ ), autoeficacia para preguntar al compañero sobre conductas riesgosas con competencia personal( $r = 349; p.01$ ), autoeficacia para uso del condón y beneficios percibidos( $r=.666; p.01$ ); aceptación de la vida y asertividad para prácticas sexuales seguras( $r=.285; p.05$ ).

**Conclusiones:** Los hallazgos sugieren que los principales factores psicosociales asociados a las conductas riesgosas para esta población son autoeficacia y asertividad sexual. Se sugiere tomar en cuenta estos planteamientos en el diseño de intervenciones desde la Psicología de la Salud y consideración del género.

**Palabras clave:** Adolescencia, Conducta sexual de riesgo, Psicología de la Salud

**Conflicto de interés y declaración de divulgación:** Ninguno

## Atención Primaria y Terapia Hormonal en Personas Trans. Experiencia Desde el Activismo

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**Introducción:** Dentro del contexto de las problemáticas que viven las personas trans, se ha señalado como una de las prioritarias el acceso a la terapia de reemplazo hormonal que va de la mano con el derecho a la salud (transición), situaciones ambas que en México en la actualidad solo se ofrece institucionalmente en la ciudad de México.

**Justificación:** La discriminación por cuestiones de identidad de género (transfobia) limita el pleno desarrollo de la persona y su acceso a derechos humanos básicos, como es al de la salud. Los servicios de salud y las personas prestadoras de servicios de salud, deben proporcionar un trato digno, amigable y libre de prejuicios y de discriminación basada en cualquier condición humana menos aún ocurre para la Terapia hormonal.

Acción Propuesta para capacitar a médicos de primer nivel de atención sobre endocrinología básica para apoyar a personas trans.

**Resultado:** Capacitación a cinco médicos de atención primaria por médico endocrinólogo en la ciudad de Mérida, Yucatán, durante agosto y septiembre 2018, incluyendo revisión de casos clínicos.

**Discusión:** Contar con médicos de atención primaria para apoyar el proceso de transición es hoy necesario,

considerando los cambios sociales vertiginosos que ocurren actualmente. Asimismo, debería incluirse el tema en la currícula de la licenciatura en Medicina ya que la posibilidad de atender a una persona trans es alta.

**Recomendaciones:** Seguimiento a los médicos capacitados para conocer facilidades y obstáculos en la atención de personas trans en el tratamiento de reemplazo hormonal para la transición. Se propondrá a la Facultad de Medicina de la Universidad incorporar en la currícula el tema de TRH para personas trans.

**Fuente de financiamiento:** International Trans Foundation

**Conflicto de interés y declaración de divulgación:** Ninguno

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**Palabras clave:** Personas trans, Terapia hormonal, Atención primaria

## Violentómetro del Amor Romántico

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A través de la experiencia de trabajo psicoterapéutico y sexológico, constatamos la reincidencia de violencia en las relaciones de pareja que se fundamentan en el modelo del amor romántico.

El violentómetro ha sido muy útil para visibilizar la violencia normalizada. Partimos de esta herramienta psicopedagógica para desarrollar el VIOLENTÓMETRO DEL AMOR ROMÁNTICO que muestra específicamente los tipos de violencia que se promueven en el modelo tradicional de relacionamiento basado en construcciones patriarcales, machistas y que fomentan relaciones jerárquicas y de maltrato. Éste instrumento facilita la visibilización, el cuestionamiento, el análisis, la deconstrucción y la autoobservación.

Población a la que está dirigida: hombres y mujeres establecidos dentro de un vínculo de pareja basado en el amor romántico.

Resultado: visibilización gráfica y casi automática de las violencias fomentadas por el amor romántico y la inequidad que la sustenta, promoviendo la construcción de relaciones equitativas y de bienestar para los involucrados.

**Conflicto de interés y declaración de divulgación:**  
Ninguno

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**Palabras clave:** amor, romántico, violencia