



# International Journal of Sexual Health

## 25th Congress of the World Association for Sexual Health (WAS) and SASHA (South African Sexual Health Association)

To cite this article: (2022) 25th Congress of the World Association for Sexual Health (WAS) and SASHA (South African Sexual Health Association), International Journal of Sexual Health, 34:sup1, 1-331, DOI: [10.1080/19317611.2022.2017618](https://doi.org/10.1080/19317611.2022.2017618)

To link to this article: <https://doi.org/10.1080/19317611.2022.2017618>



© 2021 The Author(s). Published with license by Taylor and Francis Group, LLC



Published online: 18 Apr 2022.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

ABSTRACTS BOOK

**25th Congress of the World Association for Sexual Health (WAS)  
and  
SASHA (South African Sexual Health Association)**

September 9–12, 2021  
Cape Town (South Africa)

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

Assistant Editor: Lisa Welsh  
Supported by WAS and SASHA



## Table of Contents

- Welcome Messages
- List of Committees
- Presidential Lectures
- Satellite Events
- Gold Medal Lectures
- Keynote Lectures
- Invited Lectures
- Symposia
  - Round Tables
  - 60 Minute Symposia
  - 90 Minute Symposia
- Oral Presentations
  - Sexual Rights and Ethics
  - Social and Behavioral Sciences
- Clinical Sciences and Therapy
  - Basic Science
  - Sexual Medicine
  - Public Health and Public Policies
  - Education
- Poster Presentations
  - Sexual Rights and Ethics
  - Social and Behavioral Sciences
  - Clinical Sciences and Therapy
  - Basic Science
  - Sexual Medicine
  - Public Health and Public Policies
  - Education

## WELCOME MESSAGES

### Welcome Message from the President of the World Association for Sexual Health (WAS)

Pedro Nobre

WAS

It is with great pleasure that I welcome you to the 25th Congress of the World Association for Sexual Health (WAS), which took place in Cape Town, South Africa, September 9 to 12, 2021. This Congress was hosted virtually by the Southern African Sexual Health Association (SASHA), and it was the first time that WAS has ever hosted its Congress on the continent of Africa.

It was a momentous occasion that brought together numerous influential speakers, including representatives from WHO, UNESCO, UNAIDS and UNFPA to transform the Global face of Sexual Health and Rights, promoting Sexual Health for all.

The theme for this year's Congress was **“Leave No One Behind,”** a promise that we made good thanks to our generous sponsors and the work of many great individuals behind the scenes. We provided 1,000 scholarships for the event, including 200 youth, 200 transgender and gender diverse individuals and marginalised stakeholders such as women living with disabilities, sex workers and members of the LGBTQIA community.

Once again, we broke our previous records, and this 25th Congress was of the most well attended in our history. We welcomed hundreds of world-class expert speakers and 1,537 congress registrants representing 94 countries to WAS 2021. I'd like to thank the WAS 2021 Task Force and the SASHA Executive Board for the tremendous contribution they made to the Congress. And of course, a huge thank you to everyone who made this happen.

I'd like to highlight three pivotal moments of the 25th Congress of which I am especially proud. Firstly, WAS cemented its position in support of Gender Diversity WorldWide by opening up a consultation with individuals, groups and organisations representing the TGD communities. Together we were able to

acknowledge past shortcomings and formally accept a statement of new commitments.

Secondly, WAS ratified its Sexual Pleasure Declaration. This pivotal document highlights the importance of sexual pleasure as a fundamental part of sexual rights, sexual health, and sexual well-being. WAS urges all governments and non-governmental organizations, health and education authorities, the media, and society at large, and particularly, all our member organizations to embrace pleasure as critical to the global population's well-being.

Thirdly, during this congress WAS embarked on a participatory Sexual Justice Consultation. Our long-term aim is to produce a fully informed Declaration on Sexual Justice that can be disseminated and help change policies around the globe.

These were just three moments within a pivotal Congress that demonstrated clear movement towards the promotion of sexual health, sexual justice, sexual rights and sexual pleasure for all at the global level.

Despite the challenges of Covid, it was a resounding success, with many opportunities to network with experts and colleagues from around the world, celebrating the richness and diversity of each individual for the advancement of Sexual Health.

As someone who was born in Africa (Mozambique) this was also a special and moving moment for me.

Finally, WAS hold a Congress in Africa and I really hope that this can leave a legacy. It was my honour to be a part of this momentous occasion. Welcome to the 25th Congress of the World Association for Sexual Health.

Pedro Nobre  
President of the World Association for Sexual Health

## Welcome Message from President of the 25th Congress of the World Association for Sexual Health (2021)

Elna Rudolph

WAS

I am delighted to present the Abstract Book of the 25th Congress of the World Association for Sexual Health.

It was my great honour to be the Congress President, alongside the Honorary Congress President, Uwem Esiet.

I attended my first WAS Congress in 2011 and found the event completely life-changing. I could hardly believe that we would be welcoming the Congress to Africa just ten years later and that I would have the privilege of being the president of the congress. The Southern African Sexual Health Association (SASHA) as proud local hosts, worked hard to ensure a uniquely hospitable African feel to the programme and it has been a huge honour to be part of it.

Despite Covid restrictions forcing us to create a virtual event, WAS 2021 was a powerful opportunity for health care providers, educators, activists, policymakers and all other stakeholders to collaborate, network and get the latest on the most pressing topics in Sexual Health, Rights and Pleasure.

Our state-of-the-art virtual platform allowed a powerful gathering of leading international sexual health experts from all corners of the world to share their wisdom—and they really covered it all, delivering more than 400 presentations in total.

There were also several important Satellite events including the Sexual Justice Indaba, the Transgender and Gender Diversity Assembly in partnership with the Institute for Sexual and Gender Health—the King Protea Sponsor of the event, and the Youth Pre-Congress in partnership with UNFPA and the Sexual Medicine Workshop in partnership with the International Society for Sexual Medicine (ISSM), where many of my internationally renowned medical colleagues came together to share cutting-edge presentations and learn from one other.

It was our intention to “Leave No-One Behind” and I’d like to think that our endeavours were fruitful. A personal highlight for me was, thanks to generous funding from HiVOS, we could offer over 800 scholarships for people to attend the congress. Registrants to the Congress represented a staggering 94 countries, including 23 African countries, plus many individuals from marginalised backgrounds. It was an unforgettable Congress and I will be eternally grateful for all who made it possible.

Dr Elna Rudolph

## Welcome Message the Honorary Congress President Uwemedimo Uko Esiet

On behalf of WAS and SASHA, we look forward to welcoming participants to the 25th Congress of the World Association for Sexual Health (WAS 2021). The Congress would have taken place on African soil for the first time since its inception in 1974. However, this unique opportunity to welcome you all to sunny South Africa has been lost in the wake of the current COVID-19 pandemic. But Africans are a resilient people and we’re excited to be offering a virtual alternative – with a very strong African flavour. The overarching theme of the Congress is “LEAVE NO ONE BEHIND” and our focus will be on Sexual Justice for All.

We will bring you 2 days of live lectures on 11 and 12 September, through our world-class, fully interactive, online platform; A FREE Sexual Justice Indaba and Youth Conference on the 9 September; a Sexual Medicine and Transgender Healthcare Workshop on

10 September; live Sexual Attitude Reassessment Training on 9 and 10 September; and access to 100 lectures and symposia online, until the end of 2021!

This is a unique opportunity to be involved in the premier Sexual Health and Justice event, with discussions and workshops on the most relevant and topical issues in Africa and the world right now. We encourage you to take part and make your voice heard. But more importantly, we cannot do this without support from our industry partners!

We encourage you to join us and look forward to working with you to present a world-class online event that has far-reaching and positive outcomes for all stakeholders in our fight for sexual health, rights and justice for every person.

Don’t get left behind!

## Welcome Message From the Chairs of the WAS Scientific Committee

Alain Giami and Erick Janssen

WAS

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 25th WAS Congress which took place virtually but was hosted in Cape Town, South Africa, from September 9 to 12, 2021.

WAS 2021 offered an extensive scientific program that provided delegates with an overview of the latest scientific, medical, educational, public health advances and ethical reflections in the field of sexual health and rights. The program included 30 plenary lectures, 44 symposia and roundtables, more than 150 oral presentations and 160 posters.

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 specialities that together make up the multi-faceted field of human sexuality, sexual health, and sexual rights. We would like to thank the members of the WAS Congress 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 scientific evaluation of the submitted proposals. The various WAS stakeholders extended several 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 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 determination 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, government representatives, and international non-governmental organizations, 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 policymakers, and to facilitate the dialogue and exchange between people from different disciplines, places, and backgrounds.

It should be noted that for the 2021 edition of the WAS World Congress, particular emphasis has been placed on the development of sexual pleasure, sexual justice, and especially the rights of Trans and Gender Diverse individuals. We 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.

Prof Alain Giami: Chair of the WAS Scientific Committee

Prof Erick Janssen: Vice Chair of the WAS Scientific Committee

## COMMITTEES

World Association for Sexual Health (2017–2021)  
South African Sexual Health Association (SASHA)

### WAS 2021 Task Force

#### **Pedro Nobre**

WAS President

#### **Elna Rudolph**

25th Congress President

#### **Uwemedimo Uko Esiet**

Honorary Congress President

#### **Alain Giami**

WAS Scientific Committee Chair

#### **Anthony Smith**

SASHA President

#### **Esther Corona Vargas**

WAS Vice President & WAS Congress  
Scientific Committee

#### **Erick Janssen**

WAS Scientific Committee Vice-Chair

#### **Marlene Wasserman**

WAS Congress Scientific Committee

#### **Kevan Wylie**

Past President, WAS Committee Member

#### **Luis Perelman-Javnozov**

Secretary General-Treasurer

### WAS Scientific Committee

Chairs: **Alain Giami & Erick Janssen**

Track 1: Sexual Rights & Ethics (**Aaron Devor, Faysal El Kak, Marion Stevens**)

Track 2: Social & Behavioral Sciences (**Terry Humphreys, David Paternotte, Lebo Ramafoko**)

Track 3: Clinical Sciences & Therapy (**Denise Medico, Patricia Pascoal, Eugene Viljoen**)

Track 4: Basic Science (**Jim Pfaus**)

Track 5: Sexual Medicine (**Mijal Luria, Shingai Mutambirwa, Tokomo Soatome**)

Track 6: Public Health and Public policies  
(**Kenneth Rochel de Camargo, Jaime Barrientos**)

**Delgado, Mzi Nduna**

Track 7: Education (**Ame Atsu David, Osmo Kontula**)

### WAS INTERNATIONAL SCIENTIFIC

#### COMMITTEE

Carmita Abdo, Brazil

P. Ganesan Adaikan, Singapore

François Allinon, Togo/USA

Elsa Almas, Norway

Maria Luisa Banfi, Uruguay

Daniela Barsotti Santos, Brasil

Esben Esther Benestad Pirelli, Norway

Sophie Bergeron, Canada

Fernando Bianco, Venezuela

Stephanie Both, Netherlands

Jaqueline Brendler, Brazil

Patti Britton, USA

Francisco Cabello, Spain

Joana Carvalho, Portugal

Estela Citrín, Uruguay

Rosemary Coates, Australia

Eli Coleman, USA

Giovanni Corona, Italy

Béatrice Cuzin, France

Veronica Delgado Parra, Mexico

Marieke Dewitte, Netherlands

Abdessamad Dialmy, Morocco

Maryanne Doherty, Canada

Stefano Eleuteri, Italy

Paul Enzlin, Belgium

Uwem Esiet, Nigeria

Adele Fabrizzi, Italy

Paul Fedoroff, USA

Itor Finotelli Jr., Brazil

Cristina Tania Fridman, Argentina

Irwin Goldstein, USA

Debby Herbenick, USA

Rubén Hernández-Serrano, Venezuela

Yuko Higashi, Japan

Sharron Hinchliff, UK

Felipe Hurtado Murillo, Spain

Alex Iantaffi, USA

Emilie Moreau, France

John Mulhall, USA

Sara Nasserzadeh, USA/Iran

Emil M. L. Ng, China

Pedro Nobre, Portugal

Conceição Nogueira, Portugal

Cátia Oliveira, Portugal

Rodolfo Pacagnella, Brazil

Stéphanie Pache, USA

António Palha, Portugal

Luca Incrocci, Italy/Netherlands

TK S Jeyarai Kamaraj, India

Marie-Claire Koutiangba, Burkina Faso

Judith Levine, USA

Agata Loewe-Kurilla, Poland

Amira Maamri, Tunisia

Sarra Mokadmi, Tunisia/France

Zlatko Pastor, Czech Republic

Luis Perelman, Mexico

Ana Luisa Quinta Gomes, Portugal

Roberta Rossi, Italy

Eusebio Rubio-Aurioles, Mexico

Elna Rudolph, South Africa

Cristiano Scandura, Italy

Juan Carlos Sierra, Spain

Alyson Spurgas, USA  
 B Srilatha, Singapore  
 Aleksandar Štulhofer, Croatia  
 Mehmet Sungur, Turkey  
 Nadine Terrein-Rocatti, Mexico  
 Paolo Valerio, Italy  
 Pedro Vendeira, Portugal  
 Francisco Viola, Argentina  
 Petr Weiss, Czech Republic  
 Kevan Wylie, UK

**SASHA Executive Board (Local Organising Committee)**

Anthony Smith  
 Elna Rudolph  
 Avri Spilka

Ronald Addinall  
 Corlia Brandt  
 Eugene Viljoen  
 Marlana du toit  
 Chantal Fowler  
 Larisse Badenhorst  
 Jeanne Aspelng  
 Bradley Randal Daniels  
 Megan Martin  
 Heather Blaylock  
 Stephen Laverack  
 Chantelle Malan  
 Elna McIntosh  
 Lorato T. Mosetlhi-Molelowatladi  
 Vickashnee Nair

## PRESIDENTIAL LECTURE

### The Future of WAS—From Sexology to Sexual Health and Rights and Sexual Justice New Challenges and Opportunities

Pedro Nobre

WAS

In this lecture, I review the history of WAS as it celebrates its 43rd anniversary and then build a bridge to the present day and reflect on future major challenges and opportunities. Since its foundation in 1978 as the world's major umbrella organization in the field of sexology, WAS has been increasingly devoted to promoting 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.”

Some of the major historical WAS landmarks are described below:

#### **Declaration of Sexual Rights**

WAS has developed over the years several technical documents related to Sexual Health and Sexual Rights. In 1999, the first WAS Declaration of Sexual Rights was approved in Hong Kong. In 2008, WAS published the Sexual Health for the Millennium. More recently, the Sexual Rights Declaration (WAS, 2014 <http://www.worldsexualhealth.net/resources/declaration-of-sexual-rights/>) emphasizes the idea that sexual rights are essential to the full expression of sexual health and are based on universal human rights.

#### **The World Sexual Health Day**

In 2010, the WAS called on all their member organizations and all NGOs to celebrate, each September 4th, World Sexual Health Day (WSHD) <https://worldsexualhealth.net/news/world-sexual-health-day/> in an effort to promote a greater social awareness of sexual health and sexual rights across the globe. Since then every year we have been celebrating the WSHD with increasing participation of organizations from regional and country levels. The date has been recognized by many global organizations that have joined WAS in promoting the WSHD (WHO, UNAIDS, UNFPD, IPPF, etc.). Recently (July 2021) Portugal became the first country in the world to formally recognize the WSHD as a National Day by a unanimous vote at the Portuguese Parliament. I hope this example will be followed by other countries and ultimately by the UN.

#### **The Sexual Pleasure Declaration**

During the 24th World Congress of Sexual Health, a Declaration on Sexual Pleasure was released (Mexico City, October 15, 2019) <https://worldsexualhealth.net/declaration-on-sexual-pleasure/> emphasizing the right to the possibility of having pleasurable and safe sexual experiences



free of discrimination, coercion, and violence is a fundamental part of sexual health and well-being for all.

Finally, I highlight the key challenges and opportunities that may present themselves in the years to come, reflecting on the need to increase global

awareness and acceptance of the benefits of sexual health and well-being across the world.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## HONORARY PRESIDENTIAL LECTURE

### Round Table Panel (Focus on HIV)

Uwemedimo Esiet<sup>a</sup>, Janet Mbugua<sup>b</sup>, Kanyanta Kakana, Gita November<sup>c</sup> and Makgosi Letimile<sup>d</sup>

<sup>a</sup>Action Health Incorporated, Nigeria; <sup>b</sup>Inua Dada Foundation; <sup>c</sup>TRANS TEC SA; <sup>d</sup>WheelsnToys

I chose to use my Honorary Presidential Lecture as a platform to host a panel discussion with representatives from various marginalised communities. The Round Table invited sharing of lived experiences and an opportunity to present strategies for collaboration and resource sharing. The participants highlighted a number of

important contemporary topics pertaining to their health, dignity, expression, and wellbeing and presented conclusions and recommendations to the Congress at large.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## SATELLITE EVENTS

### WAS 2021 Sexual Justice INDABA

Alain Giami<sup>a</sup> and Avri Spilka<sup>b</sup>

<sup>a</sup>WAS; <sup>b</sup>SASHA

The WAS 2021 Sexual Justice Indaba included facilitated conversations and presentations from thought leaders on the most salient contemporary issues in Sexual Justice. This event was a preliminary consultation in the

process of developing an Official WAS declaration on Sexual Justice (like the well-known Sexual Rights Declaration and the Sexual Pleasure Declaration to be accepted as an official WAS document).

### Presentations From Sexual Rights and Justice Leaders

Uwem Esiet

Honorary President of the WAS 2021 Congress, Nigeria

Dr Uwem Estiet (he/him) is a Public Health Physician with over thirty years of experience in the development sector with a focus on advancing sexual and reproductive health and rights for all. He is the Co-Founder/Director of Action Health Incorporated and serves on several advisory boards, such as the Partnership for Child Development (Imperial College, London), and the World Association for Sexual Health (WAS). He is also a

convener for the Africa Conference on Sexual Health and Rights, a member of the PMNCH Advocacy Reference Group, and the Honorary President of this year's 25th Congress of the World Association for Sexual Health.

Eight experts coming from different geographical and political backgrounds and different sensibilities, presented on a range of topics. Their presentations occurred in the order displayed below.

## Alain Giami

WAS

Alain Giami (Emeritus Research Professor, France) recalled the origins of sexual justice in the history of Western sexology and in the various social movements that developed during the 20th century. He recalled the main sources of sexual justice in human rights, sexual

rights and the concept of social justice. He presented the main pillars of social and sexual justice: Human dignity, Personal Autonomy, Citizenship: Community, Participation, Solidarity, Rights and Responsibilities, Priority for the poor and vulnerable, Peace.

## Lebo Ramofoko

SRH and Gender Activist, South Africa

Lebo Ramofoko (SRH and Gender Activist, South Africa) insisted that we recognise that conversation around sexual justice and rights in Africa cannot exclude the persistent influences of colonization and apartheid in South Africa. Many discriminatory policies

and exclusionary practices are touted as “culture” but are based on the myth of African hypersexuality, western patriarchy, and heterosexism. Lebo also reminded us that we should challenge programming which undermines the agency of women—even if there are successes.

## Agata Loewe-Kurilla

Psychotherapist and Sexologist, Poland

Agata Loewe-Kurilla (Psychotherapist and Sexologist, Poland) presented an overview of the situation in Poland, with three main areas of sexual rights violations: attacks on abortion freedom, anti-LGBTQIA+ policies, attacks

on sex education and educators (accused of sexualising children). Agata also highlighted the lack of training for educators and health professionals.

## Ame Atsu David

Pan-Africanist and Human Rights Activist, Liberia

Ame Atsu David (Pan-Africanist and Human Rights Activist, Liberia) analysed how gender inequity, lack of scientific information, and silence around sex, continues to impact STI and HIV prevention efforts. In West and Central Africa, most boys and girls grow up

in contexts where unequal gender norms and behaviours are internalized from an early age. She highlighted that CSE is a necessary intervention for the sexual rights and health of young people, but taboos around sexuality still need to be broken.

## Esther Corona

WAS Vice President, Clinical Psychologist, Mexico

Esther Corona (WAS Vice President, Clinical Psychologist, Mexico) gave a personal testimony about her trajectory as a psychologist, educator and activist in Latin America. She emphasized the importance of social inequalities and

traced the history of WAS from its founding as a professional organization of sexologists to the development of sexual rights and sexual justice declarations.

## Francisco Viola

Sexologist, Tucuman, Argentina

Francisco Viola (Medical Doctor, Argentina) highlighted that this union of “Sexual and Reproductive Health” had its historical importance for change, but it will be necessary to rethink this in the 21st century. It is important to understand where sexual and

reproductive health diverge from one another, and this should be reflected in the promotion of sexual health services. He proposed an integrative model for thinking about sexual justice and the type of actions that could be taken.

## Sahar Yahiaoui

Lawyer and Activist for Sexual Rights, Tunisia

Sahar Yahiaoui (Film Producer and Activist, Tunisia) recalled the violations of human and sexual rights in Tunisia, recalling the history of polygamy, the attacks and humiliation of male homosexuals due to the

criminalisation of homosexuality. She denounced the lack of sex education that contributes to the increase in HIV prevalence and unwanted pregnancies and is developing a board game to challenge harmful norms around sexuality.

## Sam Winter

Associate Professor and Head Sexology Team, School of Public Health, Curtin University, Australia

Sam Winter (Psychologist, Educator and Activist, Australia) spoke about the human rights violations concerning transgender and gender diverse people in various countries in Asia and the need to develop systems to protect trans people. Sam has worked hard for the depathologization of trans experiences in international organizations such as the WHO.

These various presentations were certainly not exhaustive. We would have benefited from the presence and testimonies of trans people, people with disabilities and also refugees and survivors of sexual abuse and gender-based violence.

## World Café

The World Café provided a space for delegates to discuss key concepts and the considerations needed in order to achieve our goals within each. These included: Sexual and Reproductive Health (SRH), Pleasure, LGBTQIA+, Culture and Religion, Sexual Justice, and Youth.

### **Theme: Sexual and Reproductive Health**

Facilitators: Laetitia Cassells, Deborah Tollman  
Notetakers: Marelise Venter, Stephen Laverack

### **Theme: Pleasure**

Facilitators: Bradley Daniels, Jacqueline Hessenauer  
Notetakers: Avri Spilka, Chant Malan

### **Theme: LGBTQIA+**

Facilitators: Bandile Seleme, Elliot Kotze  
Notetakers: Welcome Mandla, Catriona Boffard

### **Theme: Culture and Religion**

Facilitators: Ntlotleng Mabena, Jide Macaulay  
Notetakers: Dorcus Mbwena, Vickashnee Nair

### **Theme: Sexual Justice**

Facilitators: Marlene Wasserman, Nic Rider, Charlene Taruwoma  
Notetakers: Alex Friedman, Rivonia Pillay, Jai'Prakash Sewram

### **Theme: Youth**

Facilitators: Thiruna Naidoo, Tshogofatso Senne  
Notetakers: Lerato T Mosetlhi-Molelowatladi, Erich Viedge

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The WAS 2021 Transgender and Gender Diversity Assembly

Esben Esther Pirelli Benestad<sup>a</sup>, Jabulani (Jabu) Pereira<sup>b</sup>, Dzoë Ahmed<sup>c</sup>, Akani Shimange<sup>d</sup> and Ronald Addinall<sup>e</sup>

<sup>a</sup>European Federation for Sexology; <sup>b</sup>Iranti.org; <sup>c</sup>Genderdynamix; <sup>d</sup>Matimba; <sup>e</sup>University of Cape Town

### The WAS Task Force on Transgender and Gender Diverse Rights

**Ronald Addinall, Chantal Fowler, SASHA coordinators**

**Chair:** Esben Esther Benestad

**Members:** Elsa Almas, Uwem Esiet, Alain Giami, Eszter Kizmodi, Osmo Kontula, Luis Perelman, Elna Rudolph

The WAS 2021 Transgender and Gender Diversity Assembly in Partnership with the Institute for Sexual and Gender Health gathered worldwide stakeholders to network, share experiences and present strategies for collaboration and resource sharing. In addition, the WPATH GEI foundation presented an optional extended workshop to upskill healthcare practitioners in state-of-the-art clinical practice.

All assembly session chairs and panellists were Transgender and Gender Diverse or Intersex persons.

### Assembly Session 1: WAS Statement Concerning Actions to Support Gender Diversity World Wide

Session Chair: Esben Esther Pirelli Benestad (WAS Advisory—Norway)

Panelist: Nic Rider (The Institute for Sexual and Gender Health—USA)

Panelist: Savuka Matjila (Genderdynamix—RSA)

Panelist: Avery Everhart (Centre for Applied Transgender Studies USC—USA)

### Assembly Session 2: Depathologization—Lived Experiences and Contemporary Challenges

Session Chair: Jabu Pereira of (Iranti.org—RSA)

Panelist: Mauro Grinspan (GATE—Argentina)

Panelist: Anastacia Tomson (MD/Activist—RSA)

Panel discussion summary:

Anastacia Tomson (AT)

Mauro Grinspan (MG)

### Assembly Session 3 Pan African Best Practice in Transgender and Gender Diverse Sexual and Reproductive Health

Session Chair: Dzoë Ahmad (GDX—Zimbabwe)

Panelist: Barbra Wangare (EATHAN—Kenya)

Panelist: Jholerina Timbo (WTT—Namibia)

Panelist: Anil Padavatan (GDX—RSA)

Panelist: Sean Reggee (Trans Bantu—Zambia) ([sean@transbantu.net](mailto:sean@transbantu.net))

### Assembly Session 4: Human Rights—Priorities for Transgender and Gender Diverse Communities

Session Chair: Akani Shimange (Matimba—RSA)

Panelist: Yvonne Odour (GALCK—Kenya)

Panelist: Oumaima Dermoumi (LGBTQIA + Advocate—Morocco)

Panelist: Taymy Caso (Postdoctoral fellow in Transgender Health—USA)

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The WAS 2021 Youth Pre-Congress in Partnership With UNFPA

Esther Corona Vargas<sup>a</sup> and Corlia Brandt<sup>b</sup>

<sup>a</sup>WAS; <sup>b</sup>University of the Witwatersrand

The WAS 2021 Youth Pre-Congress in Partnership with UNFPA was an opportunity for young people from diverse backgrounds to converse with each other and leading organizations representing the youth on

important contemporary topics pertaining to their health, dignity, expression, and wellbeing and to present conclusions and recommendations to the Congress at large.

## PRESENTATIONS

Hlobisile Inamandla Masinga

Moderator

### A Summary of the Report for the 9th African Conference on Sexual Health

Faith Opiyo

This document outlines strategies for individuals and leaders to hold governments accountable for SRHR.

The following factors were highlighted: Advancing reproductive health in urban and informal settlements. Various complaints and issues came out in the informal settlements with regards to sexual health.

Focus on advancing sexual health in young women and girls in informal settlements. Creating safe spaces for women and girls. Intergenerational catalogue, continue using the agenda to advance HRHR rights. Ensuring young women and girls have access to sexual education, and to stop harmful practices.

The following solutions were suggested:

Call of action to governments and religious leaders to; implement the protocol in Africa and to adopt and implement HRHR policies and strategies that are inclusive.

The strategy must include individuals that are minors, inject drugs, have disabilities, refugees, HIV and AIDS, young mothers.

Increased financing, access to services and accountability of the use of these funds.

Government should meaningful and inclusively engage young people in policy-making processes.

Call of action to adopt and incorporate gender transformation approaches and ensure supportive culture for women and girls. Ensure awareness on mental health, especially in the COVID-19 pandemic with regards to mental health.

Provide factual and accurate information on sexual and reproductive health to their communities.

Call to be receptive to sensitisation of sexual and reproductive rights and provide support for communities. This policy needs to be implemented in government policies.

There is a call for young people in Africa to implement and monitor these policies in order to track progress and where we are heading in the future.

### Access to Sexual and Reproductive Health Information in the Digital Age

Venny Ala-Siurua

Women on Web International Foundation, Montreal, Canada. [info@womeweb.org](mailto:info@womeweb.org)

Short summary of their online abortion care and services:

Women on Web is a global telemedicine service that offers sexual and reproductive health information as well as postal access to medical abortions via a digital platform. The service consists of a website and online consultations with a medical team, which will prescribe the abortion medication. There are a variety of internet errors that endanger our services. Telemedicine is an excellent substitute for a lack of public health services. There is a great need for women to be able to manage their own abortions without the

supervision of a doctor, while also empowering themselves. Individuals in need of abortions complain about limitations and feeling restricted, and they want to be able to have an abortion. Demand for online services and telemedicine is increasing.

Women on the Web's social media accounts, like those of other abortion organisations, are being deactivated/banned on a regular basis by the government and decision-makers. Censorships are imposed for a variety of reasons, including violations of community guidelines and pharmaceutical protocols. However, the right to communicate and the right to health are being

violated, resulting in the delay and prohibition of time-sensitive health care services. Women on the web have faced new threats such as algorithm changes, which have resulted in a loss of 80% of their website traffic. This has a negative impact on our services,

causing them to become more restrictive and to block medical information. Restricting abortion information violates both sexual health policies and freedom of expression.

## Strengthening the Role of Educators in Imparting Adolescent Reproductive and Sexual Health Information

Dipa Chowdhury

Strengthening the role of educators in imparting adolescent sexual health information:

The cascade method of training is being used in India, and the quality of training suffers. Online training is a relatively new concept for India.

ARSH For You Curriculum (pilot study):

The goal of this curriculum is to build the capacity of teachers and educators by providing knowledge, support, and enhancements to classroom support. The research looked at the objectives, modules, data, participants, and functionality of the online teaching platform. They discovered that the majority of teachers

accessed this curriculum via their mobile phones. The teachers were happy to recommend this curriculum to other teachers and felt more confident in implementing it. Teachers are interested in learning more about consent and violence, child abuse, mental health, and conception. They received a lot of positive feedback, and they plan to discuss more topics in the future, as well as increase online support. The most difficult aspect of this study is completing this self-paced learning approach online. Digital access and connectivity were also issues that needed to be addressed.

## Experiences of Parent-Child Sexuality Communication

Dorcus Achen

Abstract presentation: Experiences of parent-child sexuality communication: A qualitative study employing participatory methods among parents in rural south western Uganda.

It is well known that open and positive parent-child sexuality communication reduces negative SRH outcomes in children. Personal and cultural barriers, on the other hand, prevent meaningful sexual communication between parents and their children. The purpose of this paper is to explain the barriers and facilitators of parent-child sexuality communication in rural south western Uganda. It highlights the difficulties that parents face when attempting to carry out sexual communication. It also emphasises the role of individuals, families, and communities in facilitating parent-child sexuality communication. The paper presents cross-sectional

perspectives and experiences on sexuality communication gleaned from data collection sessions with parents and community leaders. The goal of this study was to use a gender and intersectional approach to critically examine the experiences of parents. The study used a community-based participatory approach, including meetings with community stakeholders, interactive in-depth interviews, and focus group discussions with parents.

Sexuality communication through community structures such as church and school, as well as the impact of HIV/AIDS on sexuality communication, were identified as facilitators of parent-child sexuality communication, while barriers to communication included cultural dilution, poverty, a lack of knowledge, and gender inequality. The paper investigates the gender

and intersectional issues that influence parent-child sexuality, as well as the benefits and drawbacks of using a community-based participatory approach. Parent-child sexuality communication is hampered by deeply ingrained cultural and gender barriers, making it difficult for parents to engage their children in open

and positive sexuality communication. Because of the deeply rooted cultural and gender contexts embedded in rural south western Uganda, there is a need for community-based interventions that actively involve communities from the beginning to the end in order to improve parent-child sexuality communication.

## Comments on Miss Chowdhury's Presentation

Levi Singh

Mr Singh commented on Miss Chowdhury's presentation on the study to strengthen educators' roles in providing adolescent sexual health information. He mentioned that critical reflection points were brought up during the discussions. The Covid-19 pandemic initiative fostered greater innovation and acceleration. The emphasis should be on empowering, educating, and equipping young people about their SRHR. Comprehensive sexual education based on the shared sense (CSE). A shared consensus on HRSR and CSE, as well as global guidance on the sexual curriculum, must be developed. We need to expand the scope of comprehensive sexuality education and create a course for adolescents.

Ninety-two percent of course attendees had access on their mobile devices, indicating that digital penetration is

accelerating across the board. To curate knowledge, shared learnings are required. There are some topics that educators would like to see more issues that are not specifically related to SRHR. We must emphasise the life-course approach and how we must engage and develop capacity with young people. We must determine how we can contribute to young people's health coverage and support. We also need to establish how comprehensive the SRHR is. We must address data issues as well as data access among students and teachers. Because of virtual and online learning, a significant amount of learning time was lost. Education systems are struggling to keep up with the curriculum. It is critical to implement digital systems to help systems catch up with the times.

## Comments on MS Achen's Presentation

Kazuko Fukuda

Ms Fukuda commented on Ms Achen's presentation on her experiences with parent-child sexuality communication and the methods used by parents in rural south western Uganda. She emphasised that the number of pregnancies among young adults is increasing. There are numerous challenges ahead of us, including deeply rooted cultural issues, poverty issues, injustice, and unequal systems. Governments and anti-abortion organisations ban and restrict the social media pages of sexual

health organisations and advocates. Online resources are critical for adolescents to obtain accurate health information and health care in order to protect SRHR. We emphasise the congress theme of #LeaveNoOneBehind, and we must not forget about the individuals who do not have access to these digital services in order to be inclusive in our current and future decision making.

## Comments on MS Ala-Presentation

Teboho Mohlogi

Ms Mohlogi emphasised the findings from Ms Ala-presentation sjurua's on access to sexual and reproductive health information in the digital age, as well as online learning curricula. She emphasised that there are gaps in the digital age, exposing issues with data, the internet, and devices. We need to keep track of how we're doing and how far we've come. Concerns

have been raised about internet democracy. Young adults should participate in the formulation and implementation of HRHR policies in their respective countries. As African advocates and leaders, we must also take the lead in exploring partnerships on how we can get involved in having sexual health conversations and implementing these strategies.

## Breakout Ignite Sessions

Proposed strategies to ensure meaningful and ethical participation of young people in continental, regional, and national processes to improve sexual and reproductive health outcomes.

**Group 1: Laws and policies play a major role in advancing and/or impeding the ability of young to achieve their health and wellbeing.**

**Facilitator:** Tariro Gurure (YIELD, Zimbabwe)

**Scribe:** Abdikadir

**Group 2: Strengthening comprehensive sexuality education for in and out of school adolescents and youth.**

**Facilitator:** Vanessa Monley (Youth LEAD Program Officer)

**Scribe:** Levi Singh

**Group 3: Ensuring resilient adolescent youth-friendly services**

**Facilitator:** Ikka Noviyanti (Youth LEAD Advocacy Officer)

**Scribe:** Kazuko

## CLOSING SPEAKER

Stefano Eleuteri

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The WAS 2021 Sexual Medicine Workshop in Partnership With ISSM

Elna Rudolph<sup>a</sup> and Anthony Smith<sup>b</sup>

<sup>a</sup>WAS; <sup>b</sup>SASHA

The International Society for Sexual Medicine (ISSM) presented a comprehensive Workshop on Sexual Medicine, delivered by international experts in their fields, providing a high-level intensive series of seminars covering the essentials of contemporary best practice in sexual medicine.

**Organisers:** Larisse Badenhorst and Jeanne Aspeling

**Session 1: Moderated by Elna Rudolph and Kevan Wylie**

Welcome—Elna Rudolph WAS 2021  
Congress President



Opening Address: Medications Associated with Sexual Dysfunction—Annamaria Giraldi

Introduction to Sexual Dysfunction—Kevan Wylie

Obtaining a Sexual History—Cobi Reisman, Netherlands

Erectile dysfunction and oral treatment—Eric Chung, Australia

**Session 2: Moderated by Anthony Smith and Prithy Ramlachan**

Difficulties in the Assessment of Sexual Dysfunction—Mehmet Sungur, Turkey

Male Physical Exam—Etienne Kok, South Africa

Intracavernosal Injection Therapy—Alejandro Carvajal, Colombia

Orgasmic and Ejaculatory Dysfunctions in Men—Emmanuele Jannini, Italy

Sex Therapy for Female Sexual Dysfunction—Tali Rausenbaum, Israel

HSDD and orgasmic problems in Women—Sharon Parish, USA

**Session 3: Moderated by Elna Rudolph and Anthony Smith**

Female physical exam in sexual medicine—Rachel Rubin, USA.

GSM—Rosella Nappi, Italy

Vestibulodynia—Irwin Goldstein, USA

Testosterone and Estradiol therapies—James Simon, USA

Shockwave, PRP and Stem Cells in Sexual Medicine—Landon Trust, USA

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The SAR (Sexual Attitudes Reassessment and Restructuring)

Patti Britton<sup>a</sup> and Anthony Smith<sup>b</sup>

<sup>a</sup>WAS, Sex Coach U, USA; <sup>b</sup>SASHA

**Co-ordinators and Leads**

Agata Loewe, Celina Criss

**Facilitators from SASHA**

Avri Spilka, Ron Addinal, Eugene Viljoen, Anthony Smith, Elna McIntosh

**Speakers**

Kira Ryan (transgender speaker), Valentina Leo (Tantric Teacher), Mistress Cleo (don't know her name), Izabela Dziugiel (sexologist and Sexbody worker)

**Entertainment**

Astrid Radermacher (Desire Lines)

The respected SAR (Sexual Attitudes Reassessment and Restructuring) training helped professionals working with sex and sexuality to develop their sensitivity, knowledge, understanding and appreciation of the full diversity of human sexual expression through a deep engagement with their own attitudes, knowledge, values, and beliefs.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## GOLD MEDAL LECTURES

### GOLD MEDAL LECTURE 1

Esben Esther Pirelli Benestad

European Federation for Sexology

Prof Esben Esther Pirelli Benestad was trained as a medical doctor and a sexologist and has specialized in

the care and support of transgender and gender diverse persons. They served as Professor of Sexology

at the University of Agder in Norway and published extensively in Norwegian and international journals (both peer-reviewed and activist support). Esben Esther describes their life journey and work:

Coming from an academic family, I took knowledge in my early years from encyclopedias. Hence my first sexological search was for the meaning of the term transvestitism, finding it to be: a pathological urge to dress as the opposite gender. I was ignited and wanted to see both unusual genders, unusual attractions, unusual turn-on patterns as variations within the vast volume of normality.

In 1985 Prof Berthold Grünfeldt and I made a study on “heterosexual transvestitism” finding a continuum

of gender identities ranging from woman to man. This research took me into contact with the love of my life, Elsa Almås. The two of us continued what she and I had been doing sexologically up to that point. [...] I became “the national transperson of Norway.”

Our modest aim was and is to change the world including the sexological world, for the better. It [is] time to introduce “Gender Euphoria” as opposed to dysphoria.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## GOLD MEDAL LECTURE 2

Ganesan Adaikan

National University of Singapore

In the 1970s and 1980s, Prof Adaikan was the first in the world to identify the neurogenic non-adrenergic, non-cholinergic pathway, the modulator/transmitter nitric oxide and several other receptors/mediators in the human penis. These initial discoveries were a major impetus to worldwide pharmacological research and the eventual development of drugs such as the PDE5 inhibitors.

His discoveries and accomplishments have continued with pioneering work on the mechanisms of erection and treatment of erectile dysfunction. This has joined his research on premature ejaculation, uremia, metabolic syndrome, ageing male/men’s health, female sexual disorders, stem cell therapy, and studies on preterm labour

in the publication of over 200 scientific articles in leading peer-reviewed international journals as well as over 30 book chapters and invited editorial comments.

Prof Adaikan has delivered over 700 invited lectures and presentations around the world towards the promotion of sexual health and wellbeing and has won several international awards in recognition of his accomplishments over the years.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## GOLD MEDAL LECTURE 3

Chiara Simonelli

Sapienza University of Rome

Trained as a psychologist and psychotherapist, Prof Chiara Simonelli is Associate Professor of Psychology of Sexual Development at the Faculty of Medicine and Psychology of the University “Sapienza” in Rome where she has taught for nearly 40 years.

A member of numerous sexological associations as well as Italian and international scientific societies, committees, and working groups, Dr Simonelli served as Vice President of the Italian Federation of Scientific

Sexology and President of the European Federation of Sexology which, in 2008, awarded her the EFS Gold Medal for Lifetime Achievement.

Her work has reached students, clinicians, and therapists through her published manuals on clinical sexuality and sexuality in the life span; academicians and researchers through her 400+ scientific publications in the field of sexology; and the world-at-large through her work as a consultant for national television

programs, newspapers and national and international magazines on the topic of sexology.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURES

### KEYNOTE LECTURE 1

#### Decolonising Sexual Pleasure

Tlaleng Mofokeng

United Nations Special Rapporteur

The speaker agrees that “Self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and wellbeing. Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and non-discrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression. The experiences of human sexual pleasure are diverse and sexual rights and sexual health ensure that pleasure is a positive experience for all concerned and not obtained by violating other people’s human rights and wellbeing.”

Coloniality, a concept coined by Walter Dignolo around 1995, refers to the living legacies of European colonialism in social orders and knowledge systems, which created racial hierarchies that enable the social discrimination that has outlived formal colonialism. This denies and violates an individual’s sexual rights, as well as their particular desires, relationships, pleasures and agency.

Gender reaches into disability; disability wraps around class; class strains against abuse; abuse snarls into sexual orientation; and sexual orientation folds on top of race,

with everything finally piling into a single human body. The application of the right to health framework deepens understanding of the negative impact of coloniality, racism and the oppressive structures embedded in health systems, which disproportionately affects groups who are racially discriminated, as well as discrimination based on and intersecting with class, sexual orientation, gender identity and geographical location.

This address advocates for the realization of the right to health for all through decolonisation and democratisation of public health to have positive realities of sexuality.

<https://www.gab-shw.org/our-work/working-definition-of-sexual-pleasure/>

Eli Clare, *Exile and Pride: Disability, Queerness and Liberation*, Cambridge: South End Press, 1999, p.123.

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng <https://undocs.org/en/A/HRC/47/28>

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### KEYNOTE LECTURE 2

#### How to Name Yourself to Exist? The Untimely Experience of Gender Identities From Indigenous People

Amaranta Gomez Regalado

International Secretariat of Indigenous Peoples

There are people, identities and expressions in the world that seem not to be part of a linear time, a unique story, a referential fact (Stonewall) and

therefore they do not count, they do not matter. Fortunately, memory, historical narrative, the pre-existence of bodies and identities in a circular time are

notions that we must bring to contemporary debates on health, sexuality, gender identities and human rights at a global level.

The struggles from the recognition of the other and the other, goes through recognizing the intersectionality with which they present themselves to the world, thus muxhe's, hijras, omeguid, fa'afafines and many more today continue to be named to exist after 500 years of colonizing processes.

Far from placing the exotic eye on them, today it is their own voices that count that historical evolution for the recognition of their identities, it is those voices that call for the construction of a dialectic with the feminist, environmentalist, indigenous, lgbttti, peasant movements, trade unionist, migrants, blacks, to which

another possible world cannot continue to be from the denial of the human wealth of otherness.

This reminds us today that, in globalizing eras, of pandemics, of economic crises, of changes in the climate and the environment, the voices and the bodies and identities pre-existing to that single and linear thought must be there and here, in this world conference of the World Association for Sexual Health, so that together and together we intersect our voices and wills for their recognition and the defence of human rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 3

### Nothing About Us Without Us—How Research Is Conducted, by Who on Whom and Its Implications for African Women

Lebo Ramafoko

Sexual & Reproductive Justice Coalition

Sub-Saharan Africa is the epicenter of the HIV epidemic and black women, especially young women are most at risk of getting infected with HIV. From the beginning of the epidemic, social scientists and activists have argued that you cannot address HIV without addressing the socio-economic and all the structural factors that put women at risk.

So, when the reports about DEPO Provera possibly increasing the risk of women acquiring HIV, it was legitimate cause for concern for activists and black women who were already bearing the brunt of the HIV pandemic. Despite advances in science and the variety of contraceptive methods, DEPO is the mostly widely available form of contraceptive for women in African countries. For most women who already do not have much negotiating power in their relationships, DEPO remains their only option for a long-acting contraceptives.

Scientific research always speaks about ethics, which to me, in lay man's terms means advancing the common good or at the very least doing no harm. So, what was the most ethical way in which governments, world health bodies and the scientific world have responded to

this concern about Depo? Many consultation meetings were held, some of which I was a part of and the most pressing issue dominating the agenda was the lack of conclusive evidence that Depo Provera increases the risk of HIV. So, scientists considered the benefit and harms that removed Depo-Provera as a contraceptive method for women and many discussions took place with the country leaders in those discussions, some convened by respectable professionals and convened by WHO. From the point of view of science, having evidence to make a conclusive decision is best practice, but what do the women need? Why was there no urgent roll out of other contraceptive choices for women when medical science had already provided some? Why were leaders from various countries left off the hook for not providing a comprehensive method mix in their countries?

Instead, the ECHO Trial was launched. This study was a largescale, multi-sited, randomized clinical trial designed to assess and compare the risk of HIV acquisition by women using three contraceptive methods: Depo-Provera, the levonorgestrel implant Jadelle and the nonhormonal copper IUD. The study would also evaluate the performance of these methods in relation

to pregnancy rates, side effects and women's patterns of use. The study enrolled voluntary participants at 12 research sites in Kenya, South Africa, Swaziland and Zambia.

This study was without concerns and considerable discussion regarding the ethics of conducting such trials. Some of the concern regards the ethics of randomizing a woman to possible risk even though they are counseled. Some epidemiologists argued that the study's methodology was flawed, suggesting it would be better to accept the levels of uncertainty of injectable contraceptives and work towards better health systems and increase contraception method mix for women. In May 2017, the ECHO researchers responded to the new guidance from the WHO on Depo-Provera by deciding not to halt their trial. They stated, "As the study goes forward, the ECHO research team will ensure that current participants receive an information sheet explaining the updated WHO guidance. All recruitment and informational material, as well as counseling messages for current participants, will be similarly updated." The question remains as to whether these reassurances of additional counseling and information really protect women who in the first place are being asked to willingly submit to randomly selected long-acting contraception not of their own choosing.

So in whose interest was the ECHO Trial if by 2004 already, the US Food and Drug Administration (FDA) required that its strongest form of warning, known as the "black box," be added to Depo-Provera to caution users of its impact on loss of bone density with prolonged use. Why did we shift the warning from a 1 to a 2 (which alerts women of a possible risk to HIV) when in fact they already bear the brunt of HIV and when a black box warning already exists for women in the Global North?

We have also seen how science has also been used to determine how funds are allocated. One example is how black women worked tirelessly in South Africa in the Treatment Action Campaign movement campaigning for life-saving HIV drugs when the country would not make them available. After the hard-won battle of ART where South Africa today has the largest roll-out of ART, once treatment became available, funding for

social determinants of health, addressing social norms that keep women at risk of HIV, DWINDLED. The victory for access to drugs was used as an argument to not fund social programmes because of a lack of EVIDENCE that these are effective. Many social scientists were at pains to argue why their programmes are important and many could not survive. The sad reality is that the intersectionality of issues affecting women who are most at risk of HIV did not remain a priority, and today South Africa still has the highest number of rape statistics, a large number of child abuse and statutory rape (which we even dare call it teenage pregnancy) FEMICIDE and Gender Based Violence. So, the same women who won the battle for the country to have access to HIV drugs, were compromised once again.

The other studies, that received funding was MMC, or medical male circumcision. Again, the investment and promotion of MMC or VMMC as it is now called, was because there was evidence that it reduces the risk to HIV by 30%. So while this STATISTIC was bandied about as ground-breaking, what is its impact on women and their right to say when, how and with whom they would like to have sex? What about the disinhibition it may cause for men who already disregard women's right to say no?

In conclusion, what questions should we ask ourselves as continue to conduct research on women's bodies?

1. In whose interest is the study?
2. Who is being listened to even before the studies are conceptualised? What are their needs?
3. Just because a study has ethical clearance, is it morally and socially just?
4. What power do women in community advisory bodies really have?
5. What is the transformation agenda of the scientific community? Who gets the title of expert?

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 4

### Embracing Uncertainty—Managing Worry and Anxiety During Times of COVID-19

Mehmet Sungur

Istanbul Kent University, Saskinbakkal Istanbul, Turkey

We are all passing through times of profound challenges that the whole world has faced due to a global crisis. This pandemic is not the first tragedy and is not likely to be the last tragedy that humans will face. Therefore, we all need to learn that there are ways to maintain a positive mindset and resilience in times of a global crisis. Apart from the lives lost and the wide range of human sufferings encountered the saddest thing about the pandemic was that many people of the World had to find personal solutions to a global problem during times of a global crisis. This fact does not match with human dignity and leads to emerging unmet needs

COVID-19 has brought issues that are the core components of anxiety. Those components are unpredictability, uncontrollability, and responsibility both at an individual and global level. Anxiety is an emotional reaction to the perception of threat. When people's lives are threatened humans naturally feel anxious.

However, perceptions are not always a replica of reality. Some factors increase or reduce the perception of risk. This presentation will refer to cognitive factors that increase the perception of risk and will continue with discussing the differences between worry and anxiety which are mistakenly used synonymously. It will also emphasize the significance of uncertainty in our lives and human reactions to prolonged ambiguity due to intolerance of uncertainty. It will also discuss how to manage worry and anxiety and emphasize the importance of making peace with uncertainty which is often perceived as threatening. It will end up with the importance of making better connections and collaborations during times of a global crisis and the significance of compassion in our lives.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 5

### The Promise of Sexual and Reproductive Health: Reflections of 25 Years of Democracy in a Context of Neocolonialism

Marion Stevens

SRJC/WHO Gender Advisory Panel Member, Founding and outgoing Director SRJC and Member of the Gender Advisory Panel World Health Organisation

There has been substantial law reform and transformation in South Africa yet uneven implementation of sexual and reproductive health services. This presentation will review the past 25 years noting how population control remains embedded within programming for sexual and reproductive health and rights.

Contextual challenges of the HIV epidemic and poor financing and donor practice have been enormous barriers to progress concerning the realization of sexual and reproductive health and rights. What is of

concern is the neocolonial cultural dominance, influence and dependence on international NGOs and donors in policy, programming and implementation. Two related indicators of contraception and abortion will be tracked to explore this. While there have been substantial changes and reforms over this time compounded and systemic injustices persist.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 6

### Sexual Health at the World Health Organization: A Long and Winding Road

Ian Askew

World Health Organisation (WHO)

Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. For the World Health Organization (WHO), sexual health-related issues are wide-ranging, encompassing not only negative consequences and conditions, but also sexual expression, relationships, pleasure, sexual orientation and gender identity. WHO's mandate is to provide global leadership in normative guidance around health issues, and it has strived to do so in relation to sexual health for almost half a century. Although its role as a global health leader can facilitate the development of normative guidance based on the best available scientific evidence, being a UN agency governed by its member states can also be challenging in achieving consensus on framing and prioritizing the wide range of issues included within WHO's definition of sexual health.

Clearly, WHO has an important role to play—among many global, regional and national stakeholders and actors—in ensuring that no one is left behind in the achievement of the global goals for sustainable development. This lecture will provide a brief history of how and why sexual health has been addressed by WHO over the past few decades, which will frame an overview of what it has been and is currently doing to improve the sexual health of everyone, everywhere. In describing the current and planned portfolio of work, the key principles that WHO holds dear will be emphasized—promoting and enabling human rights; respecting individuals' sexual orientation, gender identity and expression; compiling and synthesizing the latest evidence; and universal access to sexual health services to enable individuals, communities and countries to achieve the highest standards of sexual health.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 7

### Addressing Masculinities Through Gender-Responsive Comprehensive Sexuality Education: The Case for a Better Dialogue Between Educators and Researchers

Xavier Hospital

Bureau régional multisectoriel de l'UNESCO- Dakar/Sénégal

As several African countries have stepped up efforts to improve the quality and coverage of national comprehensive sexuality education (CSE) programmes, addressing gender issues in a meaningful way, including the role of masculinities as an emerging concept in the field, still represents challenges for education authorities, experts and educators alike. Evidence indicates that gender norms play multiple roles in CSE.

As determinants, addressing gender norms and power relationships makes programmes more effective at achieving health outcomes than focusing exclusively

on other educational or health issues. As moderating environmental factors, gender norms affect, for instance, the ability of learners to act on new knowledge about sexual risk. As outcomes, reviews show that more equal gender attitudes result from quality CSE programmes. Such complexity calls for a systematic approach to research on gender norms and CSE.

However, practitioners do not usually rely on theoretical models to guide their research and evaluation questions, which makes it harder to test hypotheses and contribute to a cumulative body of knowledge. Through

connecting with researchers in relevant fields such as educational psychology, neurosciences, social psychology and other social sciences, practitioners would gain an extremely valuable understanding of the most relevant ways to address gender and masculinities in CSE programmes.

Theory driven studies of CSE could also assess causal paths to positive health, education and gender outcomes, shedding light on effective teaching and learning approaches, minimum content packages that

can fit in crowded curricula, or the advantages and limits of adapting content to specific cultural contexts. A systematic approach to gender and closer collaboration with academia would place education authorities, experts and educators in a better position to improve the effectiveness, relevance and feasibility of national programmes.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 8

### Refugees and the Coronavirus Pandemic

Faysal El Kak

FIGO, American University in Beirut (Lebanon)

COVID-19 continues to spread across the world, infecting over 195 million people and taking the lives of more than 4.2 million. The world's 79.5 million people forced to displace due to crisis, conflict, and persecution is a population of utmost vulnerability to COVID-19.

Refugees are already living under dire conditions with limited access to basic reproductive (RH) health services namely maternal-child health care and vaccination, with either missing or poor access to sexual health and rights (SHR). In view of limited resources influencing limited testing, the exact number of COVID-19 cases among people forced to flee remains unknown. In addition, the pandemic has forced a shift of resources and tasks (already feeble in case of refugees) to fight the pandemic leaving refugees with even more compromised basic services, and almost missing essential SRHR services. Access to contraceptive services was less or much less because of COVID-19, with rising figures in unintended pregnancies and surgical abortion as a result of restricted movement and access to medications. Gender-based and sexual violence

increased due to stressful live-in conditions with a male partner. This trend has been alarming in the Middle East, where women's groups have documented worrisome increases in violence against women and children under the pandemic.

This presentation will highlight how the pandemic affected prioritizations in health service delivery at the expense of SRHR, the detrimental effect of lockdown, lack of political will and commitment, suspension of sexual education, were all threats to refugee SRHR access. Mitigating interventions such as support of universal access to SRH services, training and sensitization of providers, effective task shifting, telehealth, and physical protective equipment. COVID-19 pandemic has tested our commitment to SRHR gains and it can be utilized as a window of opportunity to hold and promote SRHR among refugees and globally in preparation for the next pandemic.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## KEYNOTE LECTURE 9

### Addressing Denied and Disputed Pregnancies in Primary Sexual Health Care Services

Mzikazi Nduna

Department of Psychology, University of the Witwatersrand, Johannesburg, South Africa

Sexual health research and interventions in Africa have been undergoing transformation. The coordinates of change in sexual health research and interventions are multifaceted and include aspects such as sexual debut, pregnancy, abortion, STIs/HIV/AIDS, marital status, at a relationship level. Further to these are structural factors such as poverty, unemployment, the impact of pandemics, human rights discourses, legal reforms, and the influence of religion, mainly Christianity and Islam. Noteworthy is the health sector's historic oblivion to disputed and denied pregnancies.

Pregnancy denial without accessible and affordable DNA testing facilities for women has several negative outcomes. Denied and disputed pregnancies could conceal the gender-based crimes of incest and rape and lack of access to DNA testing undermines the

implementation of statutory rape laws in the region. Denied and disputed pregnancies have psychological and emotional distress impacts on the women, undermines efforts at promoting gender equality and directly affect the achievement of Goal 5 of the SDGs to Achieve gender equality and empower all women and girls.

In order to promote gender equity, eliminate discrimination against women and honor the commitments in Articles II, III, VIII, XIII, XIV, XVII and XX in the Maputo Protocol, the provision of DNA paternity testing needs to form part of the primary sexual health care services.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 10

### Obstetric Violence and Women's Autonomy

Tomoko Saotome

WAS Scientific Committee Member, Yokohama, Japan

**Introduction and rationale:** Obstetric violence is one of the institutional violence, including, for example, painful pelvic examination, perineal incision without consent, swearing, mockery. Diversity of pregnancy and childbirth is not secured in Japan.

**Action and population group concerned:** We searched for problems through discussions with interested colleagues and consultations with deprived parties. As more women recognize the problem, the diversity of pregnancy and childbirth can be recognized as one of the sexual diversity and their rights.

**Outcome:** Ensuring labor diversity is not easy in a society where the number of births per year is

declining. Gender diversity is not only in transgender but also during women's diversity.

**Discussion and recommendations:** Humanity is not a monolith, but there may be various ways of sex. Pregnancy and childbirth-related events are both options. In some cases, such as infertility or miscarriage, there is no choice but to accept it. Guaranteeing the right to choose within the range of choice is a right, not a medical decision. Medical ethics should never surpass life theory.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 11

### Community-Led Services for Key Populations in the Time of COVID—Best or Only Practices?

Tim Sladden

UNFPA

During the Covid-19 pandemic, we have seen inequalities increase in many societies. Key populations at high risk for HIV and other STIs were already experiencing high rates of stigma, discrimination, violence and other human rights abuses pre-covid. Many key populations are criminalized in countries throughout the world, leading to further alienation and marginalization. During the Covid pandemic, this exclusion experienced by key populations has been significantly exacerbated. Many have been targeted and blamed for the spread of the Covid virus, and usually, they have been excluded from social protection services, often being unregistered and existing within informal economic spaces, excluded from paid employment.

Access to sexual and reproductive health services has been severely curtailed, including reduced access to ART for treatment of HIV and PrEP, contraception including condoms, HIV and STI testing services, cancer screening and management, as well as for treatment and care of survivors of gender-based violence. Since the start of the HIV pandemic some four decades ago, community-led responses have been proven to be the most effective way of preventing and responding to HIV.

Communities of gay men, people who use drugs, sex workers and transgender people have all mobilized to support their peers, share information and knowledge, and provide community outreach to help stop the spread of HIV/STIs and respond to violence, harassment and other abuse. These community-led efforts have become even more critical and essential during the pandemic, as government sources of support have largely been refocused on covid pandemic preparedness and response, and lockdowns have prevented people from attending health services. Key populations have thus largely been left to fend for themselves. In this symposium, we hear from a variety of key population networks in countries across the Asia region, who have attempted to maintain support for their communities, whilst experiencing extreme hardship, poverty and neglect. The impacts, as well as possible solutions for building back better post-pandemic, will be examined.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 12

### Whither Sexual Health: Longstanding Dilemmas and Pathways Toward Social Justice

Steven Epstein

Northwestern University (USA)

Since its rebranding as the World Association for Sexual Health, WAS has sought to expand well beyond its roots in sexology to tap and redirect the global surge of interest in sexual health. Drawing on my forthcoming book *The Quest for Sexual Health*, I

examine two challenges that organizations such as WAS confront, both of which are complicated by the question of social justice. First, “sexual health” has become a victim of its own success: as the term became ubiquitous, its meanings became more elastic,

and the label was appropriated by a wide array of groups whose agendas differ significantly, including right-wing organizations and marketers of commodities of all sorts. How can the WAS promote a capacious understanding of sexual health encompassing rights, pleasure, and justice without embracing a tendency for sexual health to become a free-floating buzzword?

The second challenge is to negotiate the historically double-edged character of sexual health and the dilemmas that it generates. Sexual health discourses and practices can translate narrow moral conventions into scientific visions of “normality” or they can provide alternative understandings of what the normal might entail. They may reinforce traditional hierarchies of expertise or grant licenses to new and less conventional

authorities. And they may impose purportedly universal solutions or facilitate local adaptation and innovation.

A commitment to social justice can inform these debates by asking who is granted agency in sexual health promotion and who is seen as an object; attending to voices at risk of being silenced and identities rendered less visible by sexual health activities; reclaiming and highlighting histories that stand at risk of being forgotten, and incorporating community-based activism and uncredentialed expertise. Because of the historical centrality of HIV/AIDS to these concerns, the conference’s (virtual) location in Cape Town affords a timely opportunity to consider these challenges.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 13

### Intersectional Experiences and Practices of Masculinity in Our America

Mara Viveros-Vigoya

Universidad Nacional de Colombia, Bogotá, Colombia

In this conference, I propose a reading of masculinities in Latin America, a region marked by historical processes that determine the permanence of profound social inequalities and negative cultural representations of those who, as a collective, have been perceived as “different.” All of these social inequalities are interrelated and structured around a social, economic, political and cultural order that organizes these societies along hierarchical lines that place certain men and masculinities at the center of institutional functioning while excluding others from the spheres where the highest incomes are earned, decisions are made and recognition is obtained.

This conference seeks to show the extent to which masculine norms, positions and identities are relational and shaped by the intertwining of class, color, race,

sexuality and region. To do so, I will refer to several ethnographic works carried out in the last twenty years that address in different ways the bodily effects of male domination and the different ways of thinking, perceiving and representing the male body in a racialised context. I will also address the role of whiteness and white masculinity in the consolidation and political-economic stability of the modern/colonial project in Latin America. Finally, I will examine the links between femicides and masculinist attitudes favoured by the neo-liberalisation of social life and geopolitical conflicts in the region.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 14

### What You Should Know About the Chair in Transgender Studies

Aaron Devor

University of Victoria, Canada

The Research Chair in Transgender Studies at the University of Victoria, Canada, is unique in the world. When established in January 2016, it was the only and first-of-its-kind (now joined by one other at the University of Buenos Aires). The Chair's programs provide hope and inspiration to trans, nonbinary, and other gender-diverse people around the globe. These programs include the world's largest Transgender Archives, the international and interdisciplinary

Moving Trans History Forward conferences, student scholarships, fellowships for visiting academic and community-based scholars, a speakers series, social and cultural events, an extensive YouTube library of recorded events, a social media presence, and a wide-ranging research program.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 15

### Progress on Sexual and Reproductive Health and Right in Adolescents: Which Groups Are Being Left Out, Why and What Can Be Done About It?

Venkatraman Chandra-Mouli

World Health Organisation

Progress on sexual and reproductive health and right in adolescents: Which groups are being left out, why and what can be done about it?

1. Whereas adolescents did not get the attention they deserved in the context of the Millennium Development Goals, there is a strong commitment to ensuring that they are not left behind in the context of the Sustainable Development Goals.

2. The need to pay particular attention to their sexual and reproductive health was reinforced in the list of key actions for the future implementation of the Programme of Action of the International Conference on Population and Development at the Nairobi Summit

3. From the global perspective substantial progress has been made in several areas of adolescent sexual and reproductive health in the second decade of this century. For example, girls are less likely to be married and to have children before 18, more likely to use contraception and to obtain maternal health care. They are less likely to support and experience female

genital mutilation. Boys and girls are less likely to have sex with a partner with who they were not married to or living with; they are also more likely to use condoms. However, there has been less progress in some areas, e.g., in preventing gender-based violence

4. There are glaring inequalities in the levels and trends of key sexual and reproductive SRH challenges between adolescents between regions, between countries in regions, and within countries. This includes health outcomes, harmful practices, health behaviours and the uptake of preventive and curative health interventions

4. National averages hide huge disparities. To unmask this by disaggregating data by demographic and socio-economic characteristics from reports of household surveys can provide very useful insights. Going forward disaggregated data must be collected (in future surveys), analyzed, presented and used for decision making.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## KEYNOTE LECTURE 16

### Institute for Sexual and Gender Health Keynote Lecture: Sex Politics: Struggles for Sexual Justice in the 21st Century

Richard Parker

Columbia University, ABIA, Brazil

This presentation focuses on the interface between sexuality and politics by examining key struggles for sexual justice that have emerged in the 21st century.

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

Sources include archival research, discourse analysis, ethnographic case studies, digital storytelling, and visual methods and examining how macro geopolitical forces, cultural frameworks, social movements, and political contexts and systems shape debates and policies related to sexual rights and justice within both local and global arenas. Findings focus on the consolidation of the concept of “sexual rights” during the first decade of the 21st century—within the context of the intensive scale-up of the global response to HIV and AIDS and the growing presence of issues related to sexuality as a focus of debates in international relations. They document the emergence of growing global social movements focusing

on reproductive rights, LGBTQI+ issues, the rights of people living with HIV (PLHIV) and sex worker rights throughout the 2000s. But they also chronicle a growing backlash against sexual rights frameworks and movements taking place both locally and globally since the early-2010s, especially visible in attacks on the “ideology” of gender and state-sponsored stigmatization and discrimination of sexual and gender diversity on the part of extreme right-wing movements.

The analysis examines the changing shape of struggles for sexual justice, the impact of democratic ruptures and authoritarian politics, and the evolving arenas in which the politics of sexuality is being played out in the early 21st century. It highlights the urgent need for building stronger coalitions aimed at defending diversity, promoting and protecting pleasure, and resisting the rollback of sexual rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURES

### INVITED LECTURE 1

#### The Different Roles of Sexological Organisations

Elsa Almås

University of Agder

WAS was founded in 1978 as an umbrella organization, based upon five regional federations (Africa, Asia-Oceania, Europe, Latin America and North America). Each of these five federations is based on membership by national organizations. Membership is also possible for Sexological institutes, NGOs and individuals. WAS is now offering membership to national and other regional organizations.

It would therefore be of interest to see how organizations on different levels can supplement each other and work together.

- The research question behind this presentation is whether there are different goals of work for organizations on different levels, and how they can support each other. Missions and goals of

WAS, EFS and their national members are described and analysed by their statutes and bylaws.

- The results show that organizations on all levels are involved with sexual health and rights, sexuality education, professional training, and standards of ethics. In addition, there seems to be a division of work between the different levels of organizations:

WAS: Network of regional federations; sexual health promotion within international organizations such as WHO and UN; organizing congresses for presenting new research and activist work (within non-governmental organizations—NGOs) and influencing national governments. EFS: Network of national organizations; harmonization of educational programs; organizing

regional congresses for presenting new research and new treatment methods; development of collaborative projects between different countries.

National organizations: Recruitment of members; education; supervision; professional support and development; establishing ethical codes and deontological regulations; organizing national conferences and meetings; influencing politicians and health and education planners.

**Conclusion:** Sexological organizations at national, regional and global levels should find ways to cooperate based on the division of work as illustrated by these results.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 2

### Sexual Justice in Islam: From Equity to Equality

Abdessamad Dialmy

University of Fez, Rabat, Morocco

Sexual norms in Islam appear to represent a paradoxical sexual order.

On the one hand, the exercise of sexuality is valued and encouraged through the use of positive terminology such as desire (*shahwah*), coitus (*nikāh*), foreplay, enjoyment (*mutʿā*), contraceptive interrupted coitus (*ʿazl*).

On the other hand, access to sexual enjoyment is unequal. Discrimination is established between (1) men and women, (2) heterosexuals and LGBTQI, (3) married and unmarried, (4) “free” individuals and slaves. In a word, the right to sexuality is reserved for married heterosexual men and women. This unequal sexual order is said to be equitable. Indeed, biological, social and psychological differences lead to different sexual rights or non-sexual rights at all for each specific category. So, for Islamic patriarchy also, this unequal sexual equity is the best expression of sexual justice.

However, the mainstream Islamic sexual norms have evolved out of their initial historical context. Most notably, the disappearance of slavery concubinage promoted marriage as the sole legal setting of sexuality. Polygyny

became contested by some Muslim scholars in the name of Islam itself. And illegal sexual practices such as pre-marital sex and same-sex acts are currently seeking to be legalized through a rereading of the founding holy texts (*Qurʾan* and *Sunnah*). “Different but equal before sexual pleasure” is currently the sexual paradigm that is used by progressive Moslems (among women, non-married people and LGBTQI) to obtain the same sexual rights as the dominant sexual categories

Then one may conclude that the current gap between Islamic sexual norms and Muslim sexual practices expresses a very hard sexual transition where sexual democratic equity as sexual positive discrimination seems to be impossible. Meanwhile, the patriarchal Islamic sexual norms are changing under the hard pressure of the quasi-secularized sexual practices toward sexual justice as equality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 3

### Artificial Attachments in Japan—Robots, Dolls and the Labor of Love

Agnes Giard

Emtech Research Group—Freie Univ Berlin, Geneva, Switzerland

With the development of emotional technologies, artificial agents such as partner robots will be increasingly enhanced—able to display emotions and empathy—to build intimacy with humans. Designed for companionship, romance and even sexual purposes, these partner robots will be appointed with the Labor of Love, raising sensitive issues related to the supposed risks of getting attracted to machines.

Because robots are usually designed to do what humans do or, at least, to accomplish similar tasks—packing boxes on an assembly line, playing chess and, soon, providing pleasure or warm words—these machines expose humans to a symbolic threat. If machines can do things that we do, and even do it better, it is but natural that it could make humans feel useless, obsolete, unable to compete with high-tech entities. Fear is that the commercialization of partner robots will give rise to collective anxiety (already raging in movies depicting humans being replaced by machines).

Building on the fact that these apocalyptic fantasies are nearly non-existent in Japan, I would like to investigate one of the reasons why it may be possible to engage in a sentimental or sexual relationship with a machine without harm. In Japan, a lot of social robots are not made to realistically mimic humans. On the contrary. Most of the relational artefacts are made to look like cute toys or charming gadgets.

In my lecture, Japanese technological developments will be tackled drawing upon my own specific field of research: the market of love dolls, shaped as fragile and dumb girls. Why do they have empty faces? Why are they given pets' names? Exploring the reason why people get connected to non-humans that are openly made to seem unreliable or vulnerable should open a path to developing alternative conceptual frameworks for partner robotics.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 4

### Science, Sexuality and Public Health: The Case of Male Circumcision

Kenneth Rochel de Camargo

Uerj, Rio De Janeiro, Brazil

Voluntary male medical circumcision (VMMC) was adopted as a public health measure recommendation for Sub-Saharan African countries by a joint technical consultation by the WHO and UNAIDS in 2007, following three large scale trials conducted in South Africa, Uganda and Kenya. That meeting was structured in such a way that dissonant voices had little room, making the result of the consultation practically a foregone conclusion even before it started.

The trials were randomized but obviously not blinded, which would at least call for at least some measured criticism; and considerations about social and cultural aspects involved in the procedure—such as the

religious significance of circumcision in countries with a significant divide between Muslim and Christian populations—were all but brushed aside. The fact that such intervention does not offer protection for women and is less effective than other means of prevention were similarly given little if any, consideration.

It is also noteworthy that such recommendations were made only concerning that specific region, bringing about suspicious overtones of neocolonialism and racism, and should be analyzed in the wider framework of “international aid,” which has a long and troubled history in postcolonial Africa.

Over a decade after the official recommendation, uptake of VMMC in the region is still way below what was considered necessary for having an actual impact on the propagation of the virus, with huge variations within and between countries. This relative failure showcases the problems and limitations of a medicalized approach

to sexual health issues and calls for an in-depth discussion of the overall technical and political process that lead to this situation.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 5

### Tip of the Iceberg: Religious Extremist Funders Against Human Rights for Sexuality and Reproductive Health in Europe

Neil Datta

European Parliamentary Forum on Sexual and Reproductive Rights, Brussels, Belgium

The study reveals the funding system which supports the anti-gender actors' efforts to roll back human rights in Europe.

While the rise of ultra-conservatism in Europe has been apparent for several years, precisely how these actors are organizing, fundraising and attempting to exert influence across national borders or issue areas has not been clear. This study attempts to fill this gap by painting a transnational picture of the clandestine funding system which supports the anti-gender actors' deliberate strategy to roll back human rights in Europe.

The study examines 54 anti-gender funding actors active in Europe as well as the main channels through which the religious extremists generate funding and how it circulates. The picture that emerges is of a transnational community of like-minded religious extremists and related alt- and far-right actors making strategic funding decisions across international borders.

- Report identifies USD707.2 million in anti-gender funding over the 2009–2018 period originating from the United States, the Russian Federation and Europe.
- Annual anti-gender spending in Europe has increased by a factor of four starting from

USD22.2 million in 2009 to reach USD96 million in 2018.

- Largest European-based anti-gender funders include actors in France, Italy, Germany, Spain and Poland.
- Links to anti-abortion initiatives in France, Italy, Poland, Slovakia, Spain and at EU level.
- Links to anti-gay marriage movements in Austria, Croatia, France, Germany, Finland, Italy, Slovakia and Romania.

Being aware and understanding this ultra-conservative movement is essential for those who want to safeguard a modern, inclusive and tolerant Europe. Progressive forces have to mobilise to not fall prey to these religious extremists' legal and publicity stunts and send a strong message that the worldview they are attempting to impose has no place in this millennium.

The study is available here: <https://www.epfweb.org/node/837>

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## INVITED LECTURE 6

### Finding Our Way Back to Pleasure: Beyond the Traumatic Impact of Rigid Gender Binaries in Sex Therapy

Alex Iantaffi

Transforming Perspectives, Antioch University, Duluth, USA

**Introduction and rationale:** Evidence from research studies in a range of fields, from psychology, and sociology, to medicine, has already shown us how rigid gender binaries harm people and relationships. This is also true when it comes to access to sexual pleasure, both solo and partnered. Those rigid gender binaries can be downright traumatic and impede access to sexual pleasure for people of all gender identities. However, sex therapy training does not necessarily always equip providers to address this through the lenses of both gender and trauma.

**Populations and settings:** While people of all genders are negatively impacted by rigid gender binaries, trans, nonbinary, and/or gender expansive people are affected in very specific ways, in every area of life, including sex and sexuality. Given the paucity of literature and resources in doing sex therapy with this population, this presentation will focus on how sex therapists can play an important role in supporting trans, nonbinary, and/or gender expansive people both when

addressing the traumatic nature of rigid gender binaries and when working towards claiming pleasure as a foundational sexual right.

**Outcome:** Participants will be invited to first consider how rigid gender binaries negatively impact access to sexual pleasure, especially for trans, nonbinary, and/or gender expansive people, and then to learn about how sex therapists can support this population in moving towards pleasure in trauma-informed ways.

**Discussion and recommendations:** Drawing from a range of interdisciplinary sources as well as from clinical experience, the presenter will weave connections between the fields of trauma, gender and sexuality studies, systemic therapy, and sex therapy to illustrate how we can invite our clients to move beyond rigid gender binaries and towards sexual pleasure.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 7

### Conducting the First Age-, Gender-, and Diversity Sensitive Prevalence Study on Sexual Violence in Belgium: Lessons Learned

Ines Keygnaert

Ghent University, Belgium

**Context:** Sexual violence (SV) is a major public health, judicial and societal concern. Yet, a comparative and representative study of SV in Belgium covering all ages, genders, sexual orientations and legal statuses was still lacking. Hence the UN-MENAMAS study aims to gain a better UNDERstanding of the MEchanisms, NAture, MAgNitude and Impact of SV in Belgium.

**Methodology:** This study applied a mixed-method approach: an online survey in a representative sample of >5000 persons aged 16–69, face-to-face structured interviews with 513 older adults (70+) and 62 applicants of international protection, and 158 in-depth interviews with victims of SV of different ages, genders, sexual orientations and legal statuses on the impact of SV and help-seeking behaviour.

Furthermore, we conducted a Knowledge, Attitude & Practice Survey in 2031 medical doctors and interviewed 50 healthcare professionals, law enforcement officials and 11 victims on forensic aspects of SV. New privacy protection rules, as well as COVID-restrictions, challenged the research which led to new insights in conducting SV research in different populations.

**Results:** In people between 16 and 69 years: 64% (81% females and 48% males) experienced SV during their life, with 5% of men and 16% of women indicating to have been raped. Hands-on SV was linked to adverse mental health outcomes such as depression, anxiety, PTSD and suicide attempts. Only 7% sought professional help and 4% reported to the police. Moreover, 8% of older adults aged 70+ were victimised in the past 12 months, with equal victimisation in women and men. Older victims continue to cope with depression, anxiety, PTSD and hazardous alcohol use. Minorities: 79% of LGBTQIA+ persons

experienced hands-off SV and 42% hands-on SV, of which 24% concerned rape. For applicants of international protection, victimisation rises to over 84%, in 61% this happened in the last 12 months when they were already in Europe or Belgium. They both reported more barriers to seeking help or reporting compared to the general population.

**Main conclusions:** Sexual violence is prevalent in Belgium and affects people of all ages, genders, sexual orientations and legal statuses. Being sexually victimised is linked to worse mental health outcomes across the life course. Victims struggle with reporting and seeking support while professionals lack the necessary competencies to provide adequate care. Lessons learned on SV research methodology will be shared.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 8

### The Body a Place of Public Discussion/El Cuerpo Un Lugar de Discusion Publica

Cristina Tania Fridman

Universidad Autonoma de Buenos Aires, Argentina

El asesoramiento genético y el micro-emprendimiento de cuerpos relacionan a Gobiernos, Mercados e individuos como administradores de nuestros capitales en calidad de pacientes y ciudadanos. Cuerpos, mapas de poder e identidad. Si los cuerpos devinieron tan inseguros y mutables en la cultura de la tecno-ciencia ¿Cómo articularlos con una noción fija de identidad?

La “nueva carne” es auscultación, hibridación, fragmentación e incluso vaciamiento. Cuerpos sin intimidad con exposición infinita. Del panóptico a la micro-prostética. ¿Sujetos corporizados, en lugar de cuerpos objetivados? Hoy no escapamos a los conflictos entre derechos-sexuales y globalización. Cuerpos perfectos e imperfectos y teorías políticas de bio-medicalización.

Cuerpos y actuaciones en el mercado, feminismos per-formativos. Cuerpos Artísticos y Pornográficos, el papel del arte en la creación del cuerpo. La relevancia del BIOARTE y los problemas de su definición. Realities, voyeurismo televisual llevado al extremo.

El arte carnal, trabajo de autorretrato- Objetos de placer y de destrucción en experimentos artísticos

significativos que nos conducen a reflexionar. Esfumar la frontera entre la vida y el arte, entre la esfera privada y la pública.

Una nueva identidad ¿qué significa deshacerse del propio cuerpo y transformarse en información? Ciencia ficción o vida real en sociedades pos humanas. Culturas oculares y de rostridad.

La importancia del arte como motor de cambio social Censura. Campañas de cuerpos, pechos, pezones, vaginas, vulvas, penes. Museos específicos. Teatros autobiográficos queer y otros. Cuerpos desnudos y paisaje urbano. Cuerpos invisibles, cuerpos obesos, anoréxicos, de desocupados, de pueblos originarios, cuerpos de poder, cuerpos políticos; la salud mental de los poseedores de cuerpos.

Videos juegos y sexualización. Robótica.

Pandemia y muerte. Con el virus, somos puro cuerpos.

Fatiga, auto-explotación. Narcisismo. Video-dismorfias. Limitaciones de la comunicación digital, descorporizada.

Supervivencia. Consecuencias patológicas neuronales en el siglo XXI. Estimular el pensamiento crítico y entender el papel del cuerpo dentro de la vida humana

**Declaración de conflicto de interés y divulgación:** Ninguno

## INVITED LECTURE 9

### Sexual Pleasure and Sexual Distress at the Core of Sexual Problems

Patricia M. Pascoal

Universidade Lusófona, Lisboa, Portugal

Sexual pleasure and sexual distress are two important complementary outcomes of human sexual activity. Sexual pleasure is a fundamental sexual right, and lack of sexual pleasure is generally presented as a meaningful clinical symptom or signal. However, sexual pleasure is often misconceived as a synonym of orgasm, a limited approach to a complex, diverse and significant experience. As for sexual distress, it is a core aspect of sexual dysfunctions and a necessary condition to establish a diagnosis according to current manuals. Sexual distress is a negative emotional experience associated with poorer mental health that is still poorly defined. A close review of the literature reveals that when approaching these constructs, there is a lack of:

1. Conceptual definition of the concepts.
2. Comprehensive models that focus on their correlates.
3. Inclusion in studies about sexual function, dysfunction, sexual health or clinical interventions.

4. An intersectional approach to the experiences of sexual pleasure and sexual distress.

In this talk, I will advocate that we need to look at the experiences of pleasure and distress in different groups—overcoming ableism and all kinds of discrimination—to promote sexual justice better and reveal inequalities in the experience of both distress and pleasure. I will look at some of the most recent studies on sexual pleasure and distress, highlighting important findings and exploring possible gaps in the literature claiming the need to explore their correlates further and establish them as essential outcomes in interventions within sexual health.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 10

### Reason, Race and Desire: A Comparative Analysis About “Interracial” Affective-Sexual Relationships in Brazil and South Africa

Laura Moutinho

University of São Paulo, Brasil

This presentation discusses reason and desire within interracial sexual relationships in Brazil and South Africa. The starting point of the research is the quantitative analyses based on the national census, which

challenged the idea of Brazil as a country, which celebrates “miscegenation.” It shows that the vast majority of formal unions are “homogametic” in terms of both race and class and that among the small number of

interracial relationships the majority are between “white” women and “black” or mixed-race men.

My presentation also aims at analyzing the inter-relation among race, gender, and inter-racial erotic desire in South Africa, based on the study of some cases fitted in the Immorality Act—the law that prohibited inter-racial carnal sex in the apartheid era. In South Africa, inter-racial sexual-affective relationships were regulated (and organized) explicitly by specific legislation, built under the logic of reason of state. Our objective is to adjust the focus to the perception of race that presides such entrepreneurship and to give visibility to the importance of asymmetries of gender and inter-racial erotic desire that appeared in the core of the establishing prohibitions in the apartheid regimen. A contrasting

sight on South Africa makes it possible, at the end of the analysis, indistinctly see some blind spots in the Brazilian ideology concerning race, gender, and sexuality. The analysis suggests that sexual desire between “black” males and “white” females, which in Brazil appear as a sort of ideological lacuna, emerges in the South African context at the center of the founding prohibitions of the apartheid regime.

Throughout the presentation, there is an underlying comparison between Brazil, the United States and South Africa.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## INVITED LECTURE 11

### Freedom for All: LGBTI, Women and HIV/AIDS

Davis Mac-Lyalla

Interfaith Diversity Network of West Africa (Ghana)

The legacies of colonialism across Africa and the world include patriarchy, religious oppression and anti-LGBTI laws. These historic legacies are reflected in prevailing societal attitudes and oppressive laws that place LGBTI people and their families, women and persons with HIV/AIDS in harm’s way. Neocolonialism in the form of the export of hate and homophobia from the United States Religious Right results in new forms of oppression such as anti-homosexuality laws, propaganda laws, restrictions on women’s health and reproductive rights, and the closing of civil society space.

Patriarchy and religious oppression affect LGBTI people, women and people with HIV/AIDS by claiming and insisting upon a male-dominated orientation to the definition of family, human sexuality and health. Any variations from traditional masculinity, heterosexuality and opposite-sex relationships are labelled as deviant, immoral and sinful; and therefore, should be illegal. So, exploring ways to challenge patriarchy and religious oppression results in liberation for all—for LGBTI people and their families, women and persons with HIV/AIDS. Simply put, patriarchy and religious oppression are the common enemy and challenging patriarchy and religious oppression is the common solution.

This presentation will offer information about the exportation of homophobia and hate from the United States Religious Right to Africa and around the world with ways to recognize its influence on the continent. This presentation will offer helpful ways to counter the standard oppositional arguments: Homosexuality is not Africa; this is a Western import; they recruit and hurt children; they are hurting the African family, and you can pray away the gay.

This presentation will also offer examples and case studies of LGBTI-affirming interfaith dialogue work and engagement with religious leaders and civil society in Africa with insights for other regional contexts. Moreover, this presentation will offer resources on effective ways to translate human rights into cultural contexts, particularly with indigenous cultures. Educational resources and effective ways to speak about human sexuality, gender, sexual and reproductive rights, health and human rights are the paths to understanding the intersectionality of struggles and the building of coalitions working across lines of difference. Together we will create a world that is free and equal.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## SYMPOSIA

### ROUND TABLE PRESENTATIONS

#### Familias Activistas de América Latina Con Hijxs Trans O de Expresión de Género No Binario Comparten Lo Que Les Ayudó de Parte de Los Profesionales de la Sexología y Lo Que Les Afectó

Isolda Atayde, Juan Carlos Tapia, Claudia O. López Escorcía and Marcela Ramón Sala

Asociación Internacional de Familias por la Diversidad Sexual (FDS), Hilldale, USA

Entrevistamos a tres familias que tienen hijxs trans o con expresión de género no binario, que son menores de edad o eran menores de edad cuando sus padres o madres les empujaron a apoyar y acompañar. Las tres familias se encuentran ubicadas en Latinoamérica.

Contestaron tres preguntas:

1. Cómo fue su historia?, cómo se dieron cuenta?, cómo reaccionaron en un inicio?, a quién pidieron ayuda?
2. Qué les ayudó a poder apoyar a sus hijxs? ¿Acudieron con profesionales o grupos de apoyo? Qué les funcionó? Qué les afectó?
3. Cómo les ayudó integrarse a grupos?, o qué les motivó a formar un grupo de apoyo?, sensibilización y activismo?

4. Cómo apoyan ahora a otras familias?, qué han hecho en su país?. Qué recomendarían a las y los sexólogos que hoy les escuchan respecto de cómo mejor acompañar para bienestar de toda la familia?

El evento fue moderado por Isolda Atayde, Co presidenta de la Asociación Internacional de Familias por la Diversidad Sexual (FDS), red de grupo de apoyo en 23 países de habla hispana y portuguesa en Iberoamérica

**Declaración de conflicto de interés y divulgación:** Ninguno

#### It's Amazing: Countering Gender-Based Norms Through Short, Animated Films for Very Young Adolescents

Mariana Cruz Murueta and Nicole Cheetham

International Planned Parenthood Federation Western Hemisphere Region, Mexico City, Mexico

AMAZE was launched in September of 2016 for young adolescents ages 10-to-14, as well as for their families and educators. It provides more than 160 short, mostly animated videos for VYAs on a broad range of sexuality education topics. AMAZE.org, the US-based website, has 50 million views and 178,000 YouTube subscribers.

An evaluation of 100 VYAs conducted in the United States showed that adolescents who viewed the AMAZE videos on sexual assault and consent more frequently answered questions concerning sexual assault and consent correctly compared with the

comparison group. For example, the proportion of respondents who correctly responded “yes” you should ask for consent “at the movies when someone wants to touch a person they are going out with” and “on the bus when a student shows their classmate a nude photo of someone on their phone” was 18% higher for each question among AMAZE participants compared with comparison group participants. These differences were both statistically significant.

AMAZE has also been part of educational programs in and out-of-school settings in Latin America. More recently, its videos were used during a three-year

research study aiming to demonstrate that gender-transformative CSE could prevent intimate partner violence in Mexico City. Four elements proved to be central in violence prevention. First, encouraging young people to reflect on romantic relationships; second, helping them develop skills to communicate

about sexuality; third, encouraging care-seeking behavior; and fourth, addressing norms around gender and sexuality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Moving Forward Towards a More Respectful Obygn Care

Mijal Luria

The Israeli Society for Sexual Medicine, European Federation of Sexology, Israel

During recent decades, there is a growing awareness of a phenomenon called “Obstetric violence,” the abusive and disrespectful practices towards women during childbirth across the world, together with an excess of medical interventions during childbirth, even in physiological births. The exploration of this affair as a consequence of structural violence might prove to be a useful tool for addressing structural violence in maternity care.

On the other hand, medical (and specifically obstetric) violence is difficult to frame, at least *prima facie*, as violence. Violence is frequently conceptualized as requiring intention and as oxymoronic in spaces seen as essentially benevolent or involving practices understood to be in the individual’s best interest. The “too much too soon” type of obstetric violence is much more difficult to identify as violence, which brings to a somewhat paradoxical conclusion: privileged women receiving advanced technologies and care may be more

lacking in the epistemic resources needed to fully identify and possibly resist violence than are marginalized, poor, or mistreated women, because of the strong illusion of choice and of fair, evidence-based care and treatment in wealthy Western hospitals and maternity wards.

This roundtable will expose “Obstetric violence” from various points of view: from the “embodied” account of women’s experiences during childbirth in Chilean maternities (the main critical points being the same as described in contexts all around the world), reflecting on how/when the experience is of care/respect/justice, and how/when it is lived as abusive/violent, to interventions to help to empower women and health care providers and even change health systems’ policies.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## 60 MINUTE SYMPOSIA

### Researching Sexuality and Sexual Health in Africa: A Conversation About Capacity and Resources for Evidence Generation

Mzikazi Nduna<sup>a</sup>, Sibusiso Mkwanzanji<sup>b</sup>, Tinuade Oyebode<sup>c</sup>, Naomi Wekwete<sup>d</sup>, Kerigo Odada<sup>e</sup>, Anjeelee Kaur Beegun<sup>f</sup>, Sandra Bhatasara<sup>d</sup> and Alain Giami<sup>g</sup>

<sup>a</sup>Department of Psychology, University of the Witwatersrand, Johannesburg, South Africa; <sup>b</sup>Institute of Gender Studies, UNISA; <sup>c</sup>University of Jos (West Africa); <sup>d</sup>University of Zimbabwe (Southern Africa) University of the Witwatersrand; <sup>e</sup>Doctoral candidate (East Africa); <sup>f</sup>Mauritius; <sup>g</sup>WAS

Evidence-based legal tools, policies interventions and research studies are necessary to attain the highest possible sexual health. The extent to which evidence

that is used to inform sexuality and sexual health interventions is adequately and strategically funded requires evaluation. Generating good quality and

reliable local evidence base depends on good quality local data which is collected under the custody of credible and competent local researchers. To achieve this, research funding should be strategically and adequately allocated to ensure that the outcomes are valuable in addressing existing gaps.

This panel brings scholars from the five regions in Africa: North West, East, Southern and the Islands, to discuss research resource mobilisation and allocation for postgraduate studies, emerging and established researchers and researchers who are not attached to

academic and scientific institutions. The discussion will also highlight the roles of the private sector, the public sector, development partners and the global North in resourcing Sexual Health Research in Africa. A spotlight on this conversation is critical to closing existing gaps in sexual health research, policy and subsequent interventions and to inform best practices.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Integrating the Biopsychosocial Model and the Sex-Positive Approach: New Perspective for Sexology

Filippo Maria Nimbi<sup>a</sup>, Filippo Maria Nimbi<sup>a</sup>, Marco Silvaggi<sup>a</sup>, Francesca Maria Tripodi<sup>a</sup>, Silva Neves<sup>a</sup>, Roberta Rossi<sup>b</sup> and Adele Fabrizi<sup>a</sup>

<sup>a</sup>Institute of Clinical Sexology Rome, Rome, Italy; <sup>b</sup>Private Practice, London, UK

The sex-positive orientation toward sexual health was proposed by the World Health Organization (WHO, 2013) with the idea of celebrating sexuality and not focusing solely on preventing negative experiences or associated risks (WHO, 2018). The goal is to understand one's own body and that of the other, considering all of one's physical, emotional, intimate, and psychological aspects. The dichotomy between right and wrong, licit and illicit, seems to permeate sexuality in a spiral where the desires of the individual are set aside to make room for a socially and morally constructed and recognized sexuality.

Sex is something pleasurable that can be talked about in all its forms: greater openness about this topic can stimulate people to increase the quality of their sex

lives, making them more capable of asking for help if they face problems and aspiring to something more for themselves and others. This view of sexuality makes it easier to seek specialized service, increases sensitivity in supporting a partner with sexual dysfunction or who has experienced violence or abuse, and moves away from overly rigid stereotypes about gender and sexuality. The possibility of bringing this vision as an integration of the biopsychosocial model in clinical practice, sex education, research in sexology passes through the specific training on these issues of the same operators and the discussion on these aspects will be addressed in the proposed symposium through the experience of speakers involved in the different areas mentioned.

## The Biopsychosocial Model and the Sex-Positive Approach: An Integrative Perspective for Sexology and General Health Care

Filippo Nimbi<sup>a</sup> and Roberta Rossi<sup>b</sup>

<sup>a</sup>Department Dynamic and Clinic and Health Psychology, Sapienza University of Rome, Rome, Italy; <sup>b</sup>ECPS, Institute Clinical Sexology, Rome, Italy

**Introduction:** The Biopsychosocial model (BPS) represents a complex and comprehensive paradigm of consolidated and shared practices which is meeting

increasing consensus in the scientific and clinical fields. The sex-positive is a ground-breaking movement that is gathering consensus and interest all over

the world and is mainly focused on the recognition of individual sexual expressions as valid, consensual, healthy, and meaningful. However, pragmatic implementation of this approach in the health care systems is still missing.

**Methods:** A total of 114 papers were included in the current critical review and discussion.

**Results and conclusions:** Although the BPS has been outlined as the gold standard in sexology, its implementation results are often challenging and characterized by practical limits and biases. One of the main limitations in the BPS is the scarce attention

paid to socio-cultural factors involved in sexual expressions, such as the role of negative attitudes towards sexuality that may affect health care professionals' work. Possible fruitful integration between the BPS and the Sex-Positive approach will be presented focusing on practical applications in research, clinical practice, training, and sex education and giving possible directions for future studies and policies.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Inclusive Sexuality Education in a Sex Positive Framework

Marco Silvaggi and Roberta Rossi

ECPS, Institute Clinical Sexology, Rome, Italy

**Objective:** Sexuality is an integral part of human life. Children, youth and People, in general, have the right to receive reliable, science-based and comprehensive information about it. Yet, sexuality education in schools is a sensitive issue. Sexuality Education in an Inclusive perspective goes beyond biology and reproduction and truly equips children with knowledge about their bodies and their rights, and informs them about gender equality, sexual orientation, gender identity and healthy relationships. The benefits of sexuality education, when comprehensive, go far beyond the information on reproduction and health risks associated with sexuality. A perspective centred on danger, abstinence and fear has already proven ineffective and should not be supported any longer.

**Aim:** Promote a model of sexuality education that begins with the positive aspects of the body, development, and sexuality. Topics such as pleasure, desire, sexual consent, sexuality as a stage of normal development, should be addressed and discussed with young people to build a positive framework for dialogue and confrontation.

**Materials and methods:** A literature research of intervention models and international guidelines conducted through major scientific search engines and

experience in the professional practice of sexuality education was integrated.

**Results/Conclusions:** Interventions should not just be about young people but about the entire social context that affects them. A comprehensive sexuality education program should take into account the following principles: Programs and teaching methods should be adapted to children's different developmental stages and take into account their capacities; information provided to children should be relevant and based on science and human rights standards. Providers should provide families with accurate information about what sexuality education entails and talk about the benefits for everyone, not just children. It is important to consult and involve youth in programming to be sure that the content being provided is relevant and tailored to their needs. Comprehensive sexuality education should be provided to children and youth outside of school as well; Finally, teachers must receive adequate specialized training and support as needed, regardless of whether part or all of the sexuality education teaching is done by outside actors.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Sex Positive Education for Health Care Providers

Francesca Tripodi<sup>a</sup> and Adele Fabrizi<sup>b</sup>

<sup>a</sup>Institute of Clinical Sexology of Rome—International Online Sexology Supervisors (IOSS), Rome, Italy; <sup>b</sup>ECPS, Institute Clinical Sexology, Rome, Italy

**Introduction:** Many Health Care Providers (HCPs) who claim to be sex-positive are not. Some have little to no training or education in the full range of human sexual behavior, but in the diagnosis of sexual problems or paraphilic disorders, and maybe biased on how to define normal. Sex positivity is a positive and respectful approach to sexuality for all persons along with the sex and gender spectra, highlighting the right for people to make choices regarding their bodies and their abstention from, or involvement in, a wide diversity of intimate relationships and sexual behaviors. The most common understandings of diverse sexualities have focused on lesbian, gay, bisexual, and queer concerns. Sexual minorities may also include variations in relationship values and structures, such as people who self-define their identity as monogamous, polyamorous, or in other languages that most closely align with how they approach, understand, and experience relationships.

**Methods:** The importance of health professionals honoring a variety of different emotional, physical, and sexual connections between partners as part of

adopting a sex-positive approach to mental health will be discussed. Neglecting attention to these variations can influence the client-therapist relationship if HCPs are not well trained. Sex positivity can be a form of resilience against erotophobic societal messages, values, and biases. Sex-positive HCPs would be able to not only avoid exacerbating distress by inadvertently reinforcing the cultural stigma but would also be able to help normalize such desires and help clients discover their potential strengths.

**Conclusions:** They may more specifically assess and investigate how individuals' experiences of their identities related to race, ethnicity, gender, sexual orientation, disability, and class, among others, intersect with sexual desire and practices. This lecture explores how to implement professional education within a sex positivity framework calling for more consistent sex-positive training and supervision.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## How to Be Genuinely Sex Positive in the Treatment of Sexual Compulsivity?

Silva Neves

Private Practice, London, UK

**Introduction:** The term “sex positivity” is sometimes used as a buzzword by therapists but it is rarely practised with their theoretical framework in treating sexual compulsivity as “sex addiction.”

**Population and settings:** In the clinical setting it is not possible to deliver a sex-positive service using the “sex addiction” model because the literature and clinical training in “sex addiction” regarding its conceptualisation and treatment interventions are inherently sex-negative. The diagnosis of “sex addiction” is not scientifically endorsed, putting patients struggling with sexual compulsivity at risk of being offered an

inadequate and sex-negative treatment, increasing their sexual shame.

**Outcome:** “Sex addiction” is not clinically endorsed by either the DSM-5 or the ICD-11. The ICD-11 agreed on a definition of “compulsive sexual behaviour disorder” (CSBD) which is under the category of impulse control, not addiction. This has a major implication on questioning treatments, highlighting the need to adopt one that is sex-positive and not addiction-oriented.

The science of contemporary sexology can help clinicians to further question and challenge the “sex

addiction” clinical training and treatments as they are problematic because they are anchored in religiosity and the 12-step traditions, a sex-negative movement that is potentially harmful to patients.

**Discussion and conclusions:** A sex-positive approach to sexual compulsivity is to accept that it is not an addiction and offer a treatment that is congruent with impulse control and contemporary sexology: sexological assessment, erotic awareness and emotional

regulations. We recommend a paradigm shift in challenging training and treatments to move from a sex-negative tradition of “sex addiction” towards a sex-positive approach of contemporary sexology because we have to make sure that first, we do no harm.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Stonewall Generation: LGBTQ Elders on Sex, Activism, and Aging

Jane Fleishman

Speaking Of, Llc, Northampton, USA

In *The Stonewall Generation*, LGBTQ elders had to endure a time of turmoil, secrecy, and oppression. Sexuality researcher, Dr Jane Fleishman shares the stories of fearless elders in the LGBTQ community who came of age around the time of the Stonewall Rebellion of 1969.

In candid interviews, they lay bare their struggles, strengths, activism, and sexual liberation in the context of the political movements of the 1960s and 1970s and today. She includes the voices of those frequently marginalized in mainstream tellings of LGBTQ history, lifting the voices of people of color,

transgender people, bisexual people, drag queens, and sex workers.

We need to hear these voices, particularly at a time when our country is in the middle of a crisis that puts hard-won civil and human rights at risk, values we’ve fought for again and again in our nation’s history. For anyone committed to intersectional activism and social justice, this presentation provides a much-needed resource for empowerment, education, and renewal.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Rights Perception in Europe: Was Youth Initiative Committee and Young Section of the Italian Federation of Scientific Sexology Joint Symposium

Stefano Eleuteri<sup>a</sup>, Margherita Colombo<sup>b</sup>, Marco Silvaggi<sup>c</sup>, Raquel Pereira<sup>d</sup> and Paola Gjika<sup>e</sup>

<sup>a</sup>Sapienza University of Rome, Rome, Italy; <sup>b</sup>Piedmont Society of Clinical Sexology (SPSC), Turin, Italy; <sup>c</sup>Institute of Clinical Sexology, Rome, Italy; <sup>d</sup>Faculty of Psychology and Educational Sciences, University of Porto, Porto, Portugal; <sup>e</sup>EMDR Center of Psychotherapy and Psychotraumatology, Tirana, Albania

Sexual rights (SR) are grounded in universal human rights, however, despite recent gains in equality, many minority individuals and couples still face discrimination. This symposium aims to present data from a study promoted in different countries by the collaboration between the WAS Youth Initiative Committee

and the Young Section of the Italian Federation of Scientific Sexology. Stefano Eleuteri and Margherita Colombo will be the Chairs while data from Italy, Portugal and Albania will be presented respectively by Marco Silvaggi, Raquel Pereira and Paola Gjika

## Sexual Rights in Italy. Factors Involved in the Recognition and Denial

M. Silvaggi<sup>a</sup>, Eleuteri<sup>b</sup>, S. G. Di Santo<sup>c</sup>, M. Colombo<sup>d</sup>, V. Fava<sup>e</sup>, C. Malandrino<sup>e</sup>, C. Nanini<sup>f</sup>, C. Rossetto<sup>g</sup>, S. Simone<sup>h</sup>, G. R. Gammino<sup>h</sup>, A. Di Canio<sup>i</sup>, S. Caruso<sup>e</sup> and R. Rossi<sup>a</sup>

<sup>a</sup>Institute of Clinical Sexology; <sup>b</sup>Sapienza University of Rome; <sup>c</sup>Italian Association of Applied Psychology and sexology—AISPA; University of Tor Vergata, Rome; <sup>d</sup>Piedmont Society of Clinical Sexology (SPSC) Turin, Research group for sexology, University of Catania; <sup>e</sup>Interdisciplinary Centre for Research and Training in Sexology (CIRS) Geneva; <sup>f</sup>Study Center for Affective and Sexual Disorders Treatment (DAS) Geneva; <sup>g</sup>International Institute of Sexology, Institute of Research and training (IRF) Florence; <sup>h</sup>Italian Center of Sexology (CIS); <sup>i</sup>Crocetta Clinical Center, Turin

**Objective:** Only recently the importance of Sexual Rights (SR) has been discussed at the international level and the issue has recently entered into public debate. Lesbian, gay, bisexual and transsexual (LGBT) individuals are often stigmatized from the social environment because of their relationships and this could make difficult to them to achieve intimacy within their relationships.

**Aim:** To analyze the level of agreement of Italian people with the SR of LGBT and to verify socio-demographic characteristics, associated with a higher recognition.

**Materials and methods:** An online anonymous questionnaire was realized to collect demographic data and information about the level of agreement/disagreement with statements regarding the basic sexual rights of LGBT. Nonparametric statistics were used for data analysis.

**Results:** Subjects meeting the inclusion criteria were 999 (711 women and 288 men) aged 18–74 (mean age

$35.6 \pm 11.7$ ). People against the SR “freely live own sexuality” was 2.9% for gay and lesbian, 3.8% for MtoF and 4% for FtoM, and against “achieve a satisfying sexuality” was 4.2% for gay, 4.3% for lesbian, 7.2% for MtoF and 8.0% for FtoM. People against the adoption by couples where one of the partners is FtoM was 28%.

Being female, graduated, younger than 30, non-believer or not church-going and non-heterosexual 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 ( $p < .05$ ).

**Conclusions:** The right “to be” was more recognized than the right to be sexually satisfied, to marry or adopt. The level of acceptance or rejection is variable depending on the socio-demographic characteristics of people. This could drive the next diffusion of sexual rights policies.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Rights in Portugal: The Case of People With Disabilities

Raquel Pereira

Faculty of Psychology and Educational Sciences, University of Porto, Portugal

**Introduction and rationale:** To this day, the living conditions of people with disabilities in Portugal are, overall, very precarious. Only recently, the Portuguese government has approved the first pilot project for Independent Living, to test and implement Personal Assistance (Modelo de Apoio à Vida Independente, 2017). While several rights are already acknowledged by the Portuguese Law (e.g., 1st Law of Bases of Prevention, Rehabilitation and Integration of disabled people), sexual rights are not properly recognized.

**Action and Population group concerned:** People with disabilities in Portugal—about 18% of the population (Instituto Nacional de Estatística, 2011).

**Outcome:** Research on the topic of sexuality and disability is scarce (e.g., Pereira, 2018; Pinho, 2017), and sexual needs are often ignored by professionals. There are few sexology consultations specialized in the sexual issues of people with disabilities (e.g., Centro de Medicina de Reabilitação de Alcoitão). However, in 2013, an activist movement called Sim, nós fodemos (“Yes, we fuck”), led by the clinical psychologist and wheelchair user Rui Machado, began to claim the sexual rights of people with disabilities. Despite a growing discussion on the topic, from institutions and society in general, a model of sexual assistance is yet to be determined.

**Discussion and recommendations:** The right to have a sexual life is as important as the right to accessibility, employment or other basic rights. However, for Portuguese people living with disabilities, this right is still not established. The empowerment of people with disabilities towards their sexual health is crucial for change, as society shifts from institutionalization towards independent living. Clinical practitioners and

social institutions will continue to be asked to advocate for the sexuality dimension, and they should work alongside people with disabilities in the development of more effective actions.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Rights in Albania, a Necessary Social Challenge

Besarda Taçi<sup>a</sup>, Gigliola Haveriku<sup>b</sup> and Gigliola Haveriku<sup>c</sup>

<sup>a</sup>EMDR Albania, Director of the Center for Psychotherapy and Psychotraumatology; <sup>b</sup>EMDR Albania; <sup>c</sup>EMDR Center of Psychotherapy and Psychotraumatology

**Objective:** In Albania, the social stigma regarding lesbian, gay, bisexual and transsexual (LGBT) people is very clearly perceived. Only recently has the question of Sexual Rights become a subject of public and above all media debate. Often people belonging to the LGBT community report acts of discrimination, psychological and even physical violence.

**Aim:** Analyze the level of agreement on LGBT sexual rights of Albanians, also verify the socio-demographic characteristics, associated with greater recognition.

**Materials and methods:** An anonymous online questionnaire was created to collect demographic data and information on the level of agreement/disagreement with claims relating to LGBT fundamental sexual rights. Non-parametric statistics were used for data analysis.

**Results:** The subjects who met the inclusion criteria were 149 (132 women and 17 men) aged between 18 and 55 years (mean age 36.5).

People opposed to RS "living their sexuality freely" were 38.74% for gays and lesbians, 40.23% for MtoF and 4% for FtoM. People who are against having a

child by homosexual male couples are 64.07%; by homosexual women 56.62%; MtoF pairs 65.56%; FtoM pairs 67.05%

Being a female, college graduate, under the age of 30, non-believer or non-practising and heterosexual was related to an important recognition of the right to satisfactory sexuality ( $p < .05$ ) to marry ( $p < .05$ ) and to adopt both for MtoF and FtoM ( $p < .05$ ).

On the contrary, being a man, graduated, over the age of 32, practising and heterosexual, was related to a non-recognition of the right to sexuality, to marry and adopt MtoF and FtoM.

**Conclusions:** Recognition of a sexually satisfying life, of marrying or adopting, for many people in the sample still appears to be hardly acceptable. In Albania, there is little talk of Sexual Rights and the results could guide us in the formulation of new intervention policies on SR.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Una Mirada Integral a Las Identidades Transexuales

Alma Reyna Aldana García

Amssac/Femess, Coyoacan, Mexico Transexualidades social-Antropológic

Una mirada a las transexualidades.

Una visión social a las Identidades

En México y en otros países existen identidades diversas sin ser las llamadas occidentales.

Para las diversidades era y es necesario ponerle nombres en occidente a las orientaciones sexuales, Identidades y a las expresiones de genero.

Ya existían formas de nombrarles como en México Estos cuerpos diferenciados con formas de llamarles Por ellos mismos y su grupo social y cultural sin ser una forma de exclusión sino todo lo contrario, es una cosmovisión diferente de estar integradas a sus culturas o una cosmovisión muy diferente.

Así tenemos a los Muxhés, toroas, Omegui, Tow Spirit, Quewas, Epu pillan, Machi Weyer, Fa Afafine,

Aquí no se excluye, se incluye, no se hacen crímenes de Fobias, el problema esta en querer integrarse al mundo de educación occidental y laboral, donde las exigencias económicas y de consumo y reproducción solo “permite la relación dicotómica y distante jerargica y excluyente de la heterosexualidad rígida y Estática con poder de unos sobre otros y fóbica a las diferencias rígidas.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Violence Against Women, Children, and LGBT in Tunisia: State of Play

Ahlem Mtiraoui, Ahlem Belhadj, Ines Derbel and Ons Kaabia

Société Tunisienne De Sexologie Clinique, Tunis, Tunisia

**Description:** The 2011 Tunisian revolution was called the “Freedom and dignity revolution.” Discrimination against women and LGBT, as well as violence against children, were supposed to vanish. Although advances are noted, especially the adoption of the law on the elimination of violence against

women, legislative and social reforms still need to be done.

The objective of this symposium is to show the state of play of violence against vulnerable social categories in Tunisia and to present the legislative reforms made or underway.

## Intimate Partner Violence in Post-Revolutionary Tunisia: Challenges and Perspectives

Ahlem Mtiraou

Faculty of Medicine of Sousse, University of Sousse, Tunisia

Intimate partner violence is a multi-faceted problem that threatens the physical, sexual, reproductive and mental integrity of victimized women.

Recent national surveys revealed that 47.6% of women aged between 18 and 64 years old have experienced one or more forms of violence at some point in their life, intimate partner violence counting for 47.2% of physical violence and 78.2% of sexual violence.

Tunisia, since its independence tried to establish women emancipation and gender equality with a range of comprehensive legislation on reproductive rights and women status including polygamy prohibition, right to abortion on demand, and free access to contraceptives. However, cultural and religious taboos still

to some degree limit women rights and sexual rights particularly in the marital context.

Since 2011, debates on women’s rights have been raised again with the emergence of more activism in sexual rights and gender equality fields. Intimate partner violence is no longer considered as a private experience but regarded as a public social and health issue. The Tunisian Society of Clinical sexology took an active part in this activism and shed the light on comprehensive sexuality education advocating global human and sexual rights basis to address unequal gender norms, encourage critical thinking and so prevent partner violence.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## What About Sexual Violence Against Children in Tunisia?

Ahlem Belhadj

Faculty of Medicine of Tunis

Child sexual abuse is a major health problem characterized by its serious consequences on the physical and psychological health of children. It remains under-declared and under-reported worldwide. In Tunisia, the knowledge and control of this phenomenon are far from sufficient. Very few studies were conducted by health care professionals to better understand this issue.

We conducted several studies in a clinical population of children consulting in our department.

The first study established the profile of a clinical population of 150 patients' victims of sexual abuse. The main results were: The population was composed of 61.3% of females ( $n=92$ ). The average age was 9.9 years (extremes: 2–18). The assault was unique in 62.7% and happened in a place known by the victim in 47.3%. Non-penetrating sexual abuse was the most frequent (48%). The average age at which the first sexual abuse

happened was 9 years. In the vast majority of cases, the abuser was a male. A psychiatric diagnosis was made in 58% of the cases (girls: 52.1%, boys: 60.3%). The main diagnoses were acute stress disorder (10.6%), post-trauma stress disorder (19.3%), adjustment disorder (14.6%), and major depressive disorder (8%).

The second study studied children with post-traumatic stress disorder. The third study assessed the interdisciplinary path of children victims of sexual violence.

Knowing the profile of victims of child sexual abuse and taking into consideration the social and psychiatric impact can help in adapting the means to intervene properly to take care of the victims and prevent such abuse.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Lgbt Community Rights: Focus on Tunisia After the Revolution

Inès Derbel

Tunisian Society of Clinical Sexology

Tunisia as a country belonging to the Arab-Muslim world is no exception in its political positioning towards homosexuality.

Indeed, this later is punishable for up to 3 years in prison under Article 230 of the Penal Code, which represents a tool of despotic terror against the LGBT community.

Anal examination which represents a violation of the person's physical integrity and human dignity is a "Medical" test made against the will of the person (his refusal is a presumption of guilt) without respect for privacy (done in the presence of the police) in a humiliating position with religious connotations: pectoral genuin (prayer position)

Furthermore, individual freedoms are declining, and sex remains a general taboo with many prohibitions in

the near-total absence of sex education. Ambient speech conveys particular sexual roles which increase 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 that makes them experience suffering.

In conclusion, post-revolution LGBT activism has succeeded in making this cause visible and in initiating the 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.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Evolution of Law Against Sexual Violence in Tunisia: 50 Shades Freed?

Ons Kaabia

Tunisian Society of Clinical Sexology, Faculty of Medicine of Sousse, Tunisia

Tunisia is a pioneer country in Africa regarding women's rights since the publication of the "personal status code" in 1956. After the revolution in 2011, the country has known a shift in the place and vision of women in society. Article 46 of the Constitution of 2014 stipulates that the state must take the necessary measures to eradicate violence against women.

The Tunisian law punishes most of the forms of violence to which women are victims. Currently, the Tunisian Penal Code criminalizes rape, sexual assault and sexual harassment. The law for the eradication of violence against women and children was adopted in 2017. Covering all forms of violence, physical, economic, sexual, moral and political, it envisages three components.

Firstly, prevention, in particular through education on equal sexes. Second, support for victims, by enabling them to obtain a removal order in the event of

domestic violence. And thirdly, the aspect of legal proceedings is developed, through the reform of various provisions of the penal code. Among the most important are the definition (so far absent) of incest; removing the possibility for the rapist to escape prosecution if he marries his victim; recognition of rape not only on women but also on men or the broadening of the concept of sexual harassment.

These changes in the law have been followed by an increase in the number of reports of sexual violence and especially lethal forms. The recent cases of femicide a few days after filing a complaint about sexual violence have risen a new activists' campaign pointing some flows in the law and its application.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Holistic View of Trans Identities

C. P. Isolda Atayde, Silvia Susana Jácome García and Victor Hugo Flores

Femess, Amsac, Umep, CDMX, Mexico

The objective of this symposium is to know and understand the trans discourse from an inter and multidisciplinary perspective through the complex construction of the various non-hegemonic and binary trans identities that enable the exercise of human rights linked to sexuality. The diverse identity constructs in Mexico due to the multicultural and ethnic composition open the door to a discussion about corporality and the subjective way of experiencing bodies according to the categories of sex and gender, which rest on social stereotypes that are assigned culturally. Also, in the heart of activism, the need to make visible

the needs of trans children through the support and accompaniment of families that allow the unrestricted exercise of the rights to the legal recognition of identity. Only through a dialogic and dialectical look of the various social actors, academia, civil society and institutions, will we be able to find together integral solutions to the complex human reality within the parameter of human rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

# Consensual Non/Monogamies (CNM) and Sexual Justice: New(?) Fields for Critical Action, Research and Theory

Daniel Cardoso, Christian Klesse, Patrícia Pascoal and Sari van Anders

Manchester Metropolitan University, LUSOFONA University, Manchester, United Kingdom

Sexual health and sexual rights have increasingly been in the public eye. As predicted (Foucault, 1994; Plummer, 1995), the number and scope of issues around gender, sexualities and intimacies have only grown in the past decades, becoming more intricate, and less amenable to dualistic approaches (be they man/woman, cis/trans, or straight/queer). Relationships themselves, and how different modes of relating are mis/aligned with racial, gendered, classed and sexual systemic modes of oppression and power, have, over the last two decades, taken more of the academic space (Klesse, 2016).

A special issue in *Archives of Sexual Behaviour* from this year (2021), the inclusion of CNMs on APA's guidelines (also from 2021), or the APA Committee for CNMs publicly available Literature List (with over 500 references) stand as testimony to this. Theoretical and empirical work has also evolved to take into consideration the historical situatedness of some of the categories currently in use—scholars have started using new terminology like “Gender, Sexual

and Relationship Diversity” (e.g., Barker, 2017) and the groundbreaking work on a new theory for conceptualizing lived experiences of human sexual and intimate relating, “Sexual Configurations Theory” (van Anders, 2015).

However, discrimination associated with relationship structure is still a widespread phenomenon, both from society at large and from health and mental health professionals (Cardoso et al., 2020; Grunt-Mejer & Łyś, 2019; Katz & Graham, 2020), and the relevance of discussing the normative role of monogamy qua political structure is still understated or disavowed (Cardoso et al., 2021). This symposium seeks to take an interdisciplinary approach to relationship diversity, intimacies, and sexualities and ultimately ask: what can consensual non-monogamy help us understand about sexual justice?

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Consensual Non-Monogamy and (the Limits of) Sexual Justice. Thinking Through Manifestos

Christian Klesse

This panel invites us to reflect upon what consensual non-monogamy helps us to understand regarding sexual justice. Thinking and talking about justice inevitably brings to the fore questions of injustice. Referring to power relations or power dynamics on the structural and inter-(personal) level (across a scale ranging from the abuse of power to empowerment), reflections on justice and injustice inevitably transverse the field of politics. Historically, manifestos have been a tool for political actors (including social movements) to address questions of in/justice, articulating radical critiques of power relations and a vision of a just society.

In this talk, I revisit two manifestos that are not in any direct or obvious way related to consensual non-monogamy—and that are not in any obvious or direct way related to each other, but that have preoccupied me in my wider work around intimacies, gender and sexual politics to raise the question what these manifestos may imply for a critical practice and politics of non-monogamy. Addressing some of the core tenets of the Black Feminist Statement (1977/1982) by the Combahee River Collective and of the Contrasexual Manifesto by Paul B. Preciado (2001/2018), I engage in a conversation about decolonial intersectional anti-racism and anti-capitalism, and trans\* and



queer-feminist politics, I interrogate the role of sexuality within wider conversations about social justice, showing how the politics of intimacy are always problematically placed within conjunctures of history, social structures and patterned interactions and geo-politics.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## CNM in a Clinical Sexology Setting: Some Considerations for a Practice Framed on Sexual Justice

Patrícia Pascoal

Some people involved in CNM experience stigma and discrimination in clinical settings due to clinicians prejudice and misinformation about relationship diversity. This builds upon an already well-known microaggression that people engaged in CNM experience in their daily lives in different contexts, even in close relationships with friends and family. These acts of social and sexual injustice may be linked to the poorer mental health of those involved in CNM. Furthermore, it has a detrimental effect on the quality of their relationships too.

Researchers and clinicians have developed guidelines for mental health professionals and clinical practice to promote professional awareness and good

## References

- Combahee River Collective. (orig. 1977/1982). A black feminist statement. In G. T. Hull, P. B. Scott, & B. Smith (Eds.), *All the women are white, all the blacks are men, but some of us are brave* (pp. 13–22). The Feminist Press.
- Preciado, P. B. (2018). *Countersexual Manifesto*. Transl. from the 2001 Spanish edition Kevin Gerry Dunn. Columbia University Press.

practices. Unfortunately, none of these has focused on the practice of sexual medicine or clinical sexology or professionals who act in sexual health-related fields. We will look at some of the most common misconceptions about the sexual lives of people involved in CNM. Based on existing guidelines, we propose some recommendations for a sexually just intervention in the field of sexual medicine, clinical sexology and sexual health-related clinical settings.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Relational and Gender/Sex/Ual Diversity: Visualizing Partner Number Sexuality Via Sexual Configurations Theory

Sari van Anders

In this talk, I discuss “sexual configurations theory” (SCT; van Anders, 2015) and its theoretical, methodological, and data-based approaches to gender/sex/uality and relational diversity. Built with insights from lived experiences from gender/sex/ual and relational margins, and a “sexual diversity lens,” SCT provides a way to decentre the primacy of “gender/sex sexuality” while still attending to its significance, and provides a framework for conceptualizing “partner number sexuality.” Partner number sexuality is visualized within SCT such that individuals can locate themselves tied to status (e.g., behavior) and/or orientation (e.g., attractions, interests), as well as via a temporal dimension (e.g.,

past, present, fluidity). It makes space for people with majoritarian or normative partner number sexualities to locate themselves but also, in practice, makes clear that many of these locations are heterogeneous, complex, and challenge norms themselves. It also makes space for people with minoritized partner number sexualities to locate themselves in ways that do not contribute to marginalization. Because everyone locates themselves on the same diagram, the experience of “doing” SCT ends up challenging the construction of majority/minority groups in terms of normativities while not eliding power differentials associated with privilege and oppression. SCT also makes space for

people to indicate the “strength” or centrality of their partner’s sexuality to their sense of self. And, it makes space for individuals with no sexual interests in/for others to locate themselves.

Finally, it provides for branching/coincidence in the above as well as “eroticism” and “nurturance,” and interconnections with gender/sex. Because of its use for researchers, educators, counselors, and individuals themselves, I also briefly discuss some “knowledge

translation” efforts. I close by discussing how SCT can help us envision interconnected gender/sexual and relational connections, existences, identities, and experiences along with several dimensions that, in their specificity, open space for diverse subjectivities.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexpo & Ida Symposium: Digital Intimacies and Sexual Rights

Tommi Paalanen<sup>a,b</sup>, Maria Vihlman<sup>a,b</sup> and Sanna Spišák<sup>b</sup>

<sup>a</sup>Sexpo Foundation, Helsinki, Finland; <sup>b</sup>IDA—Intimacy in Data-Driven Culture Research Project, University of Turku, Turku, Finland

The symposium discusses sexuality in the context of data and digital culture. The main questions are: What is the position of sexuality in the current digital landscape and social media? What is lost, when sexuality is

deplatformed from digital spaces? What solutions could emerge, if sexual rights would be taken seriously in digital spaces and social media?

## The Importance of Re-Platforming Sex: Why Sexual Social Media Is Needed

Maria Vihlman<sup>a,b</sup>

<sup>a</sup>Intimacy in Data-Driven Culture Research Project (IDA), University of Turku, Turku, Finland; <sup>b</sup>Sexpo Foundation, Helsinki, Finland

Digital communication, social media, platforms, and apps are in many ways crucial for erotic self-expression, sexual exploration, and creating and maintaining intimate relationships. However, in the current reign of US-based social media companies, led by the global market leader Facebook, sex and sexuality are deplatformed (Molldrem 2019) by arbitrary and unfounded content moderation policies. Conflicting with sexual rights, these policies approach nudity, sexuality, and sex unanimously through the framework of harm. This paper aims to contrast the harm framework by shedding light on the profound significance of sexual social media for its users.

Founded on an empirical investigation of local sexual social media, the paper argues for the importance of digital spaces that allow for consented nudity, sexuality, and sex. The study is based on digital ethnography on Alastonsuomi.com (“Naked Finland”) involving participant observation and conducting 31 interviews with the platform users during 2020–2021. Alastonsuomi.com

(est. 2007) is a Finnish NSFW image-based gallery and social networking platform catering to diverse user motivations and erotic tastes and having over 110,000 registered users in a country of 5.5 million inhabitants.

The study informants concertedly underline the value of the sexualized platform space for their sexual and overall well-being. In terms of the site’s significance, three separate yet interconnected themes emerge: (1) the ability to be seen as a whole, sexual being without being shamed; (2) the ability to see a variation of bodies and pleasures also outside normative standards; (3) the ability to belong and connect meaningfully with other users in ways both sexual and not. Albeit the sample size is small, these findings show that sexuality in digital spaces should not be designated as unquestionably harmful. On the contrary, these spaces are essential for sexual well-being, especially for marginalized sexualities, which should be considered in policymaking, research, and clinical work.

**Source of funding:** The Strategic Research Council, Academy of Finland, Östersjöstiftelsen

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “Keep Your Private Stuff Private!”: Mitigating Young People’s Intimate Exchanges Online

Sanna Spišák

Intimacy in Data-Driven Culture Research Project (IDA), Department of Media Studies, University of Turku, Turku, Finland

This paper explores Finnish regulatory authorities’ attempts to mitigate young people’s participation in mediated sexuality. Previous studies have argued that both attempted regulation and education about media and sexuality are often out of touch with many adolescents’ lives. The research material examined here consists of a series of six official public announcements by the Finnish Police Force between 2017 and 2020 concerning young people’s intimate exchanges online. The material also includes Europol’s #SayNO campaign resources as adapted for a Finnish audience and the National Bureau of Investigation’s short video clip on TikTok that appeared in November 2020.

By using a Foucauldian inspired critical investigative method to unpack the pedagogical messages that frame official statements and the approaches used by Finnish authorities to regulate mediated sexual exchanges, this paper focuses on the uses of shame as an ongoing pedagogical strategy. These resources stress young individuals’ responsibility to avoid unwanted public exposure and young people are directed towards their individual responsibilities via strategies to manage

online reputations, maintain a positive digital footprint and pursue a respectable online identity.

However—as will be demonstrated in this paper—these kinds of official educational responses often serve to avoid important discussion about sexual rights, including sexual self-expression, sexual self-representation, communicating consent, and ethical behaviour, which are crucial questions for our deeply mediated sexual lives. I argue that in addition to challenging the expressive elements of discursive politics endorsing shame, we should also advance alternative approaches to improve comprehensive regulatory frameworks. I explore the value of a shift away from current discourses that reinforce digital abstinence and sexual shame to considerations of consent and ethics, respectful of the sexual rights of young people.

**Source of funding:** The Strategic Research Council, Academy of Finland, Östersjöstiftelsen

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Gag on Sexuality in Social Media—A Critical Reading From the Perspective of Sexual Rights

Tommi Paalanen<sup>a</sup>, Sanna Spišák<sup>b</sup>, Elina Pirjatanniemi<sup>b</sup>, Susanna Paasonen<sup>b</sup> and Maria Vihlman<sup>b</sup>

<sup>a</sup>Sexpo Foundation, Helsinki, Intimacy in Data-Driven Culture Research Project (IDA), University of Turku, Turku, Finland; <sup>b</sup>Intimacy in Data-Driven Culture Research Project (IDA), University of Turku, Turku, Finland

Many social media platforms have wide and opaque limits concerning visual sexual content, and the limits tend to affect sexual talk and a multitude of keywords as well. The limits do not only

affect illegal or disturbing content but curb individual sexual expression, diversity of identities, sexuality education, advocacy and professional sexology as well.

Focusing on Facebook, in particular, this talk proposes an alternative perspective for handling various expressions of sexuality in social media platforms by exploring the wide-ranging ramifications of community standards and commercial content moderation policies based on them.

Given that sexuality is an integral part of human life and as such protected by fundamental human rights and sexual rights, we endorse the freedom of expression as an essential legal and ethical tool for supporting wellbeing, visibility, and non-discrimination.

We suggest that social media content policies should be guided by the interpretive lens of fundamental human rights and sexual rights. Furthermore, we propose that social media content policies inclusive of the option to express consent to access sexual content are more ethical and just than those structurally erasing nudity and sexual display.

**Source of funding:** The Strategic Research Council, Academy of Finland, Östersjöstiftelsen

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Autism Spectrum Disorder and Sexuality: We Need to Hear All the Voices—Symposium of the Portuguese Society of Clinical Sexology

Patrícia Pascoal, Ana Filipa Beato, Joana Almeida and Sara Rocha

Sociedade Portuguesa de Sexologia Clínica, Lisboa, Portugal

This symposium aims at looking at the sexuality of people with autism spectrum disorder from a sexual justice perspective. It is well known that people with neurodevelopment disorder (ND) diagnosis face stigma, different forms of discrimination and a lack of an intersectional inclusive approach to their needs. This derives mainly from disablism and ableism towards people with ND and a lack of knowledge about the different needs and challenges they face. During more than 35 years of existence, the Portuguese Society of Clinical Sexology (SPSC.pt) has emphasized the need for sexual justice, namely on what concerns the sexual health of people with ND.

With this symposium, we decided to present perspectives and experiences on Autism Spectrum Disorder

(ASD) and sexuality from three complementary angles: community clinical work, research and patient advocacy. Our preparatory work has revealed that in the field of ASD, a gendered approach is necessary to have an intersectional look and to promote sexual justice. Still, it also shows clearly that this path cannot be undertaken without a participatory approach that includes the involvement of interest groups, namely people with ASD. Because other voices are needed, and more knowledge is necessary, we hope to build bridges and create a solid discussion on this topic.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “Love in the Spectrum”: Experiences and Difficulties in Romantic Relationships in People With High Functioning Autism

Ana Filipa Beato<sup>a,b</sup>

<sup>a</sup>Sociedade Portuguesa de Sexologia Clínica (Portuguese Society of Clinical Sexology), HEI-Lab, Lusófona University, Lisbon, Portugal;

<sup>b</sup>Clinical Center of Development PIN-Em Todas as Fases da Vida, Paço de Arcos, Portugal

People with high functioning autism spectrum disorders (HFASDs) are frequently interested in establishing romantic attachments and in intimacy and

companionship, which is in line with what happens in the neurotypical population. Affective reciprocity and theory of mind are usually considered crucial features

to both establish and maintain romantic relationships with others. However, these abilities might be compromised in HFASDs, characterized by impairments in social functioning and language, or restricted interests and repetitive behaviors.

Consequently, starting, maintaining, and/or ending romantic relationships represent a huge cause of stress, anxiety and frustration for many people with these conditions. Among others factors, people with HFASDs usually present sensory difficulties that might affect their tolerance to physical affection (like kissing, hugging or touching); have difficulties interpreting social signs and other's intentions, causing frequent misunderstandings and conflicts; struggle to identify desire and sexual preferences in others and in themselves; fail to be

reciprocated in verbal and/or non-verbal communication; present inflexibility and rigidity which might require elasticity and constant adjustments from the others. These difficulties might have a relevant impact on people with HFASDs and their partners, but they are not necessarily synonymous with breakdowns or having a solitary life. Understanding these problems, but also the potentialities and strengths of people with HFASDs through scientific research and, complementary, adjusting prevention and intervention to promote more satisfying romantic relationships in this population, is an urgent demand.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Counselling and Sexuality Education With Autism Spectrum Disorder Youth—A Portuguese Experience

M. Joana Almeida<sup>a,b</sup> and Patricia M. Pascoal<sup>a,b</sup>

<sup>a</sup>Sociedade Portuguesa de Sexologia Clínica (Portuguese Society of Clinical Sexology); <sup>b</sup>Centro de Desenvolvimento Diferenças

The sexual and reproductive rights of young people with neurodiversity have not yet been achieved and are not yet well implemented in Portugal. People with neurodevelopmental disabilities, including autism spectrum disorder (ASD), face multiple and specific barriers throughout their development, hampering the experience of living a dignified, equal and respectful sexuality. Such barriers include poor access to information on sexuality issues, such as sexual physiology and functions, intimate and friendly relationships, skills development, sexual and gender diversity and risk behaviours. They also face negative attitudes from their caretakers, families and other professionals.

To respond to such sexuality needs, in 2009 the Centre for Child Development Diferenças founded the sexuality support service for people and families affected by neurodiversity. The service is managed by two professionals from Sexology studies who work in collaboration with paediatricians, rehabilitation

professionals, educational psychologists and child psychiatrists.

The service provides counselling and training for families and youth and training for teachers, professionals in sexuality and neurodiversity.

We will address specific issues raised by ASD youth and adults that use our counselling and sexuality education services and we will reflect on lessons learnt. Clinical reflections from the floor on counselling and sexuality education needs for youth and adults with ASD will be shared: the need for social and relationship skills development that includes friendships, sexual relationships and intimacy; sexual consent and privacy; gender and sexual diversity; and the promotion of positive attitudes regarding sexuality and AASD.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Negative Experience in Autistic Women's Sexuality—An Exploratory Study

Sara Rocha<sup>a,b</sup>

<sup>a</sup>Sociedade Portuguesa de Sexologia Clínica (Portuguese Society of Clinical Sexology); <sup>b</sup>Associação Portuguesa Voz do Autista (Portuguese Association for the Voice of People with a diagnosis of Autism)

Disabled women have a higher risk of abuse and negative sexual experiences, but for autistic women, there are few studies that explore those experiences. This study objective was to explore why autistic people, especially women, have a higher degree of abuse or negative sexual experiences throughout their lives, and to understand those experiences better. We developed a questionnaire that was answered by 155 autistic people, 89% describing themselves as women, 9% non-binary, and 1% Trans, from several different countries.

The autistic people reported a need for more information related outside of the mechanics of sex, as consent and relationships. Only 3% never had a negative sexual experience, with 32.5% having several, with 52.2% having negative sexual experiences before 17.

They reported the highest reasons for being the experiences to be classified as negative to be because they: felt like they couldn't say no, unwanted sex, being pressured and felt discomfort without knowing it was discomfort. In relation to relationships, 81% of respondents reported having been in an abusive relationship, with 2% still in one. The difficulty with social cues and communication, exposes autistic women to additional exposure to sexual abuse and abusive relationships, as well as domestic violence. We need future research to confirm and further sexual education directed to autistic people and their needs.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Avances En la Red de Centros Centinelas Que Asisten A Mujeres en Situación de Aborto en América Latina y El Caribe

Rodolfo Gomez Ponce De Leon, Sonja Caffè, Gonzalo Rubio Schweizer and Luiz Francisco Cintra Baccaro

CLAP SMR PAHO/WHO

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 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) usado en la región desde 1983 y ha desarrollado versiones más

automatizadas usando diferentes plataformas de ingreso y análisis de datos. El uso de sistemas de recolección de información sistemática como el que hace la RED CLAP MUSA (Mujeres en Situación de Aborto) 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-Aborto 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. En este simposio se mostrarán los avances en el funcionamiento de la Red con algunos ejemplos de producción científica que informa a las políticas públicas en la región.

## Principios Rectores Que Guiaron la Creación de la Red Clap Musa

Rodolfo Gomez Ponce De Leon

Asesor Regional de Salud Sexual y Reproductiva CLAP SMR OPS OMS

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).

**Declaración de conflicto de interés y divulgación:** Ninguno

## Aborto en Menores de 15 Años en América Latina

Sonja Caffè

El objetivo principal del estudio es describir la problemática sanitaria que enfrentan las adolescentes menores de 15 años en situación de aborto en LAC, en base a la experiencia de una red de centros centinela (Red CLAP MUSA) de atención a mujeres en situación de aborto en la región, en el periodo de 2016 a 2020. Se pretende abordar este objetivo desde cuatro aspectos diferentes. Primero, describir la población de adolescentes y mujeres jóvenes (como grupo de referencia) asistida en esta red de centros centinela, inclusive analizar el índice del uso de anticoncepción previo al embarazo. Segundo, evaluar los riesgos sanitarios que tienen las adolescentes tempranas en situación de

aborto, comparando las tasas de los resultados adversos en esta población con las adolescentes tardías y mujeres jóvenes, tomando en cuenta los distintos ámbitos legales que existen en la región. Tercero, identificar los factores que se vinculan a los resultados adversos en adolescentes que pasan por un aborto y, finalmente, comparar la calidad de atención que reciben las adolescentes tempranas según los estándares de atención propuestos por la OMS, con un enfoque especial en la anticoncepción postaborto.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Los Efectos de Pertener a la Red de Centros Centinelas Que Cuidan A Mujeres en Situación de Aborto

Luis Baccaro

Con el fin de evaluar el uso de anticonceptivos poco después del aborto, el embarazo ectópico o molar después del establecimiento de una red de vigilancia (MUSA) se diseñó un estudio transversal de mujeres ingresadas por aborto, embarazo ectópico o molar en el Hospital de mujeres UNICAMP (parte de la Red MUSA), Campinas, Brasil, entre julio de 2017 y agosto de 2019. Los datos clínicos y sociodemográficos fueron comparados entre las mujeres que iniciaron la anticoncepción antes del alta y las que no lo hicieron mediante una prueba de Cochran-Armitage y regresión logística múltiple.

Se analizaron los registros clínicos de 382 mujeres (media  $\pm$  edad de 29,6  $\pm$  7,4 años). La mayoría de las mujeres (287, 75,2%) tuvieron abortos, y 146 (38,2%) anticoncepción iniciada antes de la descarga del hospital. Los anticonceptivos más comunes fueron los

inyectables (75, 51,4%) seguido de las píldoras (65, 44,5%). El uso de la anticoncepción aumentó durante el período del estudio ( $Z = 3,69$ ,  $P < 0,01$ ), sobre todo debido a los inyectables ( $Z = 3,84$ ,  $P < 0,01$ ). Los factores asociados independientemente con el inicio de anticonceptivos fueron el ingreso en 2019 (odds ratio [OR], 2,65; intervalo de confianza [IC] del 95%, 1,36–5,17) y no tener un aborto por razones legales (OR, 3,54, IC del 95%, 1,30–9,62).

La puesta en marcha de una red de vigilancia optimizó el servicio sanitario y la calidad de la asistencia, se produjo un aumento del uso de anticonceptivos y se identificó una población vulnerable.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Evisip Una Experiencia Innovadora

Gonzalo Rubio

La mortalidad materna es inaceptablemente alta en nuestra región. En 2015, el Centro Latinoamericano de Perinatología y Salud Reproductiva de la Mujer (CLAP) creó una red regional de instituciones que incluye a 16 países, comprometidas con la mejora de la vigilancia epidemiológica y la atención médica de las mujeres en situación de aborto o evento de cuasi miss, utilizando una plataforma común, el Sistema de Información Perinatal (SIP).

El objetivo del actual proyecto piloto fue probar un nuevo método de estudio llamado EviSIP (Evidencia en SIP), un método de generación de información sobre near miss materna y el aborto en la región. Describimos la puesta en práctica de esta iniciativa en instalaciones de la salud reproductiva usando el SORBO. Se incluyeron investigadores y clínicos jóvenes de esos países, junto con investigadores expertos en salud reproductiva de todo el mundo. Los artículos fueron producidos con datos sobre morbilidad materna y el aborto recogidos del SIP de cada

centro centinela participante; y recomendaciones de expertos.

EviSIP fue el primer espacio de trabajo conjunto para discutir los resultados después del tratamiento del aborto o los casos de near miss, con el análisis de datos de cada Centro Centinela; discutir y analizar datos entre centros, a nivel nacional y regional; discutir los principales resultados y su impacto en la modificación de los procedimientos y políticas; fortalecer la capacidad de investigación operativa de los centros; desarrollar y fomentar la publicación de artículos científicos. La iniciativa EviSIP también promovió la formación de profesionales de salud en investigación. EviSIP brindó una oportunidad única para capacitarse para investigación y la tutoría, fue fundamental para la producción de conocimientos científicos sobre salud reproductiva en la región.

**Declaración de conflicto de interés y divulgación:** Ninguno



## El Orgasmo Como Indicador de Salud Sexual

María del Mar Sánchez-Fuentes, Ana I. Arcos-Romero, Oscar Cervilla and Juan Carlos Sierra

Laboratorio de Sexualidad Humana, Universidad de Granada, España, Granada, Spain

El orgasmo constituye uno de los componentes de la respuesta sexual, que se caracteriza por una sensación de intenso placer acompañada de cambios fisiológicos. Tradicionalmente, se ha asociado a la salud sexual y, más concretamente, a la satisfacción sexual. En este simposio se abordará el orgasmo como un indicador de salud sexual. Los cuatro trabajos que se presentan, fruto todos ellos de la investigación en este campo, incidirán en la relevancia del orgasmo como manifestación de una sexualidad saludable.

En la primera presentación se examinará el orgasmo dentro del Modelo de Intercambio Interpersonal de Satisfacción Sexual, considerándolo como un beneficio y/o coste en el contexto de las relaciones sexuales, en

personas heterosexuales y gais. La segunda exposición presentará un ranking de descriptores de la experiencia orgásmica subjetiva, en hombres y mujeres, en el ámbito de las relaciones heterosexuales, con el fin de conocer cómo lo describen. En la tercera presentación se abordará la experiencia subjetiva del orgasmo en el contexto de la masturbación en solitario, examinando su relevancia en el ámbito de la salud sexual.

Finalmente, en la cuarta presentación, se discutirá la relevancia que tienen diferentes indicadores relacionados con la masturbación en la explicación de la facilidad para alcanzar el orgasmo, en las relaciones sexuales con personas del mismo o distinto sexo.

## El Orgasmo Desde El Modelo de Intercambio Interpersonal de Satisfacción Sexual

María del Mar Sánchez-Fuentes<sup>a,b,c</sup>, Cristóbal Calvillo<sup>a,b,c</sup> and Reina Granados<sup>a,b,c</sup>

<sup>a</sup>Facultad de Ciencias Sociales y Humanas, Universidad de Zaragoza, Teruel, España; <sup>b</sup>Centro de Investigación, Mente, Cerebro y Comportamiento, Granada, España; <sup>c</sup>Facultad de Ciencias de la Salud, Universidad de Granada, Granada, España

**Introducción y objetivos:** De acuerdo con el Modelo de Intercambio Interpersonal de Satisfacción Sexual, cuando los intercambios positivos (beneficios) superan a los negativos (costes), la satisfacción sexual es mayor. Los intercambios son situaciones, pensamientos y/o comportamientos que se producen en el contexto de las relaciones sexuales, como por ejemplo el orgasmo. El objetivo principal fue examinar si existen diferencias estadísticamente significativas en la frecuencia y facilidad para alcanzar el orgasmo, tanto propio como de la pareja, entre hombres y mujeres heterosexuales y gais.

**Método y muestra:** La muestra estuvo formada por 1.998 adultos españoles con pareja (538 hombres heterosexuales, 550 mujeres heterosexuales, 505 hombres gais y 405 lesbianas) y edades comprendidas entre 18 y 74 años. Los participantes completaron un cuestionario sociodemográfico, la escala de Kinsey y la versión española del Rewards/Costs Checklist, incluido en el Interpersonal Exchange Model of Sexual Satisfaction Questionnaire.

**Resultados:** En general, tanto en heterosexuales como en gais, la frecuencia y facilidad para alcanzar el orgasmo fueron consideradas como beneficio, aunque hubo diferencias estadísticamente significativas por sexo. Los hombres consideraron como beneficio la frecuencia y la facilidad para alcanzar el orgasmo en mayor medida que las mujeres. En cambio, las mujeres consideraron como beneficio la frecuencia con la que su pareja alcanza el orgasmo en mayor medida que los hombres y, en el caso de las heterosexuales, también la facilidad de su pareja para alcanzar el orgasmo.

**Conclusiones y recomendaciones:** La frecuencia y facilidad para alcanzar el orgasmo, tanto el propio como el de la pareja, es considerado como un beneficio, aunque las mujeres parecen tener más dificultades, tanto con la frecuencia como la facilidad para alcanzarlo.

**Declaración de conflicto de interés y divulgación:** Ninguno

## ¿Cómo Describen Hombres y Mujeres Sus Orgasmos en Las Relaciones Sexuales?

Ana I. Arcos-Romero<sup>a</sup> and Juan Carlos Sierra<sup>b</sup>

<sup>a</sup>Universidad Loyola, Sevilla, España; <sup>b</sup>Laboratorio de Sexualidad Humana, Centro de Investigación Mente, Cerebro y Comportamiento, Granada, España

**Introducción y objetivos:** La experiencia orgásmica subjetiva hace referencia a la percepción de la intensidad del orgasmo desde un punto de vista psicológico. El objetivo fue examinar y comparar cómo describen subjetivamente hombres y mujeres heterosexuales sus orgasmos en las relaciones sexuales en pareja.

**Método y muestra:** La muestra estuvo compuesta por 1.619 adultos heterosexuales de la población española (793 hombres y 826 mujeres). Los instrumentos utilizados fueron un cuestionario sociodemográfico y la Orgasm Rating Scale (ORS). La ORS está compuesta por 25 ítems adjetivos distribuidos en cuatro dimensiones (Afectiva, Sensorial, Intimidad y Recompensa). Se examinó si había diferencias por sexo en la experiencia subjetiva del orgasmo global y en las dimensiones de la ORS. Se calculó la puntuación media de los ítems y el porcentaje de hombres y mujeres que emplean cada adjetivo para describir sus orgasmos, examinando las diferencias entre ellos. Además, se creó un ranking de los adjetivos que mejor describían la experiencia orgásmica en cada sexo.

**Resultados:** Se encontraron diferencias significativas por sexo en las puntuaciones medias de la experiencia

orgásmica global, mostrando las mujeres mayores puntuaciones. En tres dimensiones de la ORS también se encontraron diferencias significativas, los hombres mostraron mayores puntuaciones en recompensa y las mujeres en afectiva y sensorial. No se encontraron diferencias en intimidad. Además, se mostraron diferencias por sexo en 14 ítems, tanto en porcentajes como en puntuaciones medias, mostrando las mujeres mayores puntuaciones. Los cinco primeros adjetivos del ranking fueron los mismos en ambos sexos.

**Conclusión y recomendaciones:** La percepción de la intensidad del orgasmo en las relaciones sexuales en pareja difiere entre hombres y mujeres heterosexuales. Las mujeres describen más intensamente las características psicológicas del orgasmo. Sin embargo, los cinco primeros adjetivos del ranking que mejor describen la experiencia del orgasmo son similares en hombres y en mujeres.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Experiencia Subjetiva Del Orgasmo En la Masturbación

Óscar Cervilla<sup>a</sup>, Pablo Vallejo-Medina<sup>b</sup>, Carmen Gómez-Berrocal<sup>c</sup> and Juan Carlos Sierra<sup>a</sup>

<sup>a</sup>Laboratorio de Sexualidad Humana, Centro de Investigación, Mente Cerebro y Comportamiento, Granada, España; <sup>b</sup>Fundación Universitaria Konrad Lorenz, Bogotá, Colombia; <sup>c</sup>Universidad de Granada, Granada, España

**Introducción y objetivos:** La experiencia subjetiva del orgasmo ha sido evaluada en el contexto de las relaciones sexuales con la Orgasm Rating Scale (ORS), a través de cuatro dimensiones: Afectiva, Sensorial, Intimidad y Recompensa. Apenas hay información disponible de dicha experiencia en el contexto de la masturbación en solitario. Por ello, el objetivo del estudio fue validar la ORS para el contexto de la masturbación en solitario.

**Método y muestra:** La muestra estuvo compuesta por 1.171 hombres y 1.424 mujeres de 18 a 83 años (M=40,51; DT =12,07), todos ellos heterosexuales. Los participantes completaron la ORS para el contexto de la masturbación en solitario, junto con instrumentos validados en población española para evaluar actitudes sexuales, deseo sexual en solitario, propensión a la excitación/inhibición sexual y funcionamiento sexual.

**Resultados:** Los resultados confirman una estructura de cuatro dimensiones, al igual que su versión homóloga para el contexto de las relaciones sexuales, con medidas estrictamente invariantes por sexo y con adecuada consistencia interna. Sus puntuaciones se relacionaron en sentido negativo con la actitud negativa hacia la masturbación y en sentido positivo con la erotofilia, la actitud positiva hacia las fantasías sexuales y la propensión a excitarse sexualmente. No se observaron relaciones significativas con el rasgo inhibitorio por miedo a la ejecución o a las consecuencias de la conducta sexual, probablemente menos asociado a la masturbación en solitario. Por último, sus medidas diferenciaron a personas con y sin dificultades en el orgasmo.

**Conclusión y recomendaciones:** En conclusión, la experiencia subjetiva del orgasmo en el contexto de la masturbación en solitario es multidimensional y puede ser evaluada con adecuadas garantías psicométricas con la ORS. Sus medidas se relacionan con variables importantes para la salud sexual, lo que debe ser tenido en cuenta en el ámbito clínico e investigador.

**Fuente de financiación:** Ministerio de Ciencia, Innovación y Universidades a través del Proyecto de Investigación RTI2018-093317-BI00 y la Beca FPU18/03102.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Relación Entre Masturbación y Facilidad Para Alcanzar El Orgasmo en Adultos Hetero/No Heterosexuales

Juan Carlos Sierra, Óscar Cervilla and Laura E. Muñoz-García

Laboratorio de Sexualidad Humana, Centro de Investigación, Mente Cerebro y Comportamiento, Granada, España

**Introducción y objetivos:** La masturbación es una conducta sexual practicada a todas las edades. Hoy se relaciona con diferentes indicadores de salud sexual. El objetivo es relacionar factores propios de la masturbación (edad de inicio, frecuencia actual, actitud negativa, deseo sexual solitario y experiencia subjetiva orgásmica en contexto de la masturbación en solitario) con la facilidad con la que hombres y mujeres –heterosexuales y no heterosexuales- alcanzan el orgasmo en sus relaciones sexuales.

**Método y muestra:** La muestra estuvo compuesta por 1.461 adultos españoles (rango de edad: 18-83 años;  $M = 37,26$ ;  $DT = 12,06$ ), con experiencia en masturbación en solitario, que mantenían relaciones sexuales en la actualidad. Fueron distribuidos en cuatro grupos: hombres ( $n = 436$ ) y mujeres heterosexuales ( $n = 441$ ), y hombres ( $n = 370$ ) y mujeres no heterosexuales ( $n = 214$ ). Todos ellos contestaron un cuestionario sociodemográfico, la Escala de Kinsey e instrumentos validados en población española para evaluar actitud hacia la masturbación, deseo sexual en solitario y experiencia subjetiva del orgasmo en el contexto de la masturbación.

**Resultados:** En los cuatro grupos se obtuvieron modelos de regresión significativos que explicaron entre 5-10% de la varianza de la facilidad para alcanzar el orgasmo, siendo el porcentaje más elevado en las mujeres que en los hombres. Las variables asociadas con la facilidad orgásmica difirieron en función del sexo y la orientación sexual. En los heterosexuales tiene importancia la actitud hacia la masturbación y el deseo sexual solitario, mientras que en no heterosexuales juega un papel significativo la dimensión afectiva de la experiencia subjetiva del orgasmo.

**Conclusión y recomendaciones:** Indicadores de la masturbación en solitario tienen capacidad para explicar la facilidad orgásmica en las relaciones sexuales, teniendo pesos diferentes según sexo y orientación sexual. Es importante su consideración en el contexto de la terapia sexual de cara a mejorar la capacidad orgásmica.

**Declaración de conflicto de interés y divulgación:** Ninguno

## The Impact of Sex Coaching: Cross-Cultural Implications for Clinical Practices and Social Change Toward the Advancement of Sexual Wellness

Patti Britton, Nwachi Tafari, Karabo Thokwane, Celina Criss, Norelyn Parker and Genevieve Bergman

Sex Coach U, Westlake Village, USA

A cross-cultural group of Certified Sex Coaches™ will present a varied symposium as sexological scholars and practitioners who represent a matrix of implications from the use of sex coaching as a methodology and clinical/educational approach. Topics will include:

- an in-depth presentation by the creator and a sexology scholar on the evidence-based, holistic MEBES system, the premier model for assessment and crafting action plans for clients in sex coaching;
- a discussion by a medical doctor from Botswana about her role in changing public health narratives around positive sexuality, gender and social/sexual justice;
- a lively talk by an experienced practitioner on the use of BDSM for clients, showing the scope of safe play, consent, and additional

components that clients can use to enhance their sexual and erotic expression;

- a presentation by an expert on her findings/research about the use of cannabis as a sexual enhancement and treatment option for sexual pain; and
- an explanation by a trans advocate about a new exclusive media platform to inform and empower trans persons for better sexual wellness.

This symposium will result in increased awareness of essential themes, values and potential outcomes embedded in the sex coaching approach for clients' sexual wellness care.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Efectos Del Confinamiento Por la Covid-19 En la Vida Sexual de Mujeres y Hombres Mexicanos

Nélida Padilla Gamez, Gabriela Torres and Fabiola Trejo

Placer y Sexualidad Positiva, Ciudad De México, Mexico

El confinamiento por la COVID-19 ha traído consigo diversos efectos en la salud como: ansiedad, depresión, estrés, aburrimiento, miedo, angustia, culpa, etc. modificación de ciclos vitales de sueño, comida, descanso, higiene y vida sexual. Un punto importante a destacar son las relaciones interpersonales, que se han visto afectadas también por el confinamiento. Parejas han tenido que compartir espacios reducidos 24/7 lo que inevitablemente ha tenido repercusiones. Por tanto, el objetivo del presente simposio es presentar dos estudios cualitativos y uno cuantitativo realizados en dos diferentes momentos para conocer la experiencia de mujeres y hombres mexicanos durante el confinamiento, y sus efectos en su vida sexual y de pareja.

Los dos trabajos cualitativos, presentan las experiencias de las mujeres, en el primero y las experiencias de

los hombres en el segundo, analizadas con base en la aplicación de grupos focales a través de videollamada. Se realizaron análisis fenomenológicos de la experiencia sobre el confinamiento. De la información obtenida se derivaron nueve categorías en torno a la vida sexual y de pareja: emociones, conflicto en pareja, fortalezas en pareja, cambios en el deseo sexual, cambios en las prácticas sexuales, masturbación, relaciones extradiádicas, creencias sobre la sexualidad, reflexiones hacia el futuro.

Los resultados muestran que el confinamiento ha tenido repercusiones importantes en la salud emocional y relacional de las parejas que cohabitan. Además, este confinamiento ha amplificado problemáticas preexistentes en las relaciones como infidelidades,

y violencias. El tercer estudio presenta un análisis cuantitativo comparativo por medio de la prueba *t* de student sobre el deseo sexual que en sus resultados muestra diferencias estadísticamente significativas en los diferentes estilos de deseo sexual lo cual refleja que existe un desgaste producto de tiempos de estrés y

miedo por lo que es necesario educar a las personas para desarrollar su deseo sexual reactivo.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Society for Sex Therapy and Research (Sstar) Symposium: Challenges to Couples' Sexual Wellbeing

Sophie Bergeron<sup>a</sup>, Natalie O. Rosen<sup>b</sup> and Kristen Mark<sup>c</sup>

<sup>a</sup>Université De Montréal, Montréal, Canada; <sup>b</sup>Dalhousie University, Canada; <sup>c</sup>University of Minnesota, USA

Sexual wellbeing is a major component of overall quality of life and relationship adjustment. Yet over 50% of individuals report not being fully satisfied with the sexual aspects of their union, and sexual satisfaction typically declines over the course of a relationship. Research on risk and protective factors underlying couples' sexual well-being is limited in scope as studies to date have mainly examined individuals using cross-sectional designs—neglecting key interpersonal predictors over time as well as contextual factors. The present symposium will provide novel insights stemming from dyadic longitudinal and qualitative studies on proximal and distal challenges to couples' sexual wellbeing.

The first talk, by Dr. Sophie Bergeron and co-author Dr. Marie-Pier Vaillancourt-Morel, will focus

on the role of child maltreatment in couples' sexual wellbeing at the daily level and over time, in both community and clinical samples.

The second talk, by Dr. Natalie O. Rosen and co-author Dr. Samantha Dawson, will examine longitudinal trajectories of sexual wellbeing in couples transitioning to parenthood.

The third talk, by Dr. Kristen Mark and co-authors Dr. Laura Vowels and Matt Vowels, will summarize predictors of sexual desire identified via machine learning and discuss strategies for mitigating couples' sexual desire discrepancy. Each presentation will end by formulating clinical implications to improving couples' sexual wellbeing.

## Child Maltreatment and Couples' Sexual Health: How Much Have We Overlooked?

Sophie Bergeron<sup>a</sup> and Marie-Pier Vaillancourt-Morel<sup>b</sup>

<sup>a</sup>Department of Psychology, Université de Montréal, Montréal, Canada; <sup>b</sup>Department of Psychology, Université du Québec à Trois-Rivières, Trois-Rivières, Canada

Child maltreatment (CM), i.e., sexual, physical, and emotional abuse, as well as physical and emotional neglect, affects 30% of the general population and around 50–60% of those seeking sex and couple therapy. Although there is a growing body of cross-sectional work focusing on CM-sexuality associations, most studies to date have overlooked the broader relationship context in which sexual activities typically occur. This presentation will draw on data collected in

three studies. Study 1 ( $N = 269$  couples) examined the contribution of CM to trajectories of community couples' sexual well-being over one year.

Dyadic latent growth curve models showed that most types of women's greater CM were related to a sharper decrease over time in their sexual satisfaction, and their greater sexual abuse was associated with a steeper increase in their sexual distress. Study 2 ( $N = 216$  couples) focused on the role of CM in couples' daily sexual

distress and sexual desire over 35 days. Results of dyadic multi-level modeling showed that one's greater CM was associated with one's daily higher levels of sexual distress, but not the partners. CM was not associated with daily sexual desire. In the context of a randomized clinical trial for genito-pelvic pain, Study 3 ( $N=97$  couples) examined CM as a predictor/moderator of women's sexual satisfaction and function while comparing two treatments: Topical lidocaine and a novel cognitive behavioral couple therapy (CBCT) focused on women's pain and both partners' sexuality.

Results indicated that women's greater CM predicted poorer outcomes on sexual satisfaction and sexual function at both post-treatment and 6-month follow-up in the CBCT relative to the lidocaine. Overall, findings support the role of CM in couples' sexual health and underscore the need for developing targeted, trauma-informed sex and couple therapy interventions.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## From Partners to Parents: Couples' Sexual Well-Being During the Transition to Parenthood

Natalie O. Rosen<sup>a</sup> and Samantha J. Dawson<sup>b</sup>

<sup>a</sup>Departments of Psychology and Neuroscience, Obstetrics and Gynaecology, Dalhousie University, Halifax, Canada; <sup>b</sup>Department of Psychology, University of British Columbia, Vancouver, Canada

The transition to parenthood—pregnancy through the year following the birth of a child—is an especially vulnerable period for sexual well-being given the myriad of biological, psychological, and relational changes that emerge. While most expectant parents have positive expectations for their ability to navigate the transition, including that their sex lives will return to normal after the baby is born, the unfortunate reality is that over 90% of new parents report many novel sexual concerns (e.g., lack of time or energy for sex, desire discrepancies between partners, poorer body image).

This presentation will draw on data collected in two longitudinal studies ( $N=203$ ,  $N=99$  couples) and a daily diary study ( $N=115$  couples) of first-time parent couples. I will first present findings that established unique classes of trajectories of four aspects of couples' sexual wellbeing from mid-pregnancy through to 12 months postpartum: sexual satisfaction, sexual distress,

sexual frequency, and sexual desire. I will then describe our results examining intra- and interpersonal risk (e.g., depression, unmet expectations) and protective (e.g., dyadic coping) factors associated with new parents' sexual wellbeing during this period.

Finally, I will briefly introduce a knowledge sharing campaign called #postbabyhankypanky, whose goal is to ensure these research findings reach the couples and health care providers that they are intended to help. Taken together, the results of this program of research provide more nuanced information about new parents' sexual health and wellbeing during the transition to parenthood, which may facilitate early assessment and intervention.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Identifying Predictors of Sexual Desire and Mitigating Sexual Desire Discrepancy in Romantic Relationships

Kristen Mark, Laura Vowels and Matt Vowels

**Background:** Complaints of low sexual desire and the resultant sexual desire discrepancy, especially in the context of long-term relationships, are among the main reasons couples seek therapy. Prior research has examined the complexity of sexual desire and the role of sexual desire discrepancy in long-term relationships, but little research has specifically examined the most important predictors of sexual desire and the strategies used to mitigate sexual desire discrepancy when it arises.

**Purpose:** The purpose of the present mixed-methods study was to identify the most important factors for predicting sexual desire and the strategies that individuals in long-term relationships use during times of sexual desire discrepancy.

**Methods:** This presentation utilizes data from two separate studies. The first study drew from a sample of 1,846 individuals (754 of which formed 377 intact couples). The second study collected mixed-method data from 229 participants.

**Results:** Explainable machine learning analysis revealed several variables that consistently predicted dyadic sexual desire such as sexual satisfaction and romantic love, and solitary desire such as masturbation

and attitudes toward sexuality. These predictors were similar for both men and women and gender was not an important predictor of sexual desire. The thematic content analysis produced 17 strategies, divided into five main groups (disengagement, communication, engagement in activity alone, engagement in other activity with a partner, and have sex anyway). Partnered strategies were associated with higher levels of sexual and relationship satisfaction compared to individual strategies.

**Conclusions and implications:** These results have implications for clinicians, educators, and researchers and highlight the importance of addressing overall relationship satisfaction when sexual desire difficulties are presented in couples therapy. It also highlights the importance of using effective strategies to deal with desire discrepancy and communicating about them in relationships. The use of effective strategies can have implications for overall couple well-being.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Fiss Symposium: Sexuality in As Ever Changing World

Domenico Trotta<sup>a</sup>, Paolo Valerio<sup>b</sup>, Gaia Polloni<sup>c</sup> and Stefano Eleuteri<sup>d</sup>

<sup>a</sup>ISA ACTS Institute of Sexology and Sexual Dynamics, Scuola Italiana di Sessuologia, Salerno, Italy; <sup>b</sup>SIAPS Center, University of Naples Federico II, Naples, Italy; <sup>c</sup>AISPA (Associazione Italiana Psicologia Sessuologia Applicata), Milan, Italy; <sup>d</sup>Sapienza University of Rome, Rome, Italy

The Symposium organized by FISS (Federazione Italiana Sessuologia Scientifica) is about sexuality and its changes in our contemporary world. We have four presentations dealing with the role of gender, sexual orientation, and permissiveness in online sexual

activities, the impact of virtual sex and sex robots in the digital domain and the consequences of this passage from a sexuality perspective aimed at the reproduction of the species to a neosexuality based only on desire and virtuality.

## The Role of Gender, Sexual Orientation, and Permissiveness in Online Sexual Activities

Paolo Valerio<sup>a</sup>, Roberto Vitelli<sup>b</sup>, Nelson Mauro Maldonato<sup>b</sup> and Cristiano Scandurra<sup>b</sup>

<sup>a</sup>SIAPS Center, University of Naples Federico II, Napoli, Italy; <sup>b</sup>Department of Neurosciences and Reproductive and Odontostomatological Sciences, University of Naples Federico II, Napoli, Italy

**Introduction and objectives:** Online sexual activities (OSAs) are sexual behaviors involving online sexual content and stimuli and are categorized into non-arousal (N-OSAs), solitary-arousal (S-OSAs) and partnered-arousal activities (P-OSAs). This study aimed to explore OSAs in a sample of Italian older adults, analyzing their associations with gender and sexual orientation and considering sexual permissiveness as a moderator.

**Methods and sample:** 114 cisgender participants (85 men and 29 women) aged from 52 to 79 years old participated in an online cross-sectional survey. Among them, 54 (47.4%) self-identified as heterosexual and 46 (52.6%) as LGB. Three hierarchical linear regression analyses, based on the three dependent variables (i.e., N-OSA, S-OSA, and P-OSA), were performed. The socio-demographic characteristics were included in step 1 as covariates, gender and sexual orientation in step 2, and sexual permissiveness in step 3. Interaction terms between sexual permissiveness and both gender and sexual orientation were also assessed.

**Findings and discussion:** 58.1% of participants had engaged in S-OSAs at least 2-3 times during the

previous month, while a lower percentage of participants had engaged in N-OSAs (38.6%) and P-OSAs (29.9%) at least 2-3 times during the previous month. Men were more likely to be engaged in S-OSAs than women. LGB participants were more likely to engage in N-OSAs and S-OSAs, but not in P-OSAs, than heterosexual counterparts. Sexual permissiveness was significantly associated with N-OSAs and S-OSAs, but not with P-OSAs, but did not act as a moderator. These findings highlighted that OSAs represent a relatively common experience among Italian older adults, offering them a means to explore and enrich their sexual life.

**Recommendations:** This study sheds light on the need to include online resources in sexual health education programs addressed at older people, as well as in training programs addressed at healthcare professionals and social workers working with this population.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Virtual Sex: The Impact of the Digital Age on Sexuality

Gaia Polloni

AISPA (Associazione Italiana Psicologia Sessuologia Applicata), Milan, Italy

Digisexuality is the term, originally coined by therapists and researchers McArthur and Twist, that describes “the use of advanced technologies in sex and relationships.”

The authors differentiate between first and second wave digisexualities. First-wave sexual technologies include dating apps and sites, social media platforms, traditional digital pornography, live camera sex chats and “teledildonics”—sex toys and technologies used to “feel” a partner virtually—whereas second wave digisexuality includes more intensive and immersive technologies, such as virtual reality sex and sex robots. “Digisexuals” refers to people whose preferred form of sexual experiences and relating is via immersive

technologies, and which usually does not need to involve a human partner.

Both digisexuality waves are continuously growing and evolving, and, since the Covid-19 pandemic, even people that were previously reluctant or foreign to digisexuality have explored different ways to interact with each other and experience sexuality. This resulted in a further increase in the use of pornography, dating apps, sexting, camera sex sites, virtual sex parties and also a boom in the sales of teledildonics.

This speech will explore some of the recent developments in digisexuality, virtual sex sites and technologies will reflect on some common online dating



patterns and will also consider the possible social implications, risks and opportunities related to the current digital sex universe.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sex Robots: The Ultimate Boundaries of Sexuality

Stefano Eleuteri

Sapienza University of Rome, Member of the Advisory Board World Association for Sexual Health

**Introduction and objectives:** Sex robots' arrival on the market raises some ethical and clinical issues. These unique and innovative devices seem to have the potential to revolutionise the sex industry and to have an impact on human relationships. This work aims to highlight the relationship between technology and sexuality, focusing attention on the risks and benefits deriving from the use of sex robots and emphasizing the attitudes of health professionals towards the use of sex robots in the therapeutic field.

**Method(s) and sample:** All the articles about sex robots, published in English between 1996 and 2021, were considered. All studies, meeting the criteria, were selected and analysed according to the contribution they make to the public debate about sex robots.

**Results:** Their contribution was found to be mainly conceptual, due to the current limited availability of sex robots. Each article has some conceptual objectives: in particular, ten articles describe people's opinions and expectations about the role of sex robots, four outline the individual or relational characteristics

influencing opinions, one reports media representations of sexual HRI and two analyse the interaction from a sensorial perspective.

**Conclusion and recommendations:** In clinical and therapeutic settings, the use of sex robots seems to increase in several fields of intervention, such as in the treatment of erectile dysfunction, premature ejaculation and anxiety related to the first sexual relationship or, even, with socially isolated people, sex offenders and, above all, with people suffering from dementia, autism and physical disability. According to Döring and Poeschl (2018), the technological advancement of sexual products provides opportunities for the creation of health promotion projects and, therefore, the sex industry and engineers should jointly engage with other expert figures, such as health professionals, in perfecting robots that have a positive impact on people's sexual well-being.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexuality in a Changing and Always Same World

Domenico Trotta and Tatiana Strepetova

ISA ACTS, Institute of Sexology and Sexual Dynamics, Scuola Italiana di Sessuologia, Salerno, Italy

**Introduction and objectives:** Sexuality has come a long way since its appearance in the life of man. The aim of this work is to highlight the differences between original and contemporary sexuality and the risks and benefits of a sexuality based on desire and/or neo-sexuality.

**Method(s) and Sample:** We study the evolution of human sexuality throughout time and across cultures posing special emphasis on two moments: a first one related to the transition from a reproductive sexuality controlled only by genes and hormones to a sexuality

co-piloted by desire and a second with the intrusion of cybersex scientific virtuality into human sexual life.

**Findings and discussion:** Sexuality today is changing its skin. It undergoes—more than a genetic mutation—an anthropological mutation that involves the whole of humanity with both individual and socio-cultural repercussions. Sexuality—in particular starting from the 80s to 90s—becomes more and more virtual. And it replaces the concrete and physical reality based on the male-female dichotomy and the vaginal penis relationship within a “stable” couple, with another reality made up of networks, cybernetics and robotics.

**Conclusion and recommendations:** With the advent of neo-sexuality, man lives a third phase of his long life. No longer just reproductive, no longer just bent to the needs of the human mind, human sexuality becomes more and more a mix between virtuality and science, escaping the same man. Will man be able to keep in contact with the world from which he comes

or how Icarus, taken by his excessive pride or self-confidence—what the ancient Greek called hubris—will fall crashing to the ground?

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Gendering Desire: Critical Analyses

Alyson K.<sup>a</sup>, Judith Levine<sup>b</sup>, Rebecca Jordan-Young<sup>c</sup> and Stuart Michaels<sup>d</sup>

<sup>a</sup>Trinity College, Hartford, USA; <sup>b</sup>Independent Scholar/Journalist, Brooklyn, USA; <sup>c</sup>Barnard College, New York, USA; <sup>d</sup>NORC, University of Chicago, Chicago, USA

This symposium will interrogate twenty-first century developments in the medicalization of sexual desire—for example, the gender-specific low desire diagnoses in the 2013 DSM-5 and related ideas about female sexuality as receptive or responsive. How do these ideas fit (or not) into increasingly complex understandings of the embodiment and relationality of gender, sex, and sexuality? Where are they based in outdated or mythical ideas about hormones, neurochemicals, and brain structures? What can we learn from quantitative and qualitative sociological data about how people experience gender, desire, and sexuality? And what are the sexual politics—which are not only gendered, but racialized—smuggled into these diagnoses and broader discourses?

Alyson K. Spurgas is Assistant Professor of Sociology and also teaches in the Women's, Gender, and Sexuality Studies program at Trinity College in Hartford, Connecticut. She researches, writes, and teaches about the sociology of trauma and the politics of desire from an interdisciplinary and intersectional feminist perspective.

Dr. Spurgas will discuss critical discursive and textual analysis on the gendering of desire in contemporary sexology, in addition to qualitative sociological interview data drawn from cisgender women with low desire. Spurgas will specifically highlight critical themes about whiteness, cisnormativity, and femininity from her recent book, *Diagnosing Desire: Biopolitics and Femininity into the Twenty-First Century*.

Judith Levine (moderator/coordinator) is an award-winning author and journalist based in New York City. She writes about the intersections of the body and the body politic, history, law, and the economy.

Judith Levine will discuss the gendering of desire, sexuality, and sexual behavior, focusing on how

discourses of desire manifest at the intersections of the body and the body politic, history, law, and the economy. Levine will highlight themes drawn from her extensive expertise with both broad and in-depth cultural analysis of sexual politics.

Rebecca Jordan-Young is Professor of Women's, Gender, and Sexuality Studies at Barnard College in New York City. She is an interdisciplinary feminist scientist and science studies scholar whose work explores the reciprocal relations between science and the social hierarchies of gender, sexuality, class, and race.

Dr. Jordan-Young will discuss the gendering of desire and sexual behavior in contemporary sexology, focusing on myths about testosterone and performance, including as they relate to racial stereotypes about Blackness and masculinity. Jordan-Young will highlight themes from her recent book, written with Katrina Karkazis, *Testosterone: An Unauthorized Biography*.

Stuart Michaels is Senior Research Scientist at the Academic Research Centers at NORC, a non-partisan and objective research organization at the University of Chicago. He has extensive experience in the design and analysis of surveys of sexuality dating to the late 1980s.

Dr. Michaels will discuss the gendering of desire, sexuality, and sexual behavior, focusing on how increasing attention to variations in gender identity and expression trouble our notions of sexual orientation and identity. Michaels will highlight themes drawn from his extensive expertise with quantitative sociological data and surveys of sexuality as Senior Research Scientist at the Academic Research Centers at NORC.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## New Findings in Sexual Science and Their Implications for Social Justice (Ssss Symposium)

Zoe D. Peterson<sup>a</sup>, Cecilia Brooke Cholka<sup>a</sup>, Monica Perez Trujillo<sup>a</sup>, Ana Jaramillo-Sierra<sup>a</sup>, Kristen Mark<sup>a</sup>, Laura Vowels<sup>a</sup>, Amanda Bunting<sup>a</sup>, Myeshia N. Price<sup>b</sup> and Amy E. Green<sup>b</sup>

<sup>a</sup>Indiana University, Bloomington, USA; <sup>b</sup>The Trevor Project, West Hollywood, USA

The mission of the Society for the Scientific Study of Sexuality (SSSS) is “advancing knowledge of sexuality” for the purpose of “the promotion of human welfare and the reduction of ignorance and prejudice about sexuality.” To that end, the SSSS Symposium highlights SSSS members’ recent sexual science research findings across a variety of topics and, consistent with the theme of the WAS Congress, addresses how those findings are relevant to advancing social justice, sexual health, and sexual rights.

The SSSS symposium features three presentations: The first addresses conceptualizations of “safe sex”

among polyamorous individuals and discusses the need for safe sex interventions that are attentive and sensitive to relationship diversity. The second evaluates prosecuting attorneys’ understandings of the behaviors that constitute a “sex crime,” and considers how prosecutorial decision-making in sexual violence cases might be influenced by stereotypes and misinformation. Finally, the third presentation examines how bisexual identity influences sexual and relationship satisfaction in mix-gender relationships; the results illustrate the problems of bisexual erasure for counseling, education, and research.

## What Is the Meaning of Safer Sex? Exploring Safer Sex and Polyamory

Cecilia Brooke Cholka

University of Nevada, Reno, Reno, USA

**Introduction and objectives:** Even with over three decades of research on and promotion of safer sex, the rates of sexually transmitted infections continue to rise in the United States (CDC, 2017). Although communication about risk and protective factors is key to the promotion of safer sex behaviors, the meaning and impact of such communication is contingent upon culturally grounded understandings of safer sex among individuals of diverse sexual subcultures. The goals of this research were to understand the meaning of safer sex and condom use for people who identify as polyamorous and how this understanding might be used to inform safer sex research, health communication research, and safer sex interventions.

**Methods and sample:** This research consisted of one-on-one in-depth interviews with thirteen individuals who identify as polyamorous. Transcripts were inductively coded drawing from an AIDS Risk Reduction Model framework to explore the meanings participants ascribed to safer sex and condom use.

**Findings and discussion:** Findings indicate that there is an apparent need to look beyond biological factors to include psychosocial and emotional factors in safer sex decisions and interventions. Also, the consideration of relational challenges to safer sex behaviors (e.g., phase of the relationship, relationship dynamics, among others) are key to the understanding of contextual factors that ultimately influence individual behavior and decisions about safer sex.

**Recommendations:** Recommendations based on these findings include the development of safer sex measures to include psychosocial and emotional components of safer sex, better conceptualizations in research of the practical challenges to safer sex decisions, the need for health care professionals to practice non-judgmental care, incorporating communication in safer sex interventions, and including various audiences as the target for interventions.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## U.S. and Colombian Attorneys' Judgements of the Legality of Coercive Sexual Tactics: Implications for Criminal Justice

Zoe D. Peterson<sup>a</sup>, Monica Perez Trujillo<sup>b</sup> and Ana L. Jaramillo-Sierra<sup>c</sup>

<sup>a</sup>Indiana University, Bloomington, USA; <sup>b</sup>European School of Management, Berlin, Germany; <sup>c</sup>Universidad de los Andes, Bogota, Colombia

**Introduction and objectives:** Differences among legal definitions of sexual violence across countries are a barrier to comparing prevalence rates internationally. Differences in laws also reflect important differences in cultural values. Even within a country, legal definitions are often vague, leaving room for attorneys to interpret their meanings. In this study (Peterson et al., *in press*), we examined which coercive sexual tactics prosecuting attorneys in the U.S. and Colombia judged to meet the threshold of a “sex crime.” We also were interested in sources of ambiguity.

**Methods and sample:** Attorneys from the U.S. ( $n = 28$ ) and Colombia ( $n = 24$ ) completed an online questionnaire in which they provided judgements of whether 36 coercive tactics would meet the threshold for a “sex crime” according to the laws in their jurisdiction. For each tactic, participants could indicate “yes” it was a sex crime, “no,” or “unsure/it depends.” When participants selected “unsure/it depends,” they were asked to explain why they were uncertain.

**Results:** For 14 of 36 tactics, Colombian attorneys were more likely to label the behavior as a “sex crime”

than U.S. attorneys. For two tactics, U.S. attorneys were more likely to label the behavior as a “sex crime.”

Open-ended responses revealed some of the challenges in determining whether an act met legal definitions (e.g., uncertainty about the amount of coercion; questions about how non-consent was communicated).

**Conclusion and recommendations:** Findings offer insights into how attorneys interpret legal concepts such as consent, coercion, and incapacitation. Results also illustrate how vagueness in definitions of sexual violence may allow attorney judgements to be influenced by stereotypes and prejudices.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Reference

Peterson, Z. D., Perez Trujillo, M., & Jaramillo-Sierra, A. L. (*in press*). Judging the legality of sexually violent tactics: A comparison between prosecuting attorneys in the United States and Colombia. *Journal of Sexual Aggression*.

## The Role of Bisexual Identity in the Sexual and Relationship: Satisfaction of Mixed Sex Couples

Kristen Mark<sup>a</sup>, Laura Vowels<sup>b</sup> and Amanda Bunting<sup>c</sup>

<sup>a</sup>University of Minnesota School of Medicine, USA; <sup>b</sup>University of Lausanne, Switzerland; <sup>c</sup>New York University School of Medicine, USA

**Introduction and objectives:** Despite advances in research into minority sexual identities, bisexual identity research has been limited. Studies conducted to date suggest that bisexuality is often perceived as a “transitional” identity and bisexual individuals in relationships are often perceived to be either straight, lesbian, or gay based on the gender of their relationship partner. The current couple-based study focuses on the experiences of bisexual individuals in mixed-sex relationships and how bisexual identity may impact sexual and relationship satisfaction of both members of the couple.

**Methods and sample:** Cross-sectional data were collected online from both members of 142 mixed-sex

couples ( $N = 284$ ), where one member of the couple identified as bisexual (65.2% of the bisexual partners were women, 33.1% were men, and 1.7% identified as genderqueer). Demographic data, positive sexual identity (LGB-PIM), bisexual identity (BII), outness (OI), sexual satisfaction (GMSEX), and relationship satisfaction (GMREL) were collected from participants.

**Results:** Two-intercept hierarchical linear models nested partners within dyads and indicated that feelings of the illegitimacy of bisexuality and outness to family were negatively associated with sexual and relationship satisfaction of both partners whereas intimacy was positively associated with sexual satisfaction for both partners.

**Conclusions and recommendations:** The results highlight the importance of acknowledging bisexual identity even in the context of long-term relationships and addressing issues surrounding bisexual identity in its function for sexual and relationship satisfaction with couples. Results have implications for clinicians,

educators, and researchers and highlight the importance of addressing identity as it may relate to sexual and relationship satisfaction.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Life-Saving Protective Factors for LGBTQ Youth

Myeshia N. Price and Amy E. Green

The Trevor Project, West Hollywood, USA

**Introduction and objectives:** Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth experience higher rates of negative mental health outcomes, including attempting suicide. This disparity is not from being LGBTQ in and of itself but is instead due to marginalization and experiences of victimization faced by LGBTQ youth, suggesting LGBTQ youth mental health is an important issue of social justice.

**Methods and sample:** This presentation will use data from three separate cross-sectional quantitative surveys administered in 2018, 2019, and 2020 to LGBTQ youth between the ages of 13–24 across the United States to explore protective factors among LGBTQ youth.

**Results:** Forty-two percent (42%) of LGBTQ youth seriously considered attempting suicide in the past year. However, LGBTQ youth who had access to at least one LGBTQ-affirming space had 35% reduced odds of reporting a suicide attempt in the past year (aOR = .65). Transgender and nonbinary youth whose pronouns were respected by all of the people they lived with attempted suicide at half the rate (13%) of those who

did not have their pronouns respected by anyone with whom they lived (24%). Transgender and nonbinary youth who were able to change their legal documents reported lower rates of attempting suicide (11%) compared to those who were unable (25%). LGBTQ youth who had at least one accepting adult in their life were 40% less likely to report a suicide attempt in the past year. LGBTQ youth who did not experience workplace discrimination and whose workplace was LGBTQ-affirming reported lower rates of suicide (7%) compared to LGBTQ youth who experienced discrimination in a non-affirming workplace (17%).

**Conclusions and recommendations:** LGBTQ youth suicide is preventable and our findings show that when youth are affirmed in their identities, it can be life-saving. Those in contact with youth should support LGBTQ youth mental health and well-being by creating safe and affirming environments.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Cognitive Behavioural Approaches in Assessment and Treatment of Sexual Issues

Mehmet Sungur<sup>a</sup>, Renata Borja Pereira Ferreira De Mello<sup>b</sup>, Eduardo Perin<sup>c</sup> and Renata Coelho Moreira<sup>d</sup>

<sup>a</sup>Marmara University, Turkey; <sup>b</sup>MS—Cognitiva Centro de Terapia, UNA, UNIBH, Brazil; <sup>c</sup>Psychiatrist, MS—Cognitive-Behavioral Therapist and Sexual Therapist, Sao Paulo, Brazil; <sup>d</sup>Mentes Funcionais,UFMG, Brazil

Sexual health is a state of physical, emotional, mental and social well-being concerning sexuality. It is a new way of understanding sexuality that encompasses sex, gender roles, sexual orientation, eroticism, intimacy, pleasure, and reproduction, including but not limited to

sexual intercourse and genitalia functioning. CBT targets dysfunctional beliefs and behaviors that impair sexual health and can offer important contributions to the field of sexology. This symposium will discuss the role of

Cognitive Behavioural approaches in the assessment and treatment of sexual issues to improve sexual health.

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

Sexual-orientation obsessions in OCD may be mistaken for conflicts about sexuality and misguided treatment. These OCD patients believe they may have a different sexual orientation than the one they do and engage in hypervigilance, worrying and covert rituals that impair sexual functioning. One presentation (Mello) will demonstrate a study done with Brazilian psychologists, whose goal was to discover the ability of practitioners to make an appropriate diagnosis for SO-OCD. The majority of respondents had problems distinguishing the beliefs in sexual orientation obsessive-compulsive disorder (SO-OCD) and sexual identity crisis. The presentation will show the results and some clinical examples of this suffering for differential diagnosis and consequently appropriate conceptualization and guide CBT-oriented interventions.

Perin will discuss the high prevalence of male sexual dysfunctions among people with ADHD, and vice-versa, such as premature ejaculation, erectile

dysfunction, delayed ejaculation, and male hypoactive sexual desire disorder. Few studies address this question until the present moment, and how CBT can help such cases.

Moreira will present the results found in her research done with Brazilian couples. The study aims to demonstrate the effectiveness of psychoeducation in marital satisfaction

CBT is recognized as an effective treatment for sexual issues. CBT conceptualization is the large differential for treatment. Patients' beliefs are an essential clue to the adequate identification of sexual disorders and help therapists to conduct psychotherapy. In CBT, the patient's symptom is not the problem itself, but it is connected to associated beliefs and emotions. This symposium intends to bring the importance of CBT therapists being more careful about sexual issues conceptualization to light. The therapist should not be influenced by common sense or by their thoughts or prejudices; science must be respected. Our proposed goal is to bring light to certain controversial themes and discuss them in scientific terms. The final aim is to help CBT therapists to conceptualize sexual dysfunction and sexual intrusions within the framework of CBT and to learn how to use neuroscience and cognitive restructuring when treating these disorders.

## ADHD and Sexual Male Symptoms and Dysfunctions: A Bidirectional Association

Eduardo Aliende Perin

**Introduction:** The relationship between male sexual dysfunctions (MSD) and ADHD is still a subject of research just a few articles in the literature. Besides this, there is some scientific knowledge and clinical practice evidencing this high comorbidity. Prevalence studies are scarce, and pharmacological and psychotherapeutic approaches are a subject to be further studied.

**Methods:** A systematic electronic search of articles published from the beginning of each database until 2020 will be performed, using Medline via Pubmed, Embase, LILACS, IBECs, PsycINFO and Cochrane Library (CENTRAL), and the obtained data will be presented.

**Results:** Several factors may be part of the etiology of MSD, and there is growing evidence that many

cases of comorbidity with ADHD are present in a bidirectional relationship. ADHD may hamper attention focus, cause easy distractibility and impulsiveness and because of it, may be in the origin of sexual symptoms and dysfunctions, then impairing an individual's sexual life.

**Discussion:** In clinical practice, treating ADHD with pharmacotherapy and CBT may have an important impact on sexual dysfunctions, improving cognitive functioning. It stresses the importance of more research in this area.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Beliefs in SO-OCD: Differential Diagnosis and Treatment

Renata Borja

**Introduction:** The differential diagnosis is extremely important in the CBT process to plan successful interventions during treatment. However, some pathologies are not properly diagnosed sometimes, hindering assertive intervention during the therapeutic process. This presentation intends to show the importance of the differential diagnosis for sexual-orientation obsessions in OCD. Health professionals tended to pay more attention to the compulsive overt symptoms in OCD, such as checking or washing when treating someone, but it's not uncommon to see OCD patients with other symptoms being treated only as an anxious or depressive person. According to the available literature, many OCD patients can show only obsessional thoughts without compulsive acts which may hinder the correct diagnosis by health professionals. The disorder shows certain intrusive, forbidden or unacceptable thoughts which feature as their theme: harm, aggressive or violent, religious, somatic and sexual obsession. The Glazier and colleagues Study (2013) shows high rates of OCD symptoms misidentification for mental health professionals and they underline that it can result in improper treatment, poor outcomes, worsening of symptoms and treatment dropout. Moreover, it shows that 77% of the mental health professionals were unable to diagnosis SO-OCD properly.

**Methods:** Bibliographic research and an exploratory online questionnaire. The analysis was held on qualitative and quantitative methods.

**Results:** This study was done with 258 psychologists in Brazil. The online questionnaire provided a SO-OCD case report and the respondents were asked to provide a diagnosis and intervention for the patient's suffering. Only 48% of the respondents fully completed the

questionnaire which had led us to conclude that the biggest majority didn't know the correct diagnosis. Considering all respondents, 14% provided the correct diagnosis, but if we do not take into account the ones who gave up the number rises to 26%. My study shows that Brazilian psychologists have difficulty in diagnosing symptoms of SO-OCD properly. Other important findings were that experienced therapists misinterpret obsessions as "wishes" and although they were more able to provide an appropriate diagnosis they didn't necessarily propose the recommended interventions.

**Discussion:** Sexual orientation obsessions are amongst the most common sexual obsessions, but they are not well-known yet. Intrusive thoughts about sexual-orientation show fear of possessing or turning into the opposite sexual orientation or a fear of being a closeted homosexual. Willians and Farris (2010) believe that the lack of research "may misinterpret the obsessions as fantasies or wishes." It's symptoms that are often misunderstood by clinicians and by patients that may think the problem is a sexual identity conflict. These misconceptions can result in errors in treatment.

**Conclusion:** Therapists misdiagnose SO-OCD can make patients believe in their distortions which can have tragic consequences considering that in Willians (2010) research 91% of SO-OCD patients report feeling a very high-stress level, considering suicide as an option many times. It is urgent to discuss the differential diagnosis and appropriate treatment for SO-OCD patients to have accurate mental care.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## How Can Psycho-Education Help Couples to Obtain Intimacy and Marital Satisfaction Based on Sexual Issues?

Renata Moreira

**Introduction:** Sexual dysfunctions tend to increase conflicts for a couple, influencing the perception of their marital satisfaction. Relationship problems between couples and dissatisfaction in the marriage

have been singled out as one of life's greatest stressors, leading to psychiatric, mental and physical disorders. Depressive symptoms, eating disorders, alcoholism, changes in the immune system, chronic pain and heart

problems are some of the consequences cited in the literature. We know that conflicts are inherent in any relationship; however, the way conflicts are conducted is what differentiates couples, as well as regulates their levels of marital, mental, and physical health. Another variable that becomes relevant in the treatment of patients with sexual dysfunction is problem-solving and communication skills. Skills such as decision making; culture of values; developments in sexual and psychological intimacy can be developed by couples in teamwork, and favor long-term marital satisfaction.

**Methods:** A systematic electronic search of articles published from 2009 to January 2019 was carried out, using the databases MEDLINE, LILACS, IBECs, Index Psychology, BDNF and the Department of Health of the State of SP, PsycINFO and Cochrane Library to achieve the objectives of the first study. Couple's programs were categorized based on objectives and procedures. The second study included a randomized intervention with pre- and post-test steps to assess the level of marital satisfaction and the conflicts of the participants submitted to the psychoeducation program.

**Results:** Twelve studies out of 1,682 were selected onwards and divided between the online (one study) and face-to-face (eleven studies) modalities of the psychoeducational programs for couples, which were later categorized based on objectives and procedures. The result of the randomized study pointed to effectiveness in nine out of the sixteen possible measures, ranging

from low to moderate. The study presents evidence on the ability of the program to produce improvements in the couple's conflict indicators, addressing an unexplored field of research and intervention focused on Brazil's cultural specificities.

**Discussion:** There is a trend in literature that points to marital satisfaction depending on the couple's ability to face and deal with conflicts. The more people can demonstrate understanding concerning the other's position, the more viable chances they obtain of resolving and reducing future escalation of conflicts, being able to avoid dysfunctions in sexual life. This research has proven successful as a proficient strategy to promote short-term improvements in conflict resolution styles. Despite the limitation of the sample stratified by income and high schooling, it is believed, by the evidence, that the program is applicable in contexts of public and private health, due to the clear and accessible way in which the themes are worked. This preventive intervention proposal becomes available to be applied, equally, in other Brazilian cultures.

**Conclusion:** The findings of this dissertation bring contributions to research in the area of interventions for couples, contributing to new trends for psychological interventions, since psychoeducation is sufficiently effective in improving marital satisfaction.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Queer(Y)ng African Spaces and Places: Creating Urban Communities of Faith for Holistic Health

Neil Hassan<sup>a</sup>, Roche Kester<sup>b</sup>, Maungo Dolo-Matyoben<sup>c</sup> and Getty Myeni<sup>a</sup>

<sup>a</sup>The African Centre for Cities at the University of Cape Town; <sup>b</sup>I Am Still Me; <sup>c</sup>Institute for Health Programming and Systems

Despite South Africa's prioritisation of Lesbian, Gay, Bisexual, Trans, Queer and Intersex (LGBTQI) communities in health policies, sexual and reproductive health and rights are significantly skewed. For example, health interventions are predominantly geared toward gay, bisexual, queer men, and Men who have Sex with Men located in urban centres, due to biological risk factors and epidemiological significance associated with HIV/AIDS. Given that queer communities compete for the same resources, socio-political exclusions are prevalent and influenced by South Africa's racial, religious,

cultural, socio-economic, gendered and sexualised urban spatialisation associated with Apartheid.

Against this background, we position Lesbian, Bisexual, Trans and Queer (LBTQ) women's engagement in faith-based community practices with other LBTQ women, as important sources of belonging, health and healing. We engage timely urban health issues concerning HIV/AIDS and COVID-19, in order to centre LBTQ women's voices regarding (1) online spaces of safety; (2) stakeholder engagement and mental health; and (3) the intersections between clinical



and community health systems, African spirituality and faith-based interventions.

We conclude by showcasing the agency of LBTQ women and their social responsiveness to overcoming local, national, and regional urban health challenges in Africa.

**Source of funding:** Reimbursed for time and efforts during online safe space facilitation and mobile data

were provided with the assistance of the Open Society Foundation, grant number: 03853. This symposium was completed with support from the PEAK Urban programme, funded by UKRI's Global Challenge Research Fund, Grant Ref: ES/P011055/1.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Supervisión Clínica Pospandémica en El Entrenamiento de Terapeutas Sexuales de la Formación Profesional en Terapia Sexual—Amssac

Olivia Guerrero Figueroa, Adriana Davila, Adriana Zenteno Aguayo, Ana María Verde Martínez and María Teresa Hurtado de Mendoza Zabalgoitia

Asociación Mexicana para la Salud Sexual, A. C., CDMX, México

La supervisión clínica es un proceso y contexto pedagógico en el que se construye conocimiento. El “Modelo de Supervisión clínica pospandémica en el entrenamiento de Terapeutas Sexuales de la Formación Profesional en Terapia Sexual,” es una intervención que enriquece el asesoramiento de las intervenciones clínicas dado que las y los participantes nutren su mirada de las experiencias surgen es a partir de los diferentes terapeutas que componen la intervención. El material con el que se trabaja es a partir de las historias de vida de los y las consultantes y la mirada e intervenciones que el terapeuta pueda observar.

Dentro de la Formación de Terapeutas en la Asociación Mexicana para la Salud Sexual A. C., contamos con un modelo de supervisión de terapia sexual en el que se entrenan las y los estudiantes que están cursando la formación. La supervisión clínica es una relación continua dentro del contexto de la práctica

clínica entre un terapeuta experto (supervisor) y uno con menos experiencia (supervisando). Cuyo objetivo principal es monitorear el desarrollo específico del Supervisando, así como que este último gane experiencia en la práctica clínica a través de este proceso.

**Objetivos generales:** Que el alumno en entrenamiento conozca, acate e internalice el encuadre de la supervisión durante el proceso de formación.

Que el alumno desarrolle las habilidades correspondientes para desempeñarse como psicoterapeuta sexual.

**Metodología:** En tres de los cuatro semestres de la formación se lleva a cabo este modelo de supervisión con los estudiantes. Cada semestre cuenta con sus objetivos particulares.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Compulsive Sexual Behavior: Is Current Theory, Research and Practice Leaving Pleasure Behind?

Douglas Braun-Harvey<sup>a</sup>, Alejandro Villena<sup>b</sup>, Carlos Chiclana Actis<sup>b,c</sup> and Joshua Grubbs<sup>d</sup>

<sup>a</sup>The Harvey Institute, San Diego, USA; <sup>b</sup>Consulta Dr Carlos Chiclana, Madrid; <sup>c</sup>Instituto de Estudio de las Adicciones, Universidad San Pablo CEU, Madrid, Spain; <sup>d</sup>Department of Psychology, Bowling Green State University, USA

Opinions among and between researchers and treatment providers differ in CSBD conceptualizations and categorizations, disease or health models, etiology and their associated consequences as well as clinical treatment methods and modalities. CSBD models often fail to integrate motivations for seeking sexual pleasure within their etiology, theory and clinical methods. Current scientific study and clinical treatment methods too often fail to balance pathological and disordered sexual behavior profiles with narratives centered on the inherent right and human desire for sexual pleasure.

Our Project proposes “sexual dysregulation” as a unitary term when referring to people seeking help to manage sexual behavior problems. Four panelists will demonstrate the inclusion of sexual pleasure within four explanatory models for CSBD from current sexual dysregulation research: sexual/mental illness pathology, pre-existing medical or psychiatric diagnosis, moral incongruence, psychosexual health problem.

These four explanatory models will form the panel members responses to unanswered questions about sexual dysregulation. “How can current and future sexual dysregulation theory, models, assessments and

treatment methods responsibly protect the right to sexual pleasure while enhancing sexual safety within clinical treatment methods?”

Suggested solutions for balancing sexual safety with the right to sexual pleasure include unifying and integrating language, differentiating between current pathology (mental/sexual), moral incongruence and psychosexual problem sexual dysregulation conceptualizations. Panelists will consider treatment methods that establish more client-centered flexible models and reflect individual differences within clinical presentations.

Doubts remain about the most fundamental definitions, differentiated conceptualizations and role of contextual cultural influences for sexual dysregulation diagnosis and treatment. We recommend the creation of an international group to annually review research and clinical papers related to sexual dysregulation and present updates at WAS bi-annual conferences. This group will summarize the ongoing development of solid theoretical models and interventions including publications that balance patient sexual safety and sexual pleasure.

## Treating Out of Control Sexual Behavior: Balancing Sexual Pleasure and Safety Within a Framework of Sexual Health Principles

Douglas Braun-Harvey

**Introduction and rationale:** Decades of research and clinical treatment services has not led to a consensus for classifying problematic sexual urges, thoughts and behaviors as a mental or psychosexual disorder. This is an opportunity to look beyond models centered on ameliorating a sexual or mental disorder. How can sexual health models provide an alternative guide for changing out of control sexual behavior? Can sexual health clinical methods effectively change problems with sexual dysregulation through clinical interventions that balance sexual safety and sexual pleasure within a framework of six principles of sexual health?

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

**Outcome:** Out of control sexual behavior (OCSB) is a sexual health problem in which an individual’s consensual sexual urges, thoughts or behaviors feel out of control (Braun-Harvey & Vigorito, 2016). OCSB is a state of “being of two minds” conceptualized as competing motivations within a “dual-process” model of human behaviour. Six principles of sexual health—consent,

non-exploitation, protection from STIs and unwanted pregnancy, honesty, shared values, and mutual pleasure—ground men's OCSB assessment, planning for sexual health behavior change and implementing their personal vision of sexual health. OCSB treatment aligns personal boundaries with sexual health principles for regulating OCSB and an ethical map for integrating complex and unconventional erotic desires. (109)

**Discussion and recommendation:** OCSB is a non-diagnostic method for regaining sexual behavior control. This sexual health model moves beyond the

limitations of a CSBD disorder to include narratives focused on balancing safety and pleasure. OCSB methods accept the ethical responsibility to offer services that distinguish between sexual prejudice and rejection of one's own sexual orientation or erotic nature and treatment methods for a sexual health behavior problem.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Psychological Variables in CSBD: An Integrative Approach

Alejandro Villena Moya and Carlos Chiclana

Unidad Sexología Clínica

**Introduction and rationale:** Compulsive Sexual Behavior Disorder (CSBD) has been related to different psychological and clinical variables that may explain both the origin and the maintenance of CSBD. Attachment styles, marital problems, loneliness, inability to regulate emotions or sexual abuse may be some of them. It has also been studied that there are different comorbid pathologies such as Attention Deficit Hyperactivity Disorder, Obsessive-Compulsive Disorder or Personality Disorders, among others. Several psychometric tools have been used to assess these problems. People who seek help for CSBD do not experience pleasure from their sexual behaviors, interfering with their sexual rights and the development of a healthy sexuality. Despite the progress made, the results of the investigations are still inconclusive.

**Settings:** People who come for consultation seeking help to overcome their CSBD presenting associated psychological characteristics or factors that may explain the origin, maintenance or guide the treatment of their symptomatology.

**Outcome:** a compilation of the empirical data to date regarding the different models that conceptualize CSBD, the possible etiologies described, the associated factors and the different lines of treatment will be shown. The view on the right to pleasure in these patients and the way in which they establish dysfunctional strategies to achieve them will be integrated.

**Discussion and recommendations:** The CSBD model, from the psychological perspective, offers a unique dimension of sexual dysregulation, which requires a clinical and specialized approach to promote the recovery of these patients and help them to achieve the development of a healthy, free, pleasurable, and integrated sexuality within their life project. It would be of interest to enrich this model with medical proposals, moral incongruence perspective and the psychosexual problems model.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

# Compulsive Sexual Behaviour (CSB): Sexual Pleasure as an Explication or As a Problem

Joshua Grubbs

Sexual behaviors are, in many situations, oriented toward pleasure. For solitary sexual behaviors such as masturbation and pornography viewing, pleasure-seeking drives are most often the primary motivation. Yet, because of the moral prescriptions that many individuals hold around sexual behavior, these pleasure-seeking drives are also often sources of incongruence. Particularly in the context of conservative religious and moral values, normal behaviors such as pornography-viewing and concomitant masturbation can become sources of incongruence, guilt, shame, and distress. Past work has framed this conflict of values and behaviors as moral incongruence, which refers to the potential for some people to experience profound distress when their sexual behaviors and their beliefs about sexuality do not align. This potentiality is an absolutely crucial component of the new diagnosis of Compulsive Sexual Behavior Disorder in the International Classification of Diseases, 11th edition. Specifically, the criteria for the disorder note that moral distress over one's own behaviors is not sufficient to warrant diagnosis for the new disorder. The present work will consider the role that pleasure seeking motives play in contributing to moral distress over sexual behavior and how such distress may complicate efforts to accurately diagnose Compulsive Sexual Behavior disorder.

Specifically, this work will consider how the experience of seeking to fulfill pleasure-seeking desires that violate one's beliefs may lead to pathological self-interpretation of one's own behavior. This discussion will emphasize how clinicians, therapists, and medical professionals may accurately assess the driving forces behind someone's feelings of distress over their sexual behaviors. Moreover, the implications of moral incongruence for clinical practice will be discussed.

**Introduction and rationale:** We consider that sexual pleasure is a natural right of people. However, in clinical practice we attend to those who ask us for medical, psychological or sexological help for

out-of-control sexual behaviours. In those moments it seems that sexual desire becomes the enemy to be defeated. Is this the right course of action? Would it be of greater interest to promote a healthy direction of sexual desire? May sexual dysregulation be a common biological basis for explaining what is occurring?

**Project/Population and settings:** We reviewed the biological bases of the various explanatory models and contrasted them with the case series of patients we treat

**Outcome:** The alteration of sexuality that occurs in neurological pathologies such as Parkinson's disease and some dementias is well known. It is also known about the increase in sexual desire secondary to some drugs. From the neurological point of view, alterations have been detected in subjects with CSB, similar to those of addictions in studies with functional magnetic resonance imaging, electroencephalography, neuroendocrine measures and neurophysiological markers; these individuals present a high comorbidity with pathologies such as Attention Deficit and Hyperactivity Disorder, Depression, Anxiety or Obsessive Compulsive Disorder; we use drugs that act on dopamine or the opioid system for their clinical care; several investigations report alterations in the processing of different neuro-cognitive areas.

**Discussion and recommendations:** All these biological, pharmacological, medical and neuropsychological data, together with the different explanatory proposals (impulsivity, compulsivity, conditioning, reward system) and the differences between individuals seeking medical help, encourage us to question whether it would be necessary to change the paradigm of understanding CSB and seek to defend sexual desire as something healthy and desirable that requires interventions for its correct understanding and management.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Health Intervention Development in India

K. S. Jeyarani Kamaraj<sup>a</sup>, K. S. Jeyarani<sup>b</sup>, K. J. Niveditha<sup>b</sup>, Radhakrishnan Paulraj<sup>b</sup> and T. Kamaraj<sup>b</sup>

<sup>a</sup>Indian Association For Sexology, Chennai, India; <sup>b</sup>Peyronie's Disease –New Study

**Objective:** Peyronie's disease is the development of fibrous plaques inside the penis. This condition often causes curved, painful erections. Optimum medical therapy for Peyronie's disease has not yet been identified. New therapeutic options, 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 were treated with 3MHz frequency ultrasound for 15 min per session for a 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 a total of 214 Peyronie's disease patients with the 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. The 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.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Psycho Sexual Counseling in Endometriosis

K. S. Jeyarani

Endometriosis affects 5–15% of women in the reproductive age group globally. All domains of sexual functions (Desire, Arousal, Orgasm and Satisfaction) are affected in endometriosis resulting in long term sexual dysfunction causing a great impact on the quality of life of women.

Sexual counseling can provide important support to enable women with endometriosis to establish a fulfilling sexual relationship. Gynecologists should actively offer to integrate sexual counseling into their health-care. Couple's problems in communication is an important factor that further aggravates the sexual problems in endometriosis patients and their partners. Therefore, it is important to help partners to communicate about their sexual needs.

Hormone Therapy treatment showed that estrogen in women with vaginal atrophy had a positive effect on dryness and dyspareunia. Pelvic floor physiotherapy (PFPT) has been successfully used with women suffering from vulvodynia.

Doctors should manage the Endometriosis patient by an integrated approach, combining medical and psychological interventions. Provide effective Psycho Sexual counseling and available home remedies to overcome Sexual Dysfunction in Endometriosis.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Female Sexual Dysfunction in South Indian Population—A Study

K. J. Niveditha

The aim of this study was to assess the degree of sexual dysfunction among women and its correlation with age, and duration of marriage.

**Materials and methods:** 300 women were referred to Aakash Women's Health Clinic with complaints and problems of Sexual Dysfunction. Patients became involved in this study after informed consent. They were asked to fill an FSFI questionnaire.

**Results:** The most common sexual dysfunction was orgasm disorder (83.76%) and the rate of sexual desire disorder, dyspareunia and vaginismus were 80.7%, 67.7% and 76.7% respectively. More than 50% of cases

mentioned a decreased frequency of coitus. Vaginismus and dyspareunia were more common in 20–24 years age group.

**Conclusion:** According to the high rate of sexual dysfunction in this study and almost the same rate in other studies, gynecologists should pay more attention to this important issue and encourage the patients to have an evaluation by a psychiatrist or psychologist

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Impact of Pelvic Surgery After Trauma on Sexuality

Radhakrishnan Paulraj

All domains of female and male sexual function were significantly decreased at a minimum of a year after pelvic fracture. Quality of life was also significantly decreased in this group with sexual dysfunction shown to be an independent risk factor for decreased quality of life after injury. High clinical suspicion and prompt engagement of appropriate multidisciplinary pathways, including urological, gynecological, and psychiatric consultations, is recommended. Arterial embolisation, however, does not have an additive effect on these indices.

Total or partial hip replacement is now a common operation, but when a patient can safely resume sex is often not mentioned. Anatomically, internal rotation is dangerous postoperatively because it can lead to dislocation, but, as intercourse usually requires external rotation of the joint, sex can generally be resumed when the scar is comfortable.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexology Is a Science Without a Doubt

Fernando Bianco, Hernando Restrepo and Carlos Alzualde

Cippsv, Caracas, Bolivarian Republic of Venezuela

Hernando Restrepo and Carlos Alzualde

Sexology is a scientific discipline that belongs to the Biological Sciences, branch of the Natural Sciences, one of the two components of the Factual Sciences, consequently, it is fundamentally empirical, its knowledge comes from observable phenomena.

The study of Phenotypic Expression Patterns (known as Sex diversity, Gender diversity) and Patterns of Sexual Function (known as diverse Sexual Function, sexual behavior, human sexuality, sexuality) are shared with the Social Sciences that use qualitative Methodology and quantitative.

## Sexology. Definition (of Sex and Logy)

Hernando Restrepo

According to the Etymology of the word, it means:  
Treaty or Study of Sex

Operational Definition of Sexology.

Treaty or Study of Sex and Sexual Function.

Construct Sexual Function means Sex-specific activities.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Phenotypic Expression Patterns

Carlos Alzualde

The study of Phenotypic Expression Patterns (known as Sex diversity, Gender diversity) and Patterns of Sexual Function (known as diverse Sexual Function, sexual behavior, human sexuality, sexuality) are shared

with the Social Sciences that use qualitative and quantitative Methodology

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Who Definition of Sexuality As a Misconception

Fernando Bianco

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities, and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs,

attitudes, values, behaviors, practices, roles, and relationships

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Internet, Social Media and Its Interference With Sexuality

Jaqueline Brendler<sup>a,b</sup>, Felipe Hurtado-Murillo<sup>a,b</sup> and Stuart Oblitas Ramirez<sup>a,b</sup>

<sup>a</sup>WAS—World Association For Sexual Health, Minneapolis, USA; <sup>b</sup>FLASSES—Latin American Federation of Sexology and Sex Education Societies d, Porto Alegre, Brazil

The COVID-19 pandemic intensified the use of the internet and social networks, becoming the umbilical cord connecting people to the world during isolation, a trend that was already growing before. The symposium aims to analyze and discuss some aspects aiming to contribute to health professionals who serve people who “feed” themselves daily with photos, videos and texts from the digital universe, as well as to discuss some common clinical themes (need to empower

women and LGBTQIA + population, discuss infidelity on the internet, discuss unreachable beauty mainly accessed by teenagers on social networks) that were facilitated or harmed through the Internet.

As healthcare professionals attentive to the digital world, we can discuss, elect and recommend some websites and profiles whose content encourages sexual and mental health and promotes respect for human and sexual rights.

## The Empowerment of Women and the LGBTIQ+ Population

Felipe Hurtado-Murillo

Empowerment refers to the capacity that people have, in situations of vulnerability, to achieve a transformation with which they stop being objects of other people and become protagonists of their own history, through participation in decision-making and access to power.

In educational materials, women continue to play minor roles in professional and public spheres, reproducing existing gender stereotypes in society and transmitting cultural patterns based on androcentrism.

LGBTQIAphobia is born from social prejudices and although it is not related to intra-gender and gender violence, it is a type of ideological and structural violence that aggravates the situation of people who suffer intra-gender and gender violence in the LGBTIQ+ group.

The LGBTIQ+ population frequently suffers from minority stigma, discrimination and stress. As vulnerable groups, they face numerous sexual and mental health disparities compared to the cisgender and heterosexual population.

The main function of the internet is the rapid exchange of information and today it has become a tool for legitimizing or rejecting cultural trends and published information. Cyberspace has become not only a referential framework for the search for information but also for the emission of messages, with the absolute certainty of its visibility and expansion.

In addition, it is very easy to access information, but it does not mean that they can always discriminate between what is accurate and reliable and what is not. However, we know that there are access gaps between vulnerable groups and regions of the world that do not easily access digital platforms or information technologies online.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Infidelidad Online, Manejo Clínico

Stuart Oblitas Ramirez

With new technologies, new solutions have emerged, but also new problems, one of them is online infidelity. One thing is clear: social networks facilitate infidelity. Many do not know whether to classify this modality as a true act of infidelity or, rather, as a game without major consequences. The truth is that, currently, there are many people who establish a virtual relationship, even if they have a commitment in their real life. In this case, there is no physical contact as such and, therefore, it is difficult to catalogue this infidelity online. Is it infidelity or just another fantasy?

Online infidelity also leads us to question the very concept of infidelity. There are those who think that the real fault occurs when loving feelings are involved in the relationship with a third party. Even having sex with someone else would not be as serious as placing your affections on someone else. There are also those who think that no matter what the modality is, what makes it reprehensible is that this relationship with someone else is lied to or hidden.

Those who are given to being unfaithful or who are looking for a new relationship have a great ally on the Internet.

Now, the point is to know why having a partner they seek new adventures, and if that online infidelity has a negative impact on their relationship. This type of infidelity, like others, often has to do with factors other than love. There are those who simply want to experience the adrenaline rush of the forbidden. Others want to test their ability to seduce and be flattered. Some more simply try to get out of the usual routine a bit. This virtuality tends to be misleading in several aspects and it is very easy to build idealized images of people when you only have contact with them via the Internet.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Unattainable Beauty, Social Networks and Sexual Health

Jaqueline Brendler

The internet and social networks convey standards of beauty that are impossible for most people. Food may not be the enemy but the toxic culture about a perfect body is. Unattainable beauty, low self-esteem and self-confidence. This aesthetic pressure can cause eating disorders, mental suffering, sexual disorders and risk of life. Society profits from people's insecurity causing: 1) an increase in the consumption of products (diet foods, clothes, gym equipment, etc.) of substances (creams, approved and illegal medicines) and aesthetic treatments.

In people without eating disorders sexual health also can be affected, especially that of adolescents and young people, who are the majority on social media. There is an international movement "body positivity/positive" that questions unattainable beauty. If in the beginning, the movement praised obesity, today it includes respect for the diversity of bodies in all colors, of all ages, in sizes, in shapes, with the presence of folds, scars and spots (natural or disease), in addition to including minorities, as well as respect for health.

The exposure of non-standard bodies in networks helps to empower people, while the standard nudity of women is an "object" in the patriarchal game.

Remember that erotic capital is just one of the four capitals a person can own (economic, cultural, social and erotic) and includes: static beauty, dynamic beauty, dynamism (liveliness), social skill, sexual ability and fertility.

Sexual health can negatively interfere with low self-esteem, insecurity, non-acceptance of the body, difficulty with nudity, any kind of violence about the body (self-violence, family or partner) and lack of permission for pleasure.

Sexology professionals must work in a multidisciplinary team with all these factors and also (1) question the life plan; (2) question the frequency of use of social media; (3) emphasize that, in the online universe, photos and videos have filters or are improved; (4) encourage restriction of profiles that cause bad feelings about the body; (5) discourage comparison between bodies; (6) self-care of the body; (7) use science to promote physical, mental and sexual health; (8) encourage the development of the four capitals that a person can possess.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## "Leave No One Behind": Promoting Sexual Health and Sexual Well-Being in Vulnerable Populations

Ana Luísa Quinta Gomes and Pedro Nobre

Center for Psychology at the University of Porto, Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal

Sexual health is a fundamental dimension of health and well-being and is strongly related to individuals' perception of quality of life. Under the scope of the 2021 WAS Congress slogan, "Leave no one behind," this symposium brings together a set of presentations focusing on the findings of past and ongoing studies targeting specific vulnerable populations.

While engaging in healthy sexual experiences is recognized as a basic sexual health right throughout the lifespan (WAS, 2008, 2015), and represents an important component of an individual's quality of life and

well-being, sexual health remains a largely neglected component of care in older people and in people with other chronic conditions (e.g., cancer, physical disabilities). These vulnerable groups are at higher risk of experiencing poorer mental and sexual health, and for this reason, it is of utmost importance to raise awareness of the need to develop specialized and accessible support and care for all individuals, to improve individuals' overall sense of health and well-being.

## Cognitive and Affective Factors Related to Sexual Health in People With Physical Disabilities: A Scoping Review

Raquel Pereira<sup>a</sup>, Jim Bender<sup>b</sup>, Pedro. M. Teixeira<sup>c</sup> and Pedro J. Nobre<sup>a</sup>

<sup>a</sup>Faculty of Psychology and Educational Sciences, University of Porto, Porto, Portugal; <sup>b</sup>Basalt Revalidatie, The Hague, The Netherlands; <sup>c</sup>Life and Health Sciences Research Institute ICVS/3B's, PT Government Associate Laboratory, Braga/Guimarães, School of Medicine, University of Minho, Braga, Portugal

**Introduction and objectives:** Around 15% of the world population lives with a disability, which may bring challenges in their lives, including their sexual health. Several factors may contribute to explaining the sexual health of people with physical disabilities that go beyond the effects of the impairment. This scoping review is focused on cognitive and affective factors that may contribute to the psycho-emotional processes associated with sexual functioning and satisfaction.

**Method(s) and sample:** A comprehensive search of five databases was conducted, and the procedures described by Arksey and O'Malley (2007) were applied to the analysis. Quality appraisal was conducted using the Newcastle-Ottawa scale.

**Results:** From the initial 1,413 identified records, 582 were assessed against eligible criteria. The final sample included 47 of these articles. The studies were characterized according to location, physical condition, and study design. Overall, the results emphasize the

role of affective factors such as anxiety and depression as predictors of sexual health. Studies on cognitive factors showed the relevance of coping and resilience mechanisms for the sexual health of people with physical disabilities.

**Conclusion and recommendations:** Significant gaps concerning psychosexual factors and the representativeness of different kinds of impairments were discussed. Future research should strengthen methodological procedures and improve the depth and scope of the researched variables.

**Source of funding:** This work was supported by a grant from the Portuguese Foundation for Science and Technology, Ministry of Education and Science (SFRH/BD/112168/2015).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Co-Developing Innov Breast Cancer: A Mixed-Methods Research

Cristina Mendes-Santos<sup>a,b,c</sup>, Francisco Nunes<sup>c</sup>, Elisabete Weiderpass<sup>d</sup>, Rui Santana<sup>b</sup> and Gerhard Andersson<sup>e,f</sup>

<sup>a</sup>Department of Culture and Communication (IKK), Linköping University, Linköping, Sweden; <sup>b</sup>NOVA National School of Public Health, Public Health Research Centre, Universidade Nova de Lisboa; <sup>c</sup>Fraunhofer Portugal AICOS; <sup>d</sup>International Agency for Research on Cancer, Lyon, France; <sup>e</sup>Department of Behavioural Sciences and Learning, Linköping University, Linköping, Sweden; <sup>f</sup>Department of Clinical Neuroscience, Psychiatry Section, Karolinska Institutet, Stockholm, Sweden

Internet interventions can provide remarkable opportunities in addressing breast cancer survivors' (BCS) unmet support care needs, as they present an effective strategy to provide access to efficacious, cost-efficient and convenient survivorship care. Nevertheless, the implementation of such interventions in cancer settings is rather limited. One of the possible causes for the low uptake of internet interventions in this context is the peripheral position end-users are often referred to during development. Intervention programs are

frequently planned neglecting end-users' perspective and researchers often fail to involve individuals in the development process. This lack of human-centeredness partly explains high attrition rates and poor engagement often reported in clinical trials and configures a limitation that needs to be addressed if Internet interventions are to have a significant impact on survivorship supportive care.

The aim of this communication is to report on the development and usability evaluation of iNNOV Breast

Cancer (iNNOVBC), a guided, internet-delivered, individually tailored, ACT-influenced CBT-program developed to treat mild to moderate anxiety and depression in BCS, as well as improve fatigue,

insomnia, sexual dysfunction and Health-related quality of life in this group.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Using Technology for Promoting Sexual Health in Older Adults, Colorectal Cancer and Stroke Survivors

Ana Luísa Quinta-Gomes<sup>a</sup>, Priscila A. Vasconcelos<sup>a</sup>, Raquel Pereira<sup>a</sup>, Cristina Mendes-Santos<sup>b,c,d</sup> and Pedro J. Nobre<sup>a</sup>

<sup>a</sup>Center for Psychology at the University of Porto, Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal;

<sup>b</sup>Department of Culture and Communication (IKK), Linköping University, Linköping, Sweden; <sup>c</sup>NOVA National School of Public Health, Public Health Research Centre, Universidade Nova de Lisboa; <sup>d</sup>Fraunhofer Portugal AICOS

Despite the well-known positive effects of healthy sexual experiences on personal fulfilment and well-being throughout life, sexual health among older adults and people with chronic diseases remains a largely neglected component of care in these groups. Specialized and accessible sexual health support and care interventions, specifically designed to meet the needs of these vulnerable groups, are needed. This presentation will focus on the project “Anathema: Technology for ageless sexual health,” which is a European project that aims to develop an inclusive and engaging evidence-based e-Health sexual health promotion program for older adults, stroke survivors, and patients with colorectal cancer. By adopting a participatory design and mixed-methods approach at

different stages of the project, Anathema shows great promise in promoting the sexual health of older adults, patients with colorectal cancer, and stroke survivors.

**Source of funding:** This project is jointly funded by the European Commission through the AAL Programme (ref. AAL-2020-7-133-CP) and Member States: Fundação para a Ciência e a Tecnologia, in Portugal (AAL/0005/2020), the Austrian Research Promotion Agency (FFG), in Austria, and ZonMw, the Netherlands Organisation for Health Research and Development, in the Netherlands.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Problematic Pornography Use in Adolescents and Adults

Gemma Mestre-Bach<sup>a,b</sup>, Marc Potenza<sup>c</sup> and Mónica Koós<sup>d</sup>

<sup>a</sup>Unidad Sexología Consulta Dr. Carlos Chiclana, Madrid, Spain; <sup>b</sup>Universidad Internacional de la Rioja, Spain; <sup>c</sup>Departments of Psychiatry, Neuroscience and Child Study, Yale School of Medicine, Yale, USA; <sup>d</sup>Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary

The present symposium will focus on pornography use and problematic pornography use, both in adolescents and adults. It will be organized into 3 different presentations:

The first presentation will be delivered by Dr. Marc N. Potenza (USA). Dr. Potenza will describe conceptualizations of problematic pornography use and compulsive sexual behavior (recently accepted into the 11th revision of the International Classification of Diseases (ICD-11)). Prevention, treatment and public health implications will be considered.

A second talk will be given by Dr. Mónica Koós (Hungary). She will present the longitudinal study by Mónica Koós, Beáta Bóthe and Zsolt Demetrovics, which aimed to assess changes in problematic pornography use during lockdowns due to the COVID-19 pandemic in 708 participants.

Finally, the third talk, by Dr. Gemma Mestre-Bach (Spain), will focus on adolescents, a population particularly vulnerable to pornographic content. The study by Gemma Mestre-Bach, Alejandro Villena, Roser Granero, Gabriel Serrano, Fernando Fernández-Aranda, Susana

Jiménez-Murcia and Carlos Chiclana Actis will be presented. The main objective of the research was to evaluate the association between loneliness and problematic pornography use in a population aged 12–18 years.

This symposium will provide up-to-date information on pornography from different perspectives,

countries, and study populations. Given the prevalence of pornography viewing and its potential impacts, this symposium has significant implications for individuals focusing on sexual health.

## Pornography Use and Loneliness in Adolescents

Gemma Mestre-Bach<sup>a,b</sup>, Alejandro Villena<sup>a</sup>, Roser Granero<sup>c</sup>, Gabriel Serrano<sup>a</sup>, Fernando Fernández-Aranda<sup>c</sup>, Susana Jiménez-Murcia<sup>c</sup> and Carlos Chiclana Actis<sup>a</sup>

<sup>a</sup>Consulta Dr. Carlos Chiclana, Madrid, Spain; <sup>b</sup>Universidad Internacional de la Rioja, la Rioja, Spain; <sup>c</sup>Ciber Fisiopatología Obesidad y Nutrición (CIBERObn), Instituto Salud Carlos III, Madrid, Spain

This presentation will focus on the use of pornography in adolescents. This topic deserves special attention because adolescents are a population especially vulnerable to pornographic content. Current findings will be discussed regarding the association between adolescent pornography use and multiple factors (sexual behaviors, risk behaviors, problematic pornography use, and relationships with peers and family members, among others). Subsequently, we will present the results of

our study. The main objective of this study was to evaluate the association between loneliness and pornography use in a sample of adolescents from Spain and Mexico. Preliminary results will be presented and possible clinical implications derived from the study will be addressed.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## How Does One Best Consider Pornography Use, Hypersexuality and Compulsive Sexual Behaviors From Psychiatric and Mental Health Perspectives?

Marc N. Potenza

Departments of Psychiatry, Neuroscience and Child Study, Yale School of Medicine

How best to consider sexual behaviors, especially excessive or problematic forms of pornography use, has been debated in the psychiatric community. Prior to the release of the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5), a field trial for hypersexual disorder but the condition was omitted from the manual.

At the World Health Assembly in 2019, criteria for compulsive sexual behavior disorder were accepted into the forthcoming 11th revision of the International Classification of Diseases (ICD-11), in which the condition has been classified as an impulse control disorder. However, some scholars have contended that data

support the classification of compulsive sexual behaviors including problematic pornography use as addictive behaviors. In line with this view, it has been proposed that the ICD-11 designation of "other specified disorders due to addictive behaviors" may be appropriate for problematic pornography use. In this presentation, current perspectives on hypersexuality, problematic pornography use and compulsive sexual behaviors will be presented. Policy, public health, prevention and treatment considerations will be considered.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Changes in Pornography Use During the Covid-19-Related Lockdowns

Mónika Koós<sup>a</sup>, Beáta Bóthe<sup>a,b</sup> and Zsolt Demetrovics<sup>a,c</sup>

<sup>a</sup>Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary; <sup>b</sup>Département de Psychologie, Université de Montréal, Montreal, Canada; <sup>c</sup>Centre of Excellence in Responsible Gaming, University of Gibraltar, Gibraltar

**Introduction and objectives:** With the global outbreak of COVID-19, a lockdown was enforced worldwide. The question arises, whether or how these restrictions and related stress and negative emotions may have an impact on our mental health with a special emphasis on the potential change in online activities, such as pornography use. The aim of our presentation is two-fold: (i) to summarize the current literature on the effect of COVID-19 related lockdown on pornography use, and (ii) to present the findings of an empirical study examining if pornography use, and specifically problematic pornography use, were affected by these changed life circumstances in Hungary.

**Method and sample:** Using longitudinal data from 708 participants (239 female; Mage = 39.7, SD = 11.58), measured in three different stages of lockdown, latent growth curve models were conducted to examine the possible changes of problematic pornography use with relevant covariates (e.g., gender), and baseline pornography use frequency, different motivations underlying problematic pornography use, and sexual and relationship satisfaction.

**Results:** In line with the international findings, problematic pornography use did not change significantly over time ( $p = .212$ ) in Hungary. Initial scores' strongest positive predictors were pornography use frequency ( $\beta = .36$ ;  $p < .001$ ), emotional distraction

pornography use motivation ( $\beta = .25$ ;  $p < .001$ ), stress reduction pornography use motivation ( $\beta = .20$ ;  $p < .001$ ), and fantasy pornography use motivation ( $\beta = .17$ ;  $p < .001$ ).

**Conclusion and recommendations:** These findings suggest that the extent of problematic pornography use might not have changed significantly during the lockdowns. Nevertheless, our findings suggest that using pornography to cope with stress and negative feelings may be associated with higher levels of problematic pornography use. Potential risk factors that could result in problematic pornography use during a pandemic were identified (i.e., emotional distraction), which may result in the development of well-targeted preventions or interventions in the long run.

**Source of funding:** The research was supported by the Hungarian National Research, Development and Innovation Office (Grant numbers: KKP126835, ELTE Thematic Excellence Programme 2020, KP2020-IKA-05). B.B. was supported by the Merit Scholarship Program for Foreign Students (PBEEE) awarded by the Ministère de l'Éducation et de l'Enseignement Supérieur (MEES).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Cancer and Sexuality

Woet L. Gianotten<sup>a</sup>, Shingai Mutambirwa<sup>b</sup>, Faysal E. L. Kak<sup>a</sup>, Pierre Bondil<sup>b</sup> and Jane Ussher<sup>a</sup>

<sup>a</sup>Erasmus University Medical Centre, Rotterdam, The Netherlands; <sup>b</sup>MB Medunsa Urology C/O DEPT OF UROLOGY (South Africa), Association Interdisciplinaire post-Universitaire de Sexologie France

This WAS symposium will deal with various relevant aspects of Cancer and Sexuality.

Experts from four different continents will address the sexual implications of male cancer and female cancer. They will highlight the sexual consequences not only of treatment but also of prevention in previvors

(persons with a high hereditary cancer risk). They will inform how health care providers can make the switch from sexuality as a taboo to sexuality as a care obligation. And they will also elucidate the complex choreography between health care providers and patients who have a non-mainstream gender or orientation.

## Sexuality and Cancer—A Review of Urological Related Sexual Problems

Shingai Mutambirwa

Medunsa Urology, C/O Dept of Urology, South Africa

Sexuality is a complex part of human health and wellness. It involves biological, psychological, social, interpersonal and cultural aspects. All of these can be affected by the screening, diagnosis and management of all cancers. It is also well known that the leading cause of male and female mortality is cardiovascular disease closely followed by cancer-related deaths. The interplay of these two diseases highlights how inflammation, the microbiome and multiple other contributors can impact these conditions and by direct consequences, sexual health.

The prostate is the most common site for non-cutaneous cancers in men. The close association of this gland to two of the major players in male

sexuality, namely ejaculation and erections lends itself to explaining some of the aspects of cancer and sexuality. In addition, a focus on other urological cancers such as penis, renal and bladder can elicit many of the psychological impacts of cancer on sex.

At WAS 2021 conference myself and our panel will delve into the fascinating relationship between cancer and sexuality, providing insight and possible advice on the management of these intertwined and common conditions.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexuality and Sexual Health Are Core in Cancer Survivors

Faysal El Kak

Erasmus University Medical Centre, Rotterdam, The Netherlands

Studies suggest that rates of cancer survivorship continue to improve, however, a major concern remains that treatment-related female sexual dysfunction will continue to go unaddressed for many female patients and survivors.

In fact, sexual problems are common, severe, and persistent side effects of cancer therapy. The prevalence reaches to around 50–60% and varies with site and treatment. The damaged sexual function is almost universal and includes high-risk categories like

premenopausal women who become amenorrhic after breast cancer therapy, women treated for breast cancer with aromatase inhibitors and survivors among others. The presentation will look at the impact of cancer and cancer treatment on female sexual function and provide a guide on how to deal and manage sexual function in survivors

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Health Care Professional's Engagement: How and Why After 15 Years

Pierre Bondil

Association Interdisciplinaire post-Universitaire de Sexologie, France

In cancer, the negative impacts on sexual health and intimate life are usual, explaining that the patients demand and need for information and treatment are

strong and well documented. The “oncosexuality” is a new skill in oncological supportive care for improving the quality of life of patients and couples. It is

becoming a new parameter of good medical practice in cancer: (a) to inform about sexual morbidity is a patient's right and a physician's duty, (b) to be informed about sexual health and intimate life is mandatory in order to best adapt the therapeutic strategy to the patient's needs but also, to screen sexual or not side-effects, (c) to take care of sexual/intimate life troubles is part of tertiary and ... secondary cancer prevention. However, its collective appropriation by health care professionals remains hampered by the persistence of false ideas and taboos impaired by a

lack of both knowledge and organization. Its implementation requires you to better know the main brakes and the most relevant answers. Our 15 years of experience in the setting up of oncosexuality in France may help other countries willing to set up more efficiently this new supportive care while respecting the carcinological imperatives.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## **“Being Out With Cancer”: Disclosure of LGBTQI+ Sexual and Gender Identity in Cancer Care—Perspectives of Patients and Healthcare Professionals**

Jane M. Ussher

Translational Health Research Institute, Western Sydney University

Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) populations represent an “ignored epidemic” and a “growing, medically underserved population” in cancer care. Findings suggest LGBTQI+ communities experience a disproportionate cancer burden and face unique psychosocial challenges, including higher rates of cancer-related distress and sexual concerns, lower levels of family support, difficulties in accessing general health care or cancer services, gaps in patient-provider communication and lower satisfaction with cancer care.

Recognition of LGBTQI+ sexual and gender identities is crucial, to ensure cancer information and care is tailored to patient needs, and partners and chosen family are recognised. However, understanding of LGBTQI+ identity disclosure is limited. Using a mixed-methods approach (surveys, semi-structured interviews and photovoice) this presentation explores disclosure of LGBTQI+ identity in cancer care from the perspective of 448 patients and 357 healthcare professionals (HCPs).

LGBTQI+ patients described difficulties in disclosure as emotional work that adds to the cancer burden. Fewer than 1 in 4 were out to all healthcare

professionals; the majority disclosed only to some—suggesting that LGBTQI+ patients are continuously making decisions about whether to disclose or not, fearing negative responses from HCPs.

HCPs reported hesitancy in seeking disclosures and were worried about causing offence due to lack of familiarity with LGBTQI+ experiences and terminology. Others were actively hostile and prejudiced. These approaches rendered LGBTQI+ needs invisible, excluded partners and chosen family, and caused distress, dissatisfaction, and unmet needs in care. Conversely, some HCPs were aware of difficulties for LGBTQI+ patients and adopted approaches of proactive inclusion to create a place of safety, actively facilitating disclosures. These HCPs acknowledged the importance of LGBTQI+ status, ensured inclusion of partners and chosen family, displayed visible signifiers of inclusivity, and offered LGBTQI+ specific information. These findings highlight the need for HCP education and guidelines to inform the provision of culturally safe and affirming cancer care.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “Out With Cancer”: LGBTQI+ Sexual Subjectivity and Cancer Survivorship

Jane M. Ussher and Janette Perz

Translational Health Research Institute, Western Sydney University

**Introduction:** Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) populations represent an “ignored epidemic” and a “growing, medically underserved population” in cancer care. Findings suggest LGBTQI+ communities experience a disproportionate cancer burden and face unique psychosocial challenges, including higher rates of cancer-related distress and sexual concerns, gaps in patient-provider communication and lower satisfaction with cancer care.

This paper will present the results of a program of Australian mixed-method research examining sexual embodiment and subjectivity after cancer across a range of cancer types and stages in people with cancer and their partners, across heterosexual and LGBTQI+ relationships. Surveys were completed by 620 LGBTQI+ cancer survivors and 165 LGBTQI+ partners; 1,161 heterosexual cisgender cancer survivors and 211 partners. A subsample of each population was interviewed ( $n = 320$ ).

**Results:** Across gender and sexual identities, participants took up the following post-cancer subject positions: “Dys-embodied sexual subjectivity”—characterised by bodily betrayal, sexual loss, lack of acceptance, challenges to gender identity; “Re-embodied sexual subjectivity”—

characterised by greater sexual confidence, acceptance, the exploration of non-coital sexual practices, and increased relational closeness; and “Oscillating sexual subjectivity”—involving a shift between states of sexual dys-embodiment and sexual re-embodiment. Gay and bisexual men were more likely than lesbian, bisexual and heterosexual women to report disembodied sexual subjectivity, associated with reports of psychological distress and disruption to intimate relationships. However, sexual renegotiation was higher in LGB relationships. Lesbian and non-binary women resisted medical regulation of the sexual body through breast and vaginal reconstruction following cancer. Dissatisfaction with communication with health care professionals was more common in gay/bisexual and lesbian participants.

**Conclusions:** The findings point to the importance of an intersectional framework in understanding the sexual subjectivity of cancer survivors, and the need for LGBTQI+ inclusion in health care professional education and guidelines to inform the provision of culturally safe and affirming cancer care.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Covid-19 and Sexuality: The Emergence of New Paradigm in Sexual Scripts. Organised By Sexologies: European Journal of Sexology and Sexual Health

Alain Giami<sup>a</sup>, Stefano Eleuteri<sup>b</sup>, Filippo Maria Nimbi<sup>b</sup>, Brice Gouvernet<sup>c</sup> and Joseph Tucker<sup>d</sup>

<sup>a</sup>WAS; Sexologies: European Journal of Sexuality and Sexual Health, Paris, France; <sup>b</sup>Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, Italy; <sup>c</sup>Rouen—Université de Normandie, Rouen, France; <sup>d</sup>Institute of Global Health and Infectious Diseases and Clinical Research Department (LSHTM), (UNC Chapel Hill), USA

The COVID-19 pandemic has been affecting much of the world since the beginning of 2020. Epidemiological surveillance and analyses of health policies implemented here and elsewhere clearly show that this pandemic is progressing at different rates and intensities in different regions of the world and among different social groups and populations affected by it.

Ongoing studies also show that the differences in prevalence between individuals and between

populations are not only the result of the strength and capacity of reproduction and propagation of the virus, the immunization capacities of individuals and the climate but also of the living conditions and habitat of individuals, their lifestyles and the coherence and adequacy of the health responses implemented by governments (Galmiche et al., 2020).

Contradictions, inconsistencies and day-to-day adaptations according to political stakes, as well as



scientific controversies on treatments (Berlivet & Löwy, 2020) have had a lasting impact on public responses to this pandemic and have undermined the trust of populations in political and health authorities. Beyond the actual pathophysiological consequences of the virus on the organism in general and on sexual and reproductive functions in particular, the health measures have had definite and often deleterious effects on lifestyles, ways of working, having relationships, and having sex, and it is the impact of these measures on sexual life that has been the subject of

the majority of the published work, which will be discussed here.

In this symposium, the first developments in research on the theme “COVID19 and Sexuality,” which were published from the beginning of 2020, less than six months before the writing of this text, are analyzed with a view to putting the research on this theme into perspective in the history of research on sexuality and particularly the links between HIV/AIDS and Covid19 and sexuality.

## International Sexual Health and Reproductive (I-Share-1) Health Survey During Covid-19: Data From Italy

Stefano Eleuteri and Filippo Maria Nimbi

Faculty of Medicine and Psychology, Sapienza University of Rome

**Background:** Coronavirus is an infectious disease that has affected many countries, changing daily life. Italy was one of the first Countries suffering Covid-19 social distancing restrictions. In partnership with a global consortium, we organized a survey to better understand sexual health during COVID-19. This presentation will present preliminary findings focused on sex and sexuality in Italy.

**Methods:** 342 participants were asked about sex life satisfaction in the three months prior to COVID-19 and the three months after COVID-19 measures. Satisfaction was categorized as very satisfied, somewhat satisfied, neutral, not very satisfied, or not at all satisfied. The primary outcomes focused on changes in sexual behaviors (frequency and satisfaction of sexual activity) and reported sexual problems prior to and during COVID-19 measures.

**Results:** The age range varied from 19 to 79 years old. 226 participants (66%) were women and 116 (34%) were men. 255 (74.5%) of them reported to be heterosexual, 27 (7.9%) bisexual, 34 (10%) gay and the

remaining sample (26, 7.6%) used other definitions for their sexual orientation. Between those who reported to have sexual problems (186 participants, 54.4% of the total sample), the most reported were diminished/loss sexual desire (106, 57%), difficulty in reaching orgasm (43, 21.3%), diminished/loss sexual excitement (41, 22%), pain during sexual intercourse (33, 17.7%), increasing sexual desire (30, 16.1%), erection problems (28, 15.1%), difficulties in vaginal and/or anal penetration (21, 11.3%), premature ejaculation (15, 8.1%). The proportion of participants who were not very satisfied or not at all satisfied increased from 31.6% (103/342) prior to COVID-19 measures compared to 63.4% (206/342) during COVID-19 measures.

**Discussion:** Different sexual problems have been reported during the COVID-19 restriction. Data will help clinicians to help patients to recover their sexual satisfaction after this period

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Masturbation in Time of Covid: “My Behaviors Change, but My Feelings Too!”

B. Gouvernet

Rouen Normandy University

**Context:** Masturbation—as a lived experience—is poorly documented in the scientific literature and, a fortiori, very little investigated in the specific context of the COVID19 health situation. In this work, we investigate the emotions felt during masturbatory activities during the first COVID19 confinement in France.

**Method:** Data from 1,549 participants (women: 65.4%) collected online between April 27 and May 11, 2020 are analyzed. A tool, inspired by Nobre’s Sexual Mode Questionnaire, was used to identify emotions experienced during solo masturbation practices. 16 emotions—8 negative, 8 positive—grouped into 4 main categories of emotions following factor analysis (shame/guilt, negative affectivity, self-awareness and pleasure), were studied. Data on masturbatory emotions are crossed with social-demographic indicators, information on confinement modalities and measures of psychological functioning (Anxiety; Depression). Information on sexual behavior is also included (frequency of masturbation and pornography consumption).

**Main results:** 12 out of 16 emotions were impacted by the confinement. This impact was negative overall: an

increase in dysphoric emotions was associated with a decrease in positive emotions. Compared to women, men seem to have experienced more negative emotions and less positive emotions. Anxiety and depression are also significantly associated with emotions experienced during masturbation. Increased pornography consumption during confinement is associated with increased negative emotions during masturbation and increased guilt. Negative emotions had a deleterious effect on sexual satisfaction, positive emotions a positive effect.

**Discussion:** Results are discussed in relation to biopsychosocial models and sexual social script theories. Limitations are presented.

**Conclusion:** Understanding the impact of confinement on sexuality implies reporting on the behavioral changes induced by it. But these effects cannot be reduced to the behavioral sphere: it is the very experience of sexuality that has been impacted.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## International Sexual Health and Reproductive (I-Share-1) Health Survey During Covid-19: A Multi-Country Analysis From 25 Countries

Joseph Tucker and the I-SHARE Team

Institute of Global Health and Infectious Diseases (UNC Chapel Hill) and Clinical Research Department (LSHTM), USA

**Background:** The initial COVID-19 wave of infections forced billions of people to shelter in place, altering sexual relationships around the world. In partnership with a global consortium, we organized a multi-country survey to better understand sexual health during COVID-19 in 25 countries. This presentation will introduce the consortium and present preliminary findings focused on sex and sexuality.

**Methods:** The research consortium consisted of thirty principal investigators who each organized a harmonized cross-sectional, online survey in each

country. The primary outcomes focused on changes in sexual behaviors (frequency of sexual activity and condomless sex), physical or sexual violence from a partner, and utilization of sexual and reproductive health services prior to and during COVID-19 measures. Participants were asked about sex life satisfaction in the three months prior to COVID-19 and the three months after COVID-19 measures. Satisfaction was categorized as very satisfied, somewhat satisfied, neutral, not very satisfied, or not at all satisfied.

**Results:** A total of 22,724 individuals were recruited in 25 countries. The mean age was 34 years old and 15,160 (67%) were women and 7,505 (33%) were men. A total of 19,432 (87%) people were cis-gender and 2,672 (12%) were not cis-gender. 16,592 (78%) identified as heterosexual, 1,823 (9%) identified as bisexual, 1,133 (6%) as gay/lesbian, and 1,112 (6%) as another gender. Among those with a steady partner, condom use stayed the same for most people (10,370/12,361, 87%). COVID-19 measures made it more difficult to access condoms (996/11,101, 9.0%) and HIV/STI testing (834/3,622,

23.0%). The proportion of participants who were not very satisfied or not at all satisfied increased from 23.4% (4,813/20,590) prior to COVID-19 measures compared to 39.6% (8,141/20,565) during COVID-19 measures.

**Discussion:** This multi-country study provides more detailed sexual health data across many different settings. More research on sex life satisfaction is important during COVID-19 measures.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Critical Role of Sexual Health Experts in Advancing Enabling Policy Environments

Luisa Cabal

UNAIDS, Geneva, Switzerland

Evidence shows that enabling legal and policy environments are critical for the enjoyment of sexual health and rights. However, criminal and punitive laws continue to hinder the possibility of ensuring that the right to sexual and reproductive health become a reality for millions.

These criminal approaches include, for example, criminalization of LGBTI people and sex workers. If these realities are to change, the expertise of scientists, practitioners, researchers working in the field of sexual health must actively engage in policy discussions that can influence legal and policy reform—including promoting legal protections for those that have been

marginalized and discriminated against in laws and policies related to sexuality.

This symposium proposes to share and discuss examples of advocacy and leadership to change the legal landscape in different countries and on different issues—such as HIV, abortion, legal identify laws—to spur more concerted efforts from participants in the WAS conference to leverage their expertise to lead and engage in legal and policy reform.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Los Itinerarios de Formación, Un Camino Hacia la Consolidación de la EIS en la Región

C. Cimmino and D. Rossi

FLACSO, Facultad Latinoamericana de Ciencias Sociales, Argentina

Los itinerarios de formación, un camino hacia la consolidación de la EIS en la región

La Región de América Latina se ha conformado como un espacio de experimentación social en materia de avances para la expansión del campo de los

derechos humanos, particularmente de los derechos sexuales y reproductivos. Estos avances se expresan a través de una conjunción de acciones y procesos entre los que se destacan los marcos legales y normativos, los programas de los organismos del estado, la

contribución de la academia - mediante la promoción de espacios de formación e investigación - y la participación de las organizaciones de la sociedad civil.

En el marco de las estrategias mencionadas, la Educación Integral en Sexualidad (EIS) se ha integrado como una política pública en algunos países de la región y en otros, a pesar de los esfuerzos sigue siendo un tema pendiente. Es en este contexto que las actividades de formación se consolidan como un elemento necesario para brindar herramientas - conceptuales y metodológicas - que faciliten su consolidación y desarrollo, así como la implementación de buenas prácticas que permitan abordar adecuadamente los obstáculos a la hora de llevar adelante la EIS en la Región.

El Programa de Ciencias Sociales y Salud, EIS de la FLACSO-Argentina, desde el año 2016, lleva adelante experiencias de formación en EIS donde - con diversas estrategias - brinda oportunidades de formación inicial, de posgrado, así como espacios de intercambio:

- Diplomado Superior de EIS, coordinado con UNESCO/UNFPA contribuye a aumentar las capacidades de los docentes para implementar el tema y abordar exitosamente desafíos en el

ámbito escolar y comunitario (900 participantes)

- Comunidad de Prácticas, espacio que posibilita el intercambio de conocimientos y experiencias entre docentes y técnicos de la región (811 participantes)
- Boletín digital IntercambiEIS, se comparten y difunden experiencias y noticias relevantes, conformando un espacio de convocatoria y confluencia de ideas y propuestas que enriquecen y expanden las múltiples iniciativas de EIS.

Estos itinerarios de formación se constituyen y consolidan como espacios de empoderamiento, no sólo a título individual sino además colectivo, ya que posibilitan la construcción de una identidad y de un espacio de pertenencia en los temas vinculados a la EIS en la región de Latinoamérica y el Caribe.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Implementación de Las Escuelas de Liderazgo Adolescente en El Estado de Campeche, México: Retos y Aciertos en Tiempos de Pandemia

Rossana de Guadalupe Achach Cervera, Frederick Santana, Jorge Alberto and  
Ramírez de Arellano De La Peña

CESSEX, Mérida, México

La implementación de las Escuelas de Liderazgo Adolescente (ELA) en el Estado de Campeche, México, promovida por el Instituto de la Mujer del Estado de Campeche (IMEC) en coordinación con el Centro de Estudios Superiores en Sexualidad (CESSEX), buscó fortalecer habilidades para la vida de las adolescentes con un eje fundamental en derechos sexuales y reproductivos, a través de la implementación de ELA en municipios identificados con Tasa Alta y Muy Alta de Fecundidad en adolescentes (Campeche, Carmen, Candelaria, Champotón y Escárcega), así como generar espacios de incidencia para posicionar y dar seguimiento a la agenda de infancia y adolescencia con

énfasis en derechos sexuales y reproductivos, a través de la conformación de una red de niñas y adolescentes, egresadas de las ELA. Todo esto se realizó en 4 fases desde la mirada de la interseccionalidad y la perspectiva de género.

1. Foros sobre el derecho a la participación de niñas y adolescentes
2. Implementación de las Escuelas de Liderazgo Adolescente
3. Conformación de la Red de Liderazgo Adolescente
4. Evaluación del impacto de la intervención

El reto principal fue la implementación de manera virtual debido a la contingencia sanitaria ocasionada por el SARS-COV-2, lo que trajo dificultades como que los eventos resultaran poco accesibles a población en comunidades alejadas o con nulo acceso a redes de internet.

Se logró construir espacios seguros, permitiendo a las adolescentes expresarse, confrontarse, empoderarse y desarrollar un pensamiento crítico, lo cual propició

la formación de una red y de esta se planteó una agenda para realizar lo siguiente: Trabajo con padres y madres de familia, en temas de sexualidad e igualdad de género; Sensibilización a personal docente, trabajo con hombres jóvenes sobre estereotipos y nuevas masculinidades, temas de diversidad sexual en las escuelas, prevención y tipos de violencia, trabajo en la prevención de embarazo.

## Implementación de Las Escuelas de Liderazgo Adolescente en El Estado de Campeche, México: Retos y Aciertos en Tiempos de Pandemia

Jorge Alberto Ramírez de Arellano De La Peña

Centro de Estudios Superiores en Sexualidad

**Resumen:** En este simposio se hila la construcción metodológica del proyecto de las Escuelas de Liderazgo Adolescente (ELA). Debido a las características del grupo poblacional y las problemáticas multi-causales que enfrentan; fue necesario un enfoque interseccional con perspectiva de género, lo cual permitió un panorama más amplio que abarcó los matices que se tenían y enriqueció la intervención al hacerla más completa. Por lo tanto, la intervención fue desde la metodología del Modelo de Proyectos de Intervención Social de Bizkaia (2010).

El modelo de Bizkaia se parte del supuesto de que los proyectos de intervención social tienen como fin promover la inclusión y autonomía de personas en situación de vulnerabilidad, a partir del ejercicio de sus derechos; lo cual describe el escenario con adolescentes que viven en municipios de mayor alta de fecundidad en el estado de Campeche. Esta metodología consta de ciclos en los que se debe plantear la problemática a abordar, el diseño y preparación de la intervención, la puesta en marcha y la evaluación para una valoración final o que continúe con un nuevo ciclo de intervención.

Para la intervención en las ELAs, se desarrollaron fases con sus participantes, actividades y recursos particulares y diferenciados:

Fase 1: Foros sobre el derecho a la participación de las niñas y adolescentes

Fase 2: Implementación de las Escuelas de Liderazgo Adolescente (ELA)

Fase 3: Conformación de la Red de Liderazgo Adolescente (REDLA) Fase 4: Evaluación del impacto de la intervención

Las fases 1, 2 y 3, se manejaron bajo la Investigación-Acción-Participativa, ya que se partió del supuesto de que las participantes son quienes viven y conocen su problemática debido al entorno naturalista donde se desarrollan. Adicionalmente, en cada una de las fases se administró un instrumento que medía la satisfacción de las participantes para la valoración final de la intervención.

**Fuente de financiación:** La implementación de esta intervención se realizó, en cumplimiento de la acción "PARTIDA 1.- 218.MT FOBAM-2 Impulsar espacios de participación y fortalecimiento de liderazgos de niñas y adolescentes en derechos sexuales y reproductivos", con financiamiento del Fondo para el Bienestar y el Avance de las Mujeres (FOBAM).

**Declaración de conflicto de interés y divulgación:** Ninguno

## Implementación de Las Escuelas de Liderazgo Adolescente en El Estado de Campeche, México: Retos y Aciertos en Tiempos de Pandemia

Frederik Alejandro Santana Núñez

Centro de Estudios Superiores en Sexualidad

La implementación de las Escuelas de Liderazgo Adolescente (ELA) buscó fortalecer habilidades para la vida de las adolescentes con un eje fundamental en derechos sexuales y reproductivos; las principales actividades necesarias para lograrlo fueron: Foros sobre el derecho a la participación de niñas y adolescentes, Escuelas de Liderazgo Adolescente y Conformación de la Red de Liderazgo Adolescente.

El objetivo de los foros fue el promover la participación de niñas, niños y adolescentes en la construcción de una agenda de infancia y adolescencia con énfasis en derechos sexuales y reproductivos con perspectiva de género y enfoque de DDHH; se tuvo la participación de estudiantes de educación media superior, personal y adultos responsables. Los foros permitieron conocer la situación actual de las y los participantes en torno al tema, sus necesidades, que temas son importantes a tratar y como se puede prevenir el embarazo adolescente desde su perspectiva. De este apartado surgió una Agenda de Infancia y Adolescencia con énfasis en derechos sexuales y reproductivos que contempla 3 ejes con sus respectivos objetivos y líneas de acción: Participación Ciudadana, Educación Pública, Salud Pública.

Por su parte, las ELA abordaron los siguientes temas:

Educación Integral de la Sexualidad, Género y no discriminación, Violencia de género, Salud sexual y reproductiva., Reconociendo mis derechos., Liderazgos feministas, Ciudadanía digital, Habilidades para la vida, Empoderamiento y proyecto de vida, Conformación de la red.

El grupo facilitador estuvo conformado por profesionales especialistas en sexología, género y violencia; a fin de que el enfoque de género y derechos fuera un aspecto central de la intervención; además que el rol del equipo fue de vital importancia debido a que era necesaria la sinergia para proporcionar a las adolescentes un espacio seguro que incentivara su compromiso para la REDLA.

**Fuente de financiación:** La implementación de esta intervención se realizó, en cumplimiento de la acción "PARTIDA 1.- 218.MT FOBAM-2 Impulsar espacios de participación y fortalecimiento de liderazgos de niñas y adolescentes en derechos sexuales y reproductivos", con financiamiento del Fondo para el Bienestar y el Avance de las Mujeres (FOBAM).

**Declaración de conflicto de interés y divulgación:** Ninguno

## Implementación de Las Escuelas de Liderazgo Adolescente en El Estado de Campeche, México: Retos y Aciertos en Tiempos de Pandemia

Rossana de Guadalupe Achach Cervera

Centro de Estudios Superiores en Sexualidad

Este simposio busca dar cuenta de los retos que se tuvieron durante la implementación de las Escuelas de Liderazgo Adolescente (ELA) en el Estado de Campeche, México, para lograr el objetivo de fortalecer habilidades para la vida de las adolescentes con un eje fundamental en derechos sexuales y reproductivos.

En este proyecto el reto principal fue la implementación de manera virtual debido a la contingencia sanitaria que se vive a nivel mundial ocasionada por el SARS-COV-2, lo que trajo consigo dificultades y aciertos para que se lograra el objetivo, el tránsito de la implementación fuera fluido y la experiencia de las participantes fuera significativa, además de brindar un

espacio de reflexión y aprendizaje de los temas de su interés.

El primer reto fue encontrar una metodología que se adaptara a las particulares circunstancias de la población en cuanto a situación de vulnerabilidad y que permitiera su participación activa y el empoderamiento durante el proceso.

Otro reto fue la gestión de foros virtuales que permitieran que las voces de más de cien participantes fueran escuchadas e incluidas en la construcción de una Agenda de Infancia y Adolescencia con énfasis en derechos sexuales y reproductivos.

También se presentó el reto de la conformación de un equipo facilitador experto en derechos sexuales y reproductivos, con perspectiva de género y formación en sexualidad, la conformación del contenido del programa y las gestiones de programación de un proceso formativo y transformador desde la virtualidad.

Se puede adelantar, que los retos fueron solventados y los resultados dan cuenta de ello; se tiene una Red de Adolescentes egresadas de la primera generación de ELA en Campeche empoderadas, convertidas en agentes de cambio dentro de sus comunidades, además de una Agenda que permite la creación de rutas para trabajar la problemática de embarazo adolescente.

**Fuente de financiación:** La implementación de esta intervención se realizó, en cumplimiento de la acción “PARTIDA 1.- 218.MT FOBAM-2 Impulsar espacios de participación y fortalecimiento de liderazgos de niñas y adolescentes en derechos sexuales y reproductivos,” con financiamiento del Fondo para el Bienestar y el Avance de las Mujeres (FOBAM).

**Declaración de conflicto de interés y divulgación:** Ninguno

## Educación Integral en Sexualidad Con Enfoque en Diversidad

Felipe Hurtado-Murillo, Francisca Rodríguez-Molero, Guillermo González-Antón and Santiago Frago Valls

Spanish Federation of Sexology Societies, Barcelona, Spain

En este simposio queremos abordar la educación integral en sexualidad con enfoque en diversidad.

Debemos conseguir que haya una educación para la sexualidad con evidencias científicas y con respeto a los derechos sexuales.

Durante la infancia y la adolescencia se adquieren diversos desarrollos de la sexualidad: identidad sexual y de género, orientación sexual, erotismo y vinculación afectiva. También pueden aparecer preocupaciones si no hay una educación en sexualidad con bases científicas o se sufren situaciones de maltrato, acoso o discriminación por pertenecer a minorías sexuales o a culturas con valores altamente restrictivos asociados al patriarcado.

Aprobada en España la Ley Orgánica 3/2020, de 29 de diciembre, por la que se modifica la Ley Orgánica 2/2006, de 3 de mayo, de Educación (LOMLOE), volvemos a retomar un viejo debate que nunca se fue. El debate no es otro que justificar la necesidad y el objetivo de una Educación Sexual Integral (ESI), donde

la Diversidad Sexual sea la norma y no la excepción. Una ESI inclusiva de un modo que supere los siempre aludidos aspectos formales para perseguir con vocación la excelencia en una ESI científica, ética y democrática.

Desde la exposición de motivos que preludian la LOMLOE y su desarrollo articular intentaremos realizar un fundamentado análisis crítico- no tendría sentido otro objetivo- para que esta nueva oportunidad que se nos presenta en mi país alcance un desarrollo óptimo y una implantación definitiva.

La promoción del desarrollo de una sexualidad y afectividad sana y gratificante en la población de las personas mayores constituye un objetivo social de primer orden que responda al objetivo de promover un concepto de las personas mayores que respete sus derechos como parte integrante de la sociedad, sin discriminaciones ni invisibilidades.

## Educación Integral en Sexualidad Con Enfoque en Diversidad

Felipe Hurtado-Murillo

Educación integral en sexualidad con enfoque en diversidad en infancia y adolescencia

Durante la infancia y la adolescencia se adquieren diversos desarrollos de la sexualidad: identidad sexual y de género, orientación sexual, erotismo y vinculación afectiva. También pueden aparecer preocupaciones si no hay una educación en sexualidad con bases científicas o se sufren situaciones de maltrato, acoso o discriminación por pertenecer a minorías sexuales o a culturas con valores altamente restrictivos asociados al patriarcado.

Dado que no tenemos instintos y que aprendemos a través de la observación, de la imitación y de la educación debemos conseguir que haya una educación para la sexualidad con evidencias científicas y con respeto a los derechos sexuales. No todas las personas se educan bajo el mismo modelo ni con los mismos medios formales de educación, sino que en dependencia de los valores familiares, tipo de centro educativo y políticas de educación de cada país, se van a generar las desigualdades que ocasionan sufrimientos en los distintos aspectos de desarrollo psicosexual.

El objetivo es preparar a niños, niñas y jóvenes con conocimientos, habilidades, actitudes y valores que empoderen para alcanzar el mayor grado de salud y

bienestar y desarrollar relaciones sociales y sexuales respetuosas. Para ello los objetivos específicos son:

1. Potenciar en el ámbito educativo la educación integral en sexualidad como un proceso curricular para enseñar y aprender acerca de los aspectos cognitivos, emocionales, físicos y sociales de la sexualidad.
2. Proporcionar, mediante un proceso educativo continuo, información precisa con base en la evidencia sobre la salud sexual, adaptada a cada edad y etapa del desarrollo, teniendo en cuenta la diversidad humana y las diferentes capacidades.
3. Desarrollar y promover la comprensión de los derechos humanos universales, alentando a reconocer sus propios derechos y reconocer y respetar los derechos de los demás.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Educación Integral en Sexualidad Con Enfoque en Diversidad

Guillermo González Antón

Leyes de Educación en Sexualidades: el modelo español como paradigma de una necesidad negada

Aprobada en España la Ley Orgánica 3/2020, de 29 de diciembre, por la que se modifica la Ley Orgánica 2/2006, de 3 de mayo, de Educación (LOMLOE), volvemos a retomar un viejo debate que nunca se fue. El debate no es otro que justificar la necesidad y el objetivo de una Educación Sexual Integral (ESI), donde la Diversidad Sexual sea la norma y no la excepción. Una ESI inclusiva de un modo que supere los siempre aludidos aspectos formales para perseguir con vocación la excelencia en una ESI científica, ética y democrática.

Desde la exposición de motivos que preludian la LOMLOE y su desarrollo articular intentaremos realizar un fundamentado análisis crítico- no tendría

sentido otro objetivo- para que esta nueva oportunidad que se nos presenta en mi país alcance un desarrollo óptimo y una implantación definitiva. Es este un Derecho Humano que se nos resiste desde ya hace demasiado tiempo. Si además podemos compartir este logro con otros países en vías de desarrollar sus propios proyectos legislativos y/o contagiar nuestra ilusión a que los inicien, el esfuerzo sin duda habrá valido la pena.

La ESI es un hecho en algunos países en los que nos miramos y admiramos. Somos demasiadas veces conscientes de sus avances en la consecución de una Sexualidad en su ciudadanía que se acerca a las



grandes e inclusivas definiciones que organismos internacionales defienden. Pero ni estos países, ni estas organizaciones internacionales, se ven libres de la tendencia a dejarse seducir por planteamientos sencillos, higiénicos, preventivistas y conductuales de un hecho sexual humano que una vez abraza, un tanto acriticamente, el paradigma de la Salud Sexual muta su

objetivo principal de visibilizar la riqueza de los sexos y sus interacciones, por la consecución de una sexualidad saludable, que, siendo importante y urgente, no es lo más importante

**Declaración de conflicto de interés y divulgación:** Ninguno

## Educación Integral en Sexualidad Con Enfoque en Diversidad

Santiago Frago Valls

Educación sexual en personas mayores: más allá y más acá de la erótica del otoño

El mantenimiento de la salud es una necesidad sentida entre las personas mayores. Es importante considerar la sexualidad como una parte natural y saludable de nuestra vida, aceptando que los sentimientos, los deseos y la erótica sexual están presentes a lo largo de todo el ciclo vital. En este sentido, la Sexología y la Medicina sexual han de considerarse aliados inseparables.

La promoción del desarrollo de una sexualidad y afectividad sana y gratificante en la población de las personas mayores constituye un objetivo social de primer orden que responda al objetivo de promover un concepto de las personas mayores que respete sus derechos como parte integrante de la sociedad, sin discriminaciones ni invisibilidades.

Este objetivo se engloba en el marco más amplio de la mejora de la Salud y la Calidad de Vida, buscando

con ello un “envejecimiento activo, exitoso y entretenido.”

Desde este planteamiento nace una experiencia novedosa desde el ámbito público, que conjuga dos líneas de intervención inseparables en Sexología: la Educación Sexual, o sea, de los Sexos y el Asesoramiento sexológico.

El visibilizar y dar carta de naturaleza a una necesidad sentida pero a la vez temida en nuestra sociedad sobre “la sexualidad y la salud sexual de los mayores” lo entendemos como un acto de justicia y deuda ante los mismos.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Materiales Didácticos Para Apoyar la Educación Y la Terapia Sexual

Rinna Riesenfeld and Elizabeth Torres Bolivar

WAS, FEMESS, Cdmx, Mexico

En este simposio vamos a enseñar diferentes materiales didácticos de tres países Brasil, Colombia y México que han sido de mucho apoyo tanto para de educación sexual como para la terapia sexual, los temas principales son género, salud sexual, abuso sexual prevención, detección y atención, expresión de emociones/vínculos, diversidad sexual y educación sexual.

Los materiales abarcan edades de 3- 20 años, algunos se pueden jugar en familia.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Garantizando Una Educación Integral en Sexualidad Innovadora Antes, Durante y Después Del Covid-19

Mariana Cruz Murueta

International Planned Parenthood Federation Western Hemisphere Region, Mexico City, Mexico

La educación integral en sexualidad se encuentra transicionando permanentemente y buscando posicionarse y legitimarse en diversos espacios y entre diversas poblaciones; sin embargo, la llegada del COVID-19 nos ha obligado a cuestionarnos y reflexionar sobre las oportunidades y los retos a los que nos enfrentamos para generar contenido de calidad, facilitarla en espacios educativos formales y no formales, y sobre todo, para responder de manera pertinente a las necesidades de niños, niñas, adolescentes y jóvenes a nivel global.

Este simposio tiene por objetivo problematizar la situación de la EIS en la actualidad, en un contexto en el que el COVID-19 ha invisibilizado todo lo demás. El cierre de las escuelas en América Latina y el Caribe pone en entredicho las medidas adoptadas por los gobiernos y si bien se vislumbra ya una deserción

escolar importante y una brecha de aprendizaje de hasta una década, la situación de las niñas en particular se verá seriamente vulnerada si no se les brinda información y educación que les permita tomar decisiones sobre su salud, sus cuerpos y sus vidas.

La EIS es posible con todas y cada una de esas complejidades, y la generación de recursos educativos innovadores, digitales y de gran alcance, nos brindan la oportunidad de llegar a más niños, niñas y adolescentes con EIS inclusiva y de calidad. Revisaremos qué recursos están disponibles y en qué aspectos nos falta avanzar.

**Declaración de conflicto de interés y divulgación:** Ninguno

## Sexuality Education and the Power of Social Media Influencing

Ekua Yankah<sup>a</sup>, Elsa Majimbo<sup>b</sup>, Janet Mbugua<sup>c</sup>, Stacie June Shelton<sup>d</sup>, Matthew Balise<sup>e</sup> and Lynae Brayboy<sup>f</sup>

<sup>a</sup>UNS, Sydney; <sup>b</sup>Comedienne; <sup>c</sup>Inua Dada Foundation; <sup>d</sup>Dove Self-Esteem Project; <sup>e</sup>Influencer; <sup>f</sup>Oocyte Biology

The 2020 Coronavirus pandemic saw the rise of a new order of home-grown social media celebrities. This symposium will explore the role of social media influencing, whether through personalities or brands, sexuality education and sexual culture in Sub-Saharan Africa.

Our panelists have catalysed discussions about dating, periods, body confidence and LGBTQ advocacy to spur social change on the African continent and beyond.

This symposium will highlight concrete examples of the stratospheric rise of an internet comedienne in Nairobi and her partnership with the dating app Bumble, the release and reception of a memoir about periods called “My First Time,” the gender-neutral and science-based period tracking app Clue and its online encyclopedia for people with periods, the advocacy campaign #EndHomophobiaInNigeria following the

death of a gay man in Nigeria and more than a decade of experience coming out of the Dove Self-Esteem Project on the topic of body shaming and social media literacy.

The pros and cons of using social media to reach a young, increasingly connected and globally curious cohort of African young people will be debated. Strategies for reaching rural young people and those without access to the Internet will be discussed. The panelists will respond to selected questions from the audience.

Panelists:

Elsa Majimbo is an Internet comedienne based in Nairobi, Kenya. She gained recognition during the Covid-19 quarantine period by making funny quarantine videos. In 2021 Elsa created a series of humorous videos called “Ask Elsa” in collaboration with the dating app Bumble.

Janet Mbugua; journalist, media personality, SRHR advocate; will, among other topics, talk about her book “My First Time” about periods. She is a celebrity advocate for menstrual health and sexual reproductive health and rights with more than 1 million Instagram followers.

Stacie June Shelton is an experienced and award-winning public health professional. She is the Global Head of Education and Advocacy for the Dove Self-Esteem Project.

Matthew Balise is a Nigerian queer rights activist and Instagram influencer. In March 2020, after the murder of a gay man in Nigeria, Blaise created a

Twitter campaign with Ani Kayode Somtochukwu and Victor Emmanuel. The three successfully made the hashtag “#EndHomophobiaInNigeria” trend on Nigerian Twitter for multiple days.[2]

Dr. Lynae Brayboy is a physician-scientist, Assistant Professor for Oocyte Biology and current Chief Medical Officer for the Clue App. In addition to its loyal following Clue has created an online encyclopedia on menstrual health and two seasons of an acclaimed podcast called Hormonal.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Supervision for Sexologists—Why, When and How?

Tiina Vilponen<sup>a</sup>, Beatrice Cuzin<sup>b</sup> and Helle Gerbild<sup>b</sup>

<sup>a</sup>EFS; <sup>b</sup>Centro Universitário Dom Bosco, Curitiba, Brasil

Supervision is an important part of sexological training, and sexological work; however, the need for supervision is often overlooked. In this EFS symposium, the purpose is to discuss the values and importance of providing supervision for trainees and sexologists. We will reflect on the questions why, when and how to provide supervision. During the

symposium, we will share our experiences, different guidelines, scientific literature and recommendations. Participants will be inspired to create a framework that can support trainers and supervisors to use optimal supervision tools and thereby establish optimal supervision.

## Peer Supervision

Helle Gerbild<sup>a,b</sup>

<sup>a</sup>Health Sciences Research Centre, UCL University College, Odense, Denmark; <sup>b</sup>Faculty of Health Sciences, Oslo Metropolitan University, Oslo, Norway

Very few scientific articles in the field of sexology focus on supervision or even mention supervision. This session deals with supervision requirements in Nordic sexology education. The presentation also includes examples of group supervision in sexology in Nordic countries. In addition, the session will highlight experiences and activities in a Danish supervision

group. Finally, the presentation will give recommendations for the establishment and operation of a supervision team.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Guidelines for Supervision in EFS/ESSM School

Beatrice Cuzin

Department of Urology and Transplantation, E Herriot University Hospital, Lyon Cedex, France

This presentation will try to introduce a frame for future supervision guidelines and reflect what EFS and ESSM have already started to build. Some scientific societies such as APA (American Psychological Association) and AASECT (American Association of Sexuality Educators, Counselors and Therapists) have published guidelines and proposals that could be utilized. The overarching goal for the guidelines is to promote the provision of quality supervision in sexuality using a competency framework. That is crucial in order to enhance the development of supervisee competence, ensuring the protection of patients and

the public. An assumption underlying all supervision is that the supervisor is competent—both as a professional sexologist and as a clinical supervisor. Attention should be given to defining or evaluating the competence of a supervisor or to defining requisite training for clinical supervisors. This asks for developing the knowledge, skills, and attitudes in the provision of supervision, and receiving specific training.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Supervision During Training

Tiina Vilponen

Sexpo Foundation, Helsinki, Finland

During training students start to practice as sexuality counsellors. The training opens an important process, not only for the customer but also for the counsellor-to-be. Supervision provides security and holds space for reflection, learning and sharing. As studies show, reflection is crucial for counsellors, as it elevates the quality of the counselling process. This presentation

gives practical examples of supervision during sexological training and shares ideas as well as possibilities of development in supervision.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Journey Towards Comprehensive Sexuality Education—Marking Progress and Looking at the Road Ahead

Joanna Herat and Sally Beadle

UNESCO

As the evidence for the potential of truly comprehensive sexuality education (CSE) has emerged, as well as research informing best practice, many countries around the world have committed to accelerate efforts to scale up scientifically accurate, age-appropriate CSE. Although there is variation, including setbacks in some contexts, progress has been made in many countries.

UNESCO and partners are behind a new report seeking to provide a snapshot of the global status of school-based CSE. This report, due for publication in September 2021, will help to inform continued advocacy and resourcing efforts, as we work towards the goal of ensuring all learners receive good quality CSE throughout their schooling.

UNESCO is organising a symposium at the WAS Congress 2021 to share key findings from this global report, focus on where countries are at in their diverse journeys towards CSE, highlight how CSE makes an important contribution to young people's health and well-being, and emphasise the need for greater public support and commitment to CSE in holding governments accountable for its provision.

The 60-min symposium will feature a presentation of key findings by UNESCO, followed by three country case studies—from Namibia, Sweden and Tunisia. Then there will be a conversation between a group of young activists, who will reflect on the findings and

case studies, and what these mean for their own contexts, what the realities for them are on the ground, and how governments and other stakeholders can ensure quality and truly inclusive and comprehensive sexuality education. A short video about the CSE Status Report will also be shared and audience members accessing the symposium will be encouraged to use a Jamboard to record their reflections, commitments and ideas for furthering progress and enabling countries to move ahead in their journey towards CSE.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Topical Issues From the World Professional Association for Transgender Health (WPATH)

Gail Knudson<sup>a</sup>, Ren Massey<sup>a</sup>, Jon Arcelus<sup>b</sup> and Walter Pierre Bouman<sup>c</sup>

<sup>a</sup>Global Education Institute (GEI); <sup>b</sup>WPATH Standards of Care 8; <sup>c</sup>WPATH and Editor IJTH

**Introduction and project:** WPATH is the World Professional Association for Transgender Health and is a 501(c)(3) non-profit, interdisciplinary professional and educational organization devoted to transgender health.

WPATH publishes the Standards of Care (SOC; currently version 7 in use), which are evidence-based and professional guidelines regarding the management and treatment of gender dysphoria and gender incongruence.

WPATH's Global Education Institute (GEI) offers Certified Training Courses: Best Practices in Transgender Medical and Mental Health Care. WPATH's official journal is the International Journal of Transgender Health (IJTH; IF 2020 = 5.33).

**Outcome:** The SOC8 is expected to be completed by December 2021 and will be globally accessible to interested stakeholders and other parties.

The aim of GEI is to increase access to knowledgeable healthcare providers for the trans and gender diverse community by training providers globally in the context and principles of the WPATH Standards

of Care, and their implementation into clinical practice. The GEI Certified Training Courses are offered in an interdisciplinary, interactive, live format, providing ample opportunity for networking, and building referral systems. Having trained over 5,000 participants, these courses serve as the Core Curriculum for WPATH Members pursuing WPATH GEI SOC7 Certification and is also open to all healthcare professionals across all specialties regardless of WPATH Membership Status.

There is free online access to the International Journal of Transgender Health (IJTH) for WPATH members.

**Discussion:** In this symposium, the development of the Standards of Care version 8 (SOC8), which started in 2017 as well recent developments within the Global Education Institute (GEI) and the International Journal of Transgender Health (IJTH) will be discussed.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

# Choking During Sex: Prevalence, Frequency, Meaning and How It Moved Into the Mainstream

Deborah Lynne Herbenick<sup>a</sup>, Yael R. Rosenstock Gonzalez<sup>b</sup>, Callie Patterson<sup>c</sup> and Debby Herbenick<sup>a</sup>

<sup>a</sup>Center for Sexual Health Promotion, Indiana University School of Public Health; <sup>b</sup>Sex Positive You; <sup>c</sup>Center for Sexual Health Promotion

Our research team has conducted four empirical and two qualitative research studies on choking during sex, including US nationally representative surveys and two campus-representative surveys. In this symposium, we will highlight findings from each of these studies, providing attendees with information about the prevalence, frequency, and meanings associated with choking during sex. We will also discuss our findings related to the potential health risks of choking during sex. In two confidential cross-sectional campus-representative surveys of several thousand college students, we found that more than half of women had ever been choked during sex. Also, nearly half of men reported having choked a partner during sex. Women, transgender, and gender non-binary students were significantly more likely to have been choked as compared to men. Of those who reported having ever

been choked, about one-quarter were first choked as adolescents. Participants reported learning about choking from friends, partners, pornography (more often reported by men), social media (more often reported by women), as well as mainstream media (e.g., magazines, television). Those who had been choked report having experienced a range of physical responses including blurred vision, neck bruising, neck pain, and loss of consciousness. Given that choking during sex has moved into the mainstream but is associated with health risks (including the potential for unintentional death), sexuality educators and clinicians must become aware of this shift in contemporary sexual behavior.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

Yael R. Rosenstock Gonzalez

Sex Positive You

Choking/strangulation during sex is prevalent among young adults, however, no qualitative research has examined people's experiences with choking/strangulation during sex outside of intimate partner violence. The purpose of our qualitative interview study was to investigate experiences with choking and/or being choked during partnered sex.

Through in-depth interviews with 24 women and 21 men and transmasculine undergraduate and graduate students ages 18 to 33, we sought to understand how people communicate with friends and partners about choking, how they first learned about choking, their early experiences with choking, their feelings about being choked and/or choking sexual partners, as well as how they approach consent and safety practices in relation to choking.

Our participants first learned about choking through diverse media (e.g., pornography, erotic

stories, magazines, social media) as well as through their friends and romantic and/or sexual partners. All of the women in our study reported having been choked but only 13 of the 24 women reported having ever choked a partner.

Similarly, men commonly reported choking their partner(s) but most did not report being choked with any regularity. Men who had been choked more often described it as uncomfortable or awkward than erotic. Participants described both consensual and non-consensual choking experiences. While many participants enjoyed being choked, some did it largely to please their sexual partners.

Participants described diverse methods and intensities of having been choked, including the use of hands and ligatures (e.g., belts, cords). Although very few had ever sought out information on safety practices or risk reduction, and only some had established

safe words or safe gestures with partners, participants consistently expressed a belief that the ways in which they and their partner(s) engaged in choking were safe. They also frequently connected choking during sex to intimacy and trust. Findings will

support sexuality education on this evolving sexual behavior.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Callie Patterson

Center for Sexual Health Promotion

Prior research has found that social media memes are one way that young people (and especially young women) report having learned about choking. In Fall 2020, our team identified 343 memes on popular websites, including social media websites (e.g., Twitter, Instagram).

Ten members of our research team coded these 343 memes (268 with English language text and 75 with Spanish language text), identifying themes that emerged from the memes. We found that the memes most often reflected themes of communication (and lapses of communication) surrounding choking, gendered dynamics, choking as dangerous, choking as sexy/desirable and sexualization of nonsexual objects, and events related to choking and the phrase “choke me, daddy.”

Additionally, memes that appeared to minimize the serious risks associated with choking and those that

described choking as desirable/pleasurable were balanced against memes that emphasized choking as something scary, dangerous and/or related to death or injury, non-consent, and/or interpersonal violence.

Very few memes were informational or instructional relative to the technique or safety of choking during sex. Additionally, the Spanish language memes in the study emphasized gender dynamics and shame related to religious beliefs/perspectives. Given the popularity of social media memes and their role in shaping sexual attitudes and behavior, sexuality educators need to be aware of memes related to choking and other sexual behaviors.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## 90 MINUTE SYMPOSIA

### What Is the World Sexual Health Day (WSHD) and Why Is It Important: The Perspective of the Current WSHD Committee

Patrícia Pascoal, Felipe Hurtado Murillo, Luis Perelman, Cristina Fridman, Jaqueline Brendler, Jeyarani Kamaraj, Sara Nasserzadeh and Stefano Eleuteri

World Association for Sexual Health, Minneapolis, USA

This symposium aims at approaching World Sexual Health Day (WSHD), an initiative from the World Association for Sexual Health (WAS), from a historical, social and politically engaged perspective. We aim to call attention to WSHD as an opportunity to promote sexual justice by highlighting achievements and by calling for change around the world in the field of sexual health and sexual rights.

WSHD is celebrated worldwide every 4th of September, and each year the WSHD committee at WAS discusses a theme and a logo, creating awareness about timely themes but also develops guidelines, follows up what is being organized and gathers the reports of different worldwide initiatives. In this symposium, we will visit the roots of this initiative, promoted by Rosemary Coates. We will visit some landmarks of what has been happening in the last years around the world.

We will portray how this event has grown to the point that has led to Portugal's government pioneer step this year: creating a national sexual health day, a movement we hope to see expanded worldwide. We will acknowledge other regional and local initiatives and active partners. In this symposium, we will also present committee members, how we work together, and the challenges we face to create culturally sensitive themes.

Finally, we will share our thoughts about the future and elaborate on the legacy we have received and the legacy we are leaving, sharing our enthusiasm about

one of the most creative initiatives from WAS. We want to share with the audience the joy and pleasure we feel with our work and give some examples of how it is received worldwide. We hope to create awareness of the importance of this celebration. Much of the WSHD history and initiatives can be seen on social media (e.g., [www.facebook.com/4sept/](http://www.facebook.com/4sept/)) and WAS' Website (<https://worldsexualhealth.net/world-sexual-health-day/>).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Internet Platforms and Sexual Rights: Censorship and Content Moderation Based on Gender, LGBTQ+, and Reproductive Lenses

Jackie Rotman<sup>a</sup>, Michael Okunson<sup>b</sup>, Kate Bertash<sup>c</sup>, Jenni Olson<sup>d</sup> and Charlotte Petty<sup>e</sup>

<sup>a</sup>Center For Intimacy Justice, San Francisco, USA; <sup>b</sup>Love Matters Kenya, Nairobi, Kenya; <sup>c</sup>Digital Defense Fund, Seattle, USA; <sup>d</sup>GLAAD, San Francisco, USA; <sup>e</sup>RNW Media, Hilversum, The Netherlands

From algorithms and AI to content moderation and data privacy—the policies and practices of major social media platforms impact us all enormously. This symposium illuminates research and activism to build online spaces that are equitable toward sexual health and rights of people including women, nonbinary, and LGBTQ individuals.

The symposium will also connect broader internet freedom initiatives to individuals' rights to access safe, accurate sexual health and wellness information online.

**LGBTQ Rights (GLAAD):** GLAAD's inaugural Social Media Safety Index report findings indicate that Facebook, Instagram, Twitter, YouTube and TikTok are effectively unsafe for LGBTQ users across all of these categories. Social Media Safety Project director Jenni Olson will discuss the report and talk about GLAAD's leadership advocating for safer spaces for LGBTQ people online.

**Reproductive Healthcare (Digital Defense Fund):** The first place people often look for sexual health and related reproductive care is a search engine like Google, but how does the search, and abuse of its features, affect access to accurate information and

abortion care? Kate Bertash will share advocacy approaches that led to policy changes at Google, and needed reforms at Facebook.

**Sexual and Reproductive Health/Rights Education for Young People in Kenya (Love Matters Kenya/RNW Media):** The Love Matters Global Network across 7 countries, with almost 9 million social media followers, developed research on Facebook's censorship preventing young people, especially women, from accessing sexual and reproductive health (SRH) information.

**Women and Marginalized Genders' Sexual Health/Wellness, and Entrepreneurial Conditions for It (Center for Intimacy Justice):** Facebook systemically bans ads supporting vaginal health—from menopause to fertility to wellness to pelvic pain—in addition to pregnancy and postpartum care. Jackie Rotman, founder of Center for Intimacy Justice, will discuss advocacy to rewrite the rules in tech to be more gender-equal and advance sexual health.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## The Effects of Social Isolation Measures on LGBT Population: A Cultural Approach

Jaime Barrientos Delgado, Jorge Gato, Juan Carlos Mendoza and Marina Miscioscia

Universidad Alberto Hurtado, Santiago, Chile

The pandemic forced many countries to impose social isolation measures whose effects must be explored. Previous studies reveal that quarantines do produce effects on mental health (e.g., symptoms associated with post-traumatic stress, depression, and anxiety). These effects could be more pronounced on some populations such as LGBT people who are already going through disadvantageous situations due to existing stigma and discrimination against them.

So, this symposium aims to report the findings from a longitudinal intercultural study done in 2020 in Mexico, Chile, Portugal, and Italy, which is intended to evaluate the psychological health of LGBT youngsters and understand the mechanisms underlying it. The symposium also intends to provide a comparative view of the effects of social isolation measures on these countries.

## Psychosocial Impact of COVID-19 Pandemic on LGBT People in Chile

Jaime Barrientos<sup>a</sup>, Mónica Guzmán-González<sup>b</sup>, Alfonso Urzúa<sup>b</sup> and Francisco Ulloa<sup>c</sup>

<sup>a</sup>Facultad de Psicología, Universidad Alberto Hurtado, Chile; <sup>b</sup>Escuela de Psicología, Universidad Católica del Norte, Chile; <sup>c</sup>Facultad de Ciencias Sociales, Universidad de Chile, Chile and Movimiento por la Diversidad Sexual

**Introduction:** COVID-19 pandemic has led many countries around the world, including Chile, to take various measures, including physical and, social isolation. The effects of these measures, necessary to prevent the virus from spreading, must be studied. In particular, quarantines are known to have an impact on quality of life and well-being (for example, associated symptoms such as depression, anxiety, post-traumatic stress, and other psychosocial consequences). Furthermore, these effects are expected to be more pronounced in previously disadvantaged populations, such as LGBT people. This paper describes the main measures taken by the LGBT population during quarantine to avoid COVID-19 and its psychosocial consequences on an individual and social basis.

**Method:** Non-probability sampling was used. An online self-administered survey including 1181 participants was used. These were lesbians, gays, bisexuals, and transgender residents over 18 years old from Chile.

**Results:** Almost eight out of ten participants were in a total quarantine situation. From them, 18.2% were in partial isolation and only 4.6% were not in quarantine. COVID-19 has affected almost all the LGBT participants to a certain extent. COVID-19 has emotionally affected the vast majority of the LGBT participants to a certain extent. In other words, the pandemic has affected their lives. This psychosocial impact of COVID has been greater for people who define themselves as \*sexual (include queer, asexual, pansexual, demisexual).

**Discussion:** The measures taken to prevent the virus transmission significantly affect LGBT people's life. In particular, these measures affect \*sexual people. \*sexual people must manage discrimination and misunderstanding of their identity in many contexts including their family.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Psychosocial Effects of the COVID-19 Pandemic and Mental Health Among LGBTQ+ Young Adults: A Cross-Cultural Comparison Across Six Nations

Jorge Gato<sup>a,b</sup>, Jaime Barrientos<sup>c</sup>, Fiona Tasker<sup>d</sup>, Marina Miscioscia<sup>e,f</sup>, Elder Cerqueira-Santos<sup>g</sup>, Anna Malmquist<sup>h</sup>, Daniel Seabra<sup>i</sup>, Daniela Leal<sup>a</sup>, Marie Houghton<sup>d</sup>, Mikael Poli<sup>f</sup>, Alessio Gubello<sup>f</sup>, Mozer de Miranda Ramos<sup>g</sup>, Mónica Guzmán<sup>j</sup>, Alfonzo Urzúa<sup>j</sup>, Francisco Ulloa<sup>k</sup> and Matilda Wurm<sup>l</sup>

<sup>a</sup>Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal; <sup>b</sup>Centre for Psychology at the University of Porto, Porto, Portugal; <sup>c</sup>University Alberto Hurtado, Santiago de Chile, Chile; <sup>d</sup>Department of Psychological Sciences, Birkbeck, University of London, London, UK; <sup>e</sup>Department of Women's and Children's Health, University of Padua, Padua, Italy; <sup>f</sup>Department of Developmental Psychology and Socialization, University of Padua, Padua, Italy; <sup>g</sup>Federal University of Sergipe, Sergipe, Brazil; <sup>h</sup>Division of Psychology, Linköping University, Linköping, Sweden; <sup>i</sup>Faculty of Psychology and Education Sciences, University of Coimbra, Coimbra, Portugal; <sup>j</sup>Universidad Católica del Norte, Antofagasta, Chile; <sup>k</sup>MUMS, Santiago, Chile; <sup>l</sup>School of Law, Psychology and Social Work, Örebro University, Örebro, Sweden

Across the world, people have seen their lives interrupted by the COVID-19 pandemic. Using an online survey, we explored how the psychosocial effects of the pandemic affected the mental health of LGBTQ+ young adults who were confined with their parents during the lockdown period (N = 1,934), from six countries: Portugal, UK, Italy, Brazil, Chile, and Sweden.

South American participants experienced more negative psychosocial effects of the pandemic. Depression and anxiety were higher among participants who were younger, not working, living in Europe and who reported feeling more emotionally

affected by the pandemic, uncomfortable at home, or isolated from non-LGBTQ friends.

Not attending higher education predicted depression while not being totally confined at home, residing habitually with parents, and fearing more future infection predicted anxiety. LGBTQ+ community groups, as well as health and educational services should remain particularly attentive to the needs of LGBTQ+ young adults during health crises.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Health of Mexican Gay Men in the Context of COVID-19: A Comparison Between Youth and Adults

Juan Carlos Mendoza-Pérez and Julio Isaac Vega-Cauich

**Introduction:** COVID-19 had a global impact, however, some populations such as LGBT+ could face greater problems due to the pre-existing social inequalities to the pandemic. This study aims to analyze the differentiated impact of COVID-19 on the sexual health of young gay men compared to that of adults.

**Method:** Online cross-sectional study with a sample of 467 young people and 534 gay adults residing in Mexico during 2020. Comparisons were made between adults and young people through the calculation of odds ratios in a univariate way and adjusted for control variables.

**Results:** it was found that young gay men compared to adults, had an increase in sexual desire, the use of apps to meet people and for sexual encounters; but also, a lower possibility of having had sexual intercourse

some time in life and during the contingency. A greater chance of decreased access to testing for HIV and other sexually transmitted infections was also found in this population compared to adult gay men.

**Discussion:** young gay men were more vulnerable during the pandemic compared to adults, especially with regard to access to health services and prevention of HIV and other STIs. In the context of a pandemic, it is necessary to generate public health policies that address the needs of gay men in a differentiated way from a life course perspective, since each generational group faces specific challenges.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Impact of COVID-19 on the Well-Being of the Italian LGBTQIA+ Community

Gubello Alessio<sup>a</sup>, Poli Mikael<sup>b</sup>, Rigo Paola<sup>b</sup>, Simonelli Alessandra<sup>b</sup>, Gatta Michela<sup>a</sup> and Miscioscia Marina<sup>a,b</sup>

<sup>a</sup>Department of Women's and Children's Health, University Hospital of Padua, Padua, Italy; <sup>b</sup>Department of Developmental Psychology and Socialization, University of Padua, Padua, Italy

Numerous studies on the effects that the COVID-19 pandemic has had on the LGBTQIA+ community reported how this population has been likely to experience worsened mental health conditions because of the pandemic and the subsequent restrictions (Gato et al., 2021).

In this context, the present study aimed at exploring how the different restrictive measures taken by the Italian government affected LGBTQIA+ Italian people. Italy was one of the first western countries to be hit by the pandemic in late February 2020; consequently, the Italian population was forced to observe strict lockdown and house confinement from February to June 2020.

Participants (18–40 y;  $N = 562$ ) were recruited via an online survey in two phases, respectively, from 25th April 2020 to 31st July 2020 and from 1st December 2020 to 24th April 2021.

Depression, anxiety and stress symptoms were detected through the Depression, Anxiety and Stress Scales 21-Item Version (DASS-21; Lovibond & Lovibond, 1995; Bottesi et al., 2015); the psychosocial effects of the COVID-19 pandemic were also measured (Gato et al., 2020). The results indicated that the

negative impact of the COVID-19 pandemic on individuals' daily routine and an adverse family climate were associated with higher levels of depression, anxiety and stress, with family climate partially playing a mediator role between the pandemic's impact on individuals and the symptoms reported above. Moreover, being a transgender or non-binary person represented a risk factor for depression, whereas younger participants experienced higher symptoms of anxiety and stress. Results show how family climate constitutes an important element in adaptation to psychosocial and well-being issues. Furthermore, transgender and non-binary people should have access to specialized care services, especially in extraordinary circumstances such as a global pandemic, since this population appears to be more likely to experience worse mental health outcomes than cis-gender people.

**Source of funding:** University of Padua SID 2019—prot. BIRD195080

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Current Research on Sex and Relationships at the Institute for Family and Sexuality Studies (IFSS)

Erick Janssen<sup>a</sup>, Sofia Prekatsounaki<sup>a</sup>, Rick Roels<sup>a</sup>, Frauke Claes<sup>a</sup>, Aleksandra Pawlowska<sup>a,b</sup> and Paul Enzlin<sup>a</sup>

<sup>a</sup>Institute for Family and Sexuality Studies, University of Leuven, Leuven, Belgium; <sup>b</sup>Experimental Health Psychology, Maastricht University, Maastricht, The Netherlands

The Institute for Family and Sexuality Studies (IFSS) at the Department of Neurosciences, KU Leuven/University of Leuven, Belgium, is one of the first and oldest centers in Europe to focus on questions related to sexuality, family, and relationships. In this symposium, we will present a selection of findings and insights from our research program on sex and relationships. This research is largely guided by the belief

that interpersonal interaction is a fundamental component of human sexuality, that individual functioning is part of a system that includes implicit and explicit rules, roles, and expectations, and that our sexual thoughts, feelings, actions, and even our physiology, impact and are impacted by others (e.g., Galovan et al., 2015). The research presented in this symposium ranges in focus from sexual desire, sexual arousal,

sexual communication and (re)negotiation, and sexual and relationship satisfaction, in both clinical and non-clinical samples, and the methodological approaches used include narrative literature reviews, clinical case studies, interviews and focus groups, questionnaires, couple observations, as well as hormonal and

psychophysiological measurements. An important goal of our research is to contribute, both empirically and conceptually, to our understanding of sexual relationships from a dyadic perspective, with not the individual(s) but the couple as the focus of study.

## The Realm of You: Dyadic Approaches to the Study of Sexual Desire, Arousal, and Satisfaction

Erick Janssen

Department of Neurosciences, Institute for Family and Sexuality Studies (IFSS), KU Leuven/University of Leuven, Leuven, Belgium

Traditionally, sex research tends to focus on the individual. Even when researchers are interested in behaviors and experiences that involve others, the main source of data collection and the unit of analysis tends to be the individual. This applies to both qualitative and quantitative research traditions and research on topics including sexual desire and response, sexual communication, sexual and relationship satisfaction, condom use and risky sexual behavior, and sexual problems and dysfunctions. Partly facilitated by new methodological (e.g., experience sampling, ambulatory monitoring) and statistical (e.g., APIM, response

surface analysis) 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 questionnaires, experience sampling, psychophysiological, and brain imaging studies.

**Source of funding:** Some of the work discussed in this lecture is funded by the Research Council—Flanders (FWO) and KU Leuven/University of Leuven, Belgium  
**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Dyadic Sexual Desire in Romantic Relationships

Sofia Prekatsounaki and Paul Enzlin

Department of Neurosciences, Institute for Family and Sexuality Studies (IFSS), KU Leuven/University of Leuven, Leuven, Belgium

In both clinical practice and empirical literature, it is increasingly recognized that sexual desire is closely linked to the interaction between two partners. However, these clinical and empirical insights are as yet not sufficiently integrated into theoretical models of sexual desire. To fill this gap, we are presenting the Dyadic Interactions Affecting Dyadic Sexual Desire (DIADICS) model, which focuses on how dyadic interactions in the domains of affiliation, sexuality and exploration influence sexual desire between partners in a romantic relationship. After briefly introducing the model, we share some results from its first empirical testing among women during the transition to

parenthood, a period known to be challenging for the partner relationship. While we have found some differences in partner interactions based on parenthood status, our initial results suggest that the way how partners interact with each other remains important for women's sexual desire for their partner during the transition to parenthood. We conclude with some take-home messages for clinical practice focused on the defining role of partner interactions for sexual desire among partners in a romantic relationship.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Affective and Behavioral Dimensions of Sexuality and Their Relevance to Relationship Satisfaction: A Multimethod Study in Young, Heterosexual Couples

Rick Roels and Erick Janssen

Department of Neurosciences, Institute for Family and Sexuality Studies (IFSS), KU Leuven/University of Leuven, Leuven, Belgium

Sexuality is an integral part of most intimate relationships and is associated with both positive and negative relational and health outcomes. Whereas such associations are well established, the question of how and for whom sexual aspects of the relationship positively or negatively impact relationship quality remains largely unanswered. Over the years, the topics of sexuality and intimate relationships have evolved into their largely separate research traditions and attempts to unite both fields have been limited and scarce. In an attempt to bridge this gap, we examined the associations among sexual and nonsexual relationship processes and relationship satisfaction in a sample of 126 young, heterosexual couples, using a multimethod approach, including questionnaires, videotaped couple discussions, and oxytocin assays. Whereas most previous research has relied on self-report and

individual-based assessments and variables, the current project examines sexual and relationships processes using a dyadic approach. We will present a selection of findings from this project, which distinguishes between behavioral (sexual and intimate interactions) and affective (emotions and expressive behaviors associated with the sexual relationship) dimensions of couples' sexual relationship, and we will elaborate on avenues for future research and implications for clinical practice.

**Source of funding:** Research Council—Flanders (FWO/G0C8216N) & KU Leuven/University of Leuven Internal Funds (C14/16/076)

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Arousal As a Dyadic Process: Study Designs and Conceptual Considerations

Aleksandra Pawłowska<sup>a,b</sup>, Erick Janssen<sup>a,b</sup> and Marieke Dewitte<sup>a,b</sup>

<sup>a</sup>Department of Neurosciences, Institute for Family and Sexuality Studies (IFSS), KU Leuven/University of Leuven, Leuven, Belgium;

<sup>b</sup>Experimental Health Psychology, Maastricht University, Maastricht, The Netherlands

Although the measurement of sexual arousal in the laboratory has provided us with important insights into the processes that facilitate and inhibit sexual responses, thus far this body of work largely relied on an assumption that sexual arousal experienced alone in the research laboratory develops in the same way as with an intimate partner, at home. Yet, evidence shows that partner presence in the lab influences sexual arousal development. Consequently, our understanding of sexual arousal as a dyadic process remains limited. The development of dyadic models and empirical research designs in the field of sexuality can improve both the ecological and external validity of studies, but also inform clinical practice, by showing how relationship variables can serve as risk or protective factors in

the development and maintenance of sexual problems. We present laboratory and ambulatory methods and study designs developed to investigate dyadic processes during sexual activities, as applied to the study of partner interdependence or synchrony. Interdependence, or synchrony, commonly conceptualized as mutual influence and predictive matching in time and form of affective, cognitive, behavioral, and physiological responses between two individuals offers a dynamic interpersonal framework for studying dyadic processes in sexual responding. Synchrony's putative influence on individual and dyadic outcomes and its potential explanatory value for the development and maintenance of sexual problems in couples are discussed.

**Source of funding:** KU Leuven/University of Leuven Internal Funds (C14/16/076)

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Dementia and Sexuality: A Story of Lifelong Renegotiation

Frauke Claes and Paul Enzlin

Department of Neurosciences, Institute for Family and Sexuality Studies (IFSS), KU Leuven/University of Leuven, Leuven, Belgium

Dementia is a prevalent problem among the growing greying population and causes disruption in many life domains, including the domain of intimacy and sexuality in partner relationships. Several factors—including the age of onset and the cause of dementia, cognitive functioning, medication, quality of partner relation—determine the impact of dementia on sexuality. In this presentation, we will focus on how the progression of dementia affects patients' and partners' sexual experiences.

Based on a narrative literature review, we developed a new framework to understand better, how dementia affects the sexual relationship between partners. This framework shows how different actors get progressively more involved in (sanctioning) the sexual relation of persons living with dementia during consecutive stages of dementia, i.e., the premorbid, prodromal, home care and residential care stage. Each stage challenges partners and patients in different ways that may hinder their (sexual) relationship. The fact that persons with dementia remain sexual beings and that couples want to continue to be sexually active

often leads to conflicts with healthcare providers and family members who want to protect the patient from being the perpetrator or the victim of “inappropriate” sexual behaviour. The framework posits that renegotiation is key when dementia symptoms gradually aggravate and when more actors become involved.

In conclusion, people with dementia and their partners remain interested in intimacy and sexuality but in both research and clinical practice, this topic mostly gets attention from a sex-negative point of view. While the presented framework is based on limited evidence, its usefulness has to be proved based on further research that focuses on the patient's and the partner's perspective. Only a better understanding of the relational and sexual effects of dementia will enable healthcare providers to provide tailored care with respect for the sexual needs of patients and partners afflicted by dementia.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Infertility and Sexuality: An Extreme or Prototypical Case Study?

Paul Enzlin

Department of Neurosciences, Institute for Family and Sexuality Studies (IFSS), KU Leuven/University of Leuven, Leuven, Belgium

From the moment couples choose to try to get pregnant, sexuality gets an extra dimension because it carries within itself the hope of conceiving a child. However, during the period of “trying to conceive” many couples experience the “limits of human fertility.” When the (now) expected and (perfectly) planned child does not come (on time), the pressure on sexuality increases.

Often, sexuality becomes a “focused, technical activity limited to the fertile days” without much spontaneity, positive feelings and/or pleasure. In sum, the uncertainty about, diagnosis and treatment of infertility appears to have a negative effect on sexuality. On the one hand, there may be sexual dysfunctions (including vaginismus, erectile dysfunction, ejaculation problems) that hinder and/or make ‘natural’ fertilization impossible.

On the other hand, the pleasure related to sexuality may quickly disappear when fertility problems and their treatments result in sexual dysfunctions (e.g., decreased sexual desire, erectile dysfunction) and/or problems with sexual experience (e.g., decreasing sex drive due to lack of pleasure, impairment of sexual self-image). For some, sexuality even completely stops after (a failed) fertility treatment.

This presentation focuses on the description of the sexual sequelae of a couple that suffered from infertility problems and that signed up for sex therapy after

almost 30 years of being partners without being sexually active at all. The story of this couple is a reason to reflect on (the lack of) attention and care for the sexual life of couples who sign up for fertility treatment. The presentation will end with a number of recommendations for practice and ideas for further research.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## French Sexology: Contributions and Specificities

Brice Gouvernet

University Normandy Rouen, Mont Saint Aignan cedex, France

Juliette Corruble, Pierre Martin, Carol Burte, Marie Chollier, Pierre Bondil and Alain Giami

This symposium aims to present the contributions, specificities and originalities of French sexology. It is characterized by an integrative, contextualized and global vision. Multi-referenced, it is situated at the crossroads of the competencies of distinct disciplinary fields. It takes into account experiences as well as behaviors. It also addresses topics that are still relatively neglected by the scientific community.

The first communication is a contextualized introduction. Starting from the current health situation, linked to lockdowns and Covid-19, B. Gouvernet and J. Corruble underline the importance, in the French approach to sexualities, of taking into consideration the living experiences of sexuality by focusing on the impact of confinement on sexual fantasies.

P. Martin broadened this point of view to sexual medicine consultations, highlighting the importance of

emotional and dyadic dynamics in individual and couple counselling. M. Chollier's presentation makes a theoretical-clinical transition and underlines the contribution of integrative models in the sexological care of people suffering from mental disorders.

C. Burté underlines the effectiveness of an integrative approach in the accompaniment of patients suffering from cancer and presents to this end the originality of the French oncosexology formation. Pierre Bondil presents the specificity of the management of priapiform disorders and their treatment modalities.

The symposium concludes with a presentation by A. Giami on the current status of professionals working in the field of sexualities in France, and the changes that the profession has undergone in recent years.

## PART I: THE IMPORTANCE OF THE LIVING EXPERIENCE OF SEXUALITY: ABSTRACTS 1 & 2

### During COVID-19 Lockdown, My Sexual Fantasies Were Not the Same

Brice Gouvernet<sup>a</sup> and Juliette Corruble<sup>b</sup>

<sup>a</sup>WAS, Rouen Normandy University, France; <sup>b</sup>Rouen Normandy University, France

**Objectives:** Studies dealing with the effect of COVID-19 lockdown on sexual fantasies (SF) are rare, or even, in France, non-existent. We question the repercussions of lockdown on SF based on the responses of 336 French participants (women: 70%) to an online study conducted between 15 and 21 April 2021.

**Method:** We studied SF using the questionnaire of Cossette and Joyal (2011). A global analysis focuses on the proportion of subjects who experienced changes in their SF. A second level of analysis investigates the type of SF impacted. The results are crossed with data related to gender at birth, the fact of having been confined with a sexual partner, and with levels of anxiety and depression, assessed using the Hospital Anxiety Depression Scale (HADS).

**Main results:** 10 categories of SF were identified. 88.4% of participants were affected in their SF during the lockdown. The impact of lockdown on SF was more pronounced for men-at-birth (AOR: 1.595,  $p < .05$ ), for those confined alone (AOR: 1.92,  $p < .01$ ) or for those with depressive disorders (AOR: 1.888,  $p <$

.01). The main SF affected concerned the actual partner (70.4%), submissive fantasies (51.9%) or extramarital relationships (sex with an acquaintance: 45.1%; sex with a stranger: 50.3%). The SF least affected by lockdown were urophilia (9%) or those related to non-consensual intercourse. However, the latter increased for 12% of participants. This increase concerns more men-at-birth (23.7%) than women-at-birth (7%).

**Discussion:** Results are discussed in reference (i) to the literature about the effects of the COVID-19 health situation on both sexuality and psychological functioning; (ii) to sexual social scripts theories.

**Conclusion:** The COVID-19 health situation had an impact on sexual behavior but also on SF. The inter-individual variabilities of these repercussions underline the importance of a biopsychosocial perspective in understanding the effects of lockdown.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Doctor, Could You Please Take Care of My Emotional and Sexual Life As Well?

Pierre Martin-Vauzour

Sexology Course Unit, University of Bordeaux, Bordeaux, France

During chronic diseases, both pathology and treatments can provide potential emotional and sexual impairments: pain, tiredness, nerve damages, body image distortions or incontinence can be found as the result of the illness by or as the consequences of the therapies applied. More than just affecting the patient, those troubles negatively interact with the partner as well, sometimes putting at stake the couple.

Usually, as physicians, we are trained to focus on the pathology regarding our speciality and to provide

our patients with the most up-to-date treatments, with, generally, quite good results on the initial pathology.

But then, what about the emotional and sexual life of the patients and their partners? At best, and essentially regarding men, our response is to offer them some pharmacological drugs in order to improve their erectile capabilities. But is that good enough? Is giving pills or alprostadil injections good enough to give them back the sexual and emotional spontaneity they



lost? And what about women, for whom we know a great lack of sexually active drugs?

Some recent studies tend to demonstrate that psychologic supporting care, specifically focused on emotional and sexual troubles, alongside specific primary care and sexually active drugs when available, can improve the quality of the intimate life, for both the patient and the partner.

But we have to remember that the first and most powerful tool at our disposal in this area is to inquire

about the emotional and sexual life of our patients and their partners because they are generally waiting for us to make the first step in this private domain. If the specific supporting care required is beyond our competencies, we can purposefully direct them to a trained sexologist.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## PART II: INTEGRATIVE PERSPECTIVES: ABSTRACTS 3, 4, 5

### Why Do We Need Integration? Trauma-Informed Sexology in Mental Health Services

Marie Chollier<sup>a,b</sup>

<sup>a</sup>AIUS, France; <sup>b</sup>University of Chester, United Kingdom

Mental health services encompass a wide spectrum of organisations (e.g., NGOs, hospitals), institutional specialities (i.e., primary or specialised), and treatment modalities. Condition-based guidelines provide standards of care and good practices that are usually based on pharmacological and behavioural interventions. The sexuality and sexual quality of life of people with mental ill-health (chronic or acute) has been a growing area of interest, as pharmacological treatment impacts on sexual quality of life and behavioural treatment does not systematically investigate it. Mental health service users are a socially vulnerable and highly stigmatised group; studies reported higher rates of adverse childhood events and abuse and sexual dysfunctions, sketching an impaired sexual quality of life when considered.

Embedding sexology and trauma-informed practice in primary mental health services can be part of a global integrative approach to care, focusing on screening and prevention strategies related to sexual quality of life. Trauma-informed sexology in mental health will be exemplified by two case studies.

Integrated care has shown effectiveness for several conditions. Integrating sexology in mental health services daily practice in both manualized interventions and person-centred approaches will support a holistic, global sexual/mental health approach, taking service users' sexual quality of life into consideration to improve their relational and sexual well-being. Such efforts should be paired with comprehensive research on integration using appropriate transtheoretical models and tools.

The last decade saw the rise of professionals' concerns for mental health service users' sexual health. This is prolonged in this presentation advocating for access to and availability of sexological integrative care in mental health services, the acknowledgment of human rights related to sexuality, and empowering strategies for people experiencing or living with mental ill-health.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## French Perspectives on Oncosexology

Carol Burté

AIUS, Université de Nice, France

Today, cancer is being treated more effectively, recovery and remission rates are increasing. Given the improvement in life expectancy, cancer is increasingly considered a chronic disease for which it is legitimate to pay attention to the quality of life.

One of the aims of the French national “cancer plan” is to improve the quality of life of patients treated or cured. As sexual health is an integral part of quality of life, it must be taken into account since for a majority of patients and couples, satisfactory sexual life is highly important. Patients are seeking care in this matter, but health professionals rarely satisfy this demand. The reasons for this are the prohibitions and taboos associated with sex life, false beliefs and, above all, the lack of knowledge and know-how in this area, as health professionals are scarcely trained in sexual health.

In this context, an inter-university course in oncosexology was created in 2015. It brings together 4 universities: Toulouse, Paris, Bordeaux and Nice. It aims to strengthen the knowledge of cancer care professionals in the field of sexology in order to make them able to inform, advise and refer patients towards specific care when necessary.

At the initiative of the National Cancer Institute, a group of national experts met to issue recommendations for good practice in this field, and released a document published in 2021 under the title “Preservation of sexual health and cancer.”

The purpose of this presentation is to describe this specific teaching and briefly present these guidelines.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Priapiform Erections: What Should the Sexologist Know and Do?

Pierre Bondil

AIUS, France

In 2021, priapism and its care pathways are still poorly understood by almost all stakeholders in sexual health. This fact led a French working group (including urologists, emergency physicians and sexologists) to propose a simplified temporal definition as well as a new algorithm for the acute venous form (>95% of cases). Although rarely confronted, the sexologist must be aware that a “priapiform” erection, i.e., conscious, up to 15 min outside any sexual context, is abnormal and may become potentially dangerous after one hour.

Until proven otherwise, any priapiform erection is a potential therapeutic emergency due to the risk of ischemic erectile sequelae (if not treated before the 24th hour) specific to the acute venous type. The three key points of treatment are to precise the duration, the pathophysiological mechanism and the etiology. In the majority of cases, the clinic and, if necessary, the blood gas easily distinguish the chronic, subacute or acute (the most dangerous) venous type from the exceptional

arterial type. The treatment is always adapted to the arterial or venous type and to hypoxic suffering (blood gas role).

Medical treatment is almost always effective before the 24th hour for the acute venous type. Surgery is only indicated if medical treatment has failed or cases seen after 24th hour. The sexologist may be in the first care line in case of chronic venous priapism or especially, iatrogenic one caused by an intracavernous injection of proerectile drugs. After evaluating the emergency degree, he/she should not hesitate to start first-line medical treatment before referring, if necessary, to the emergency room or to the urologist. In fact, the best prevention of post-priapism erectile sequelae involves educating all both concerned health professionals and at-risk subjects about these dangers as well as prompt treatment of priapiform erections.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Transformations in Contemporary French Sexology

Alain Giami<sup>a,b</sup>

<sup>a</sup>INSERM, Paris, France; <sup>b</sup>AIUS, Sexologies, European Journal of Sexology And sexual Health

The renewal of French sexology started in the early 70 and it was inspired by a group of young medical practitioners all male. During the first decades of its development, French sexology was organized in 2 major organisations and included more than 70% physicians and 70% males.

This situation was the opposite as compared to the one that was observed in other Western European countries in which the majority of sexologists were females and belonged to non-medical health professionals. Three national surveys were carried in France, in 1999, 2009 and 2019 based on similar approaches. The results of the 2019 study show a significant change in the population of sexologists (compared to the 1999 data) with, in particular, the inversion of the sex ratio (83% of women) and the relative proportion of

doctors and non-physicians (67% of non-physicians). The majority of participants have a degree in sexology or sexual health (62%). More than 60% of the participants do not devote more than 50% to sexology as part of their overall professional activity.

The 2019 survey has revealed a change in the profile of persons working in the field of sexology and sexual health as well as a change in the missions assigned to sexologists and to all persons who intervene in matters related to sexuality and sexual health. This evolution is parallel to the creation of new sexology associations focusing on specific themes.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “Detrans” Or the Phenomenon of Discontinuation of Gender Affirmation Process in Young People: Some Preliminary Results

Denise Medico<sup>a</sup>, Annie Pullen Sansfaçon<sup>b</sup>, Alexandre Baril<sup>c</sup>, Melanie Millette<sup>a</sup>, Olivier Turbide<sup>a</sup>, Morgane Gelly<sup>a</sup> and Tommly Planchat<sup>b</sup>

<sup>a</sup>University of Quebec in Montreal, Montreal, Canada; <sup>b</sup>University of Montreal, Montreal, Canada; <sup>c</sup>University of Ottawa, Montreal, Canada

The “detrans” phenomenon is gaining attention in the media culture, as well as in the scientific community. But who are those youth identifying as “detrans”? What is the extent of the phenomenon? Why did these youth discontinue a gender transition? What is the rhetoric informing labels and new identities such as detrans?

Literature on the discontinuation of trans affirmation is sparse, ambiguous and ideologically charged. To date, we have no scientific evidence to understand this phenomenon.

Do they discontinue a gender transition because they changed their mind? Is it because our understanding of gender, transgender or the « transition » is outdated? Is it because the access to gender-affirmative care and social transitioning is not adequate?

To fill the gap, we conducted a study with three different methodologies and populations (a. qualitative with youth who self-identify as “detrans” and who discontinued a gender affirmation process, b. quantitative with medical and social practitioners, c. media analysis) (Pullen Sansfaçon et al., SSHRC 2020-2022, Canada).

This symposium will put into dialogue the preliminary results of these 3 methodologies within the expertise of different disciplines (social work, ethics, critical health psychology, sexology, communication and philosophy). Results will be discussed at a theoretical level to better define what “detrans” and “gender transition” are and why some youth discontinue a gender affirmation process.

## Professionals Who Have Experience in Trans Health and Encountered Detrans in Their Caseload

Annie Pullen Sansfaçon<sup>a</sup>, Denise Medico<sup>b</sup> and Tommly Planchat<sup>a</sup>

<sup>a</sup>University of Montreal, Canada; <sup>b</sup>University of Quebec in Montreal, Canada

This introduction aims at situating the project in the current context and debates as well as introducing the project and the three pilot studies. It will review the context in which the project emerged, as well as the methodologies used for collecting data within the three pilot studies.

**Introduction:** Describe the experience of trans health professionals with trans youth and youth who discontinue a transition.

**Method:** We invited professionals to participate in an online survey from September 2020 to January 2021 through various listserv forums (e.g., WPATH, WAS) and professional Facebook groups. The survey included 21 questions to assess: professional practice, experience and values in working with trans youth, experiences of detrans in their caseload. Descriptive analysis was done with SPSS.

**Findings:** 147 professionals participated in the survey, 61 completed more than 60% and answered the question on detransition, and 55 completed all the survey, 64% in English and 36% in French. Participants came from North America, Europe, the UK, and Oceania. Most respondents worked in private (37%) or public services (37%) and came from a range of disciplines, such as medicine (25%), psychology (39%) and

other disciplines such as social work, youth work and sexology (36%). 77% described working according to the trans-affirming perspective, 6.5% according to wait and see, and 16.5% described other perspectives. 55% had more than 5 years of experience, and 44% had worked with more than 51 youth. Nearly 56% of the participants had youth who discontinued in their caseload, whereas 36% stated that they had none, and 8.2% were unsure about it. Among those who had youth who detransitioned in their caseload ( $n=39$ ), 82% had 1–6 youth, 7.6% between 6 and 10, 1.6% had between 11 and 20 and 5% had more than 21 youth.

**Recommendation:** Preliminary data highlights that most professionals are well experienced, work according to the trans-affirming model and that over a third of them never had a youth who detransitioned in their caseload. Practitioners who disclosed having the highest number of detrans youth seem to be working according to the “wait and see” or another model.

**Source of funding:** Social Science and Humanities Research Council of Canada

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Talking With Youth Who Said They Are Detrans

Denise Medico, Annie Pullen Sansfaçon and Morgane Gelly

University of Quebec in Montreal, Canada

**Introduction:** To gain insight into the experience of youth who discontinue a gender affirmation process and why they discontinue.

**Method:** Semi-directive interviews were conducted in fall 2020 by video calls with 20 youth aged from 16 to 25, who lived in Canada, the USA, France, Belgium, Finland, Indonesia and Scotland. The interviews focused on their stories of gender exploration, how they started

and experienced a transition, how they decided to stop it and what is their present perspective on their journey. Youth were recruited through an advert posted on different social media groups (Facebook, Twitter, Reddit), including trans and non-binary youth groups and support groups for youth who identify as detrans, such as Post Trans. Data were analysed according to inductive thematic analysis (Braun et Clark, 2006).

**Recommendation:** Our sample seems to highlight some gender disparity in the detrans community: most of them are AFAB. Their personal experiences or gender exploration are rarely lived as failures, instead, it seems to be part of a process of redefining what gender is and what it means to them. Increasing the availability of non-constraining support and therapeutic accompaniment to youth, without linking it to formal

assessment, would give better support to youth who explore their gender.

**Source of funding:** Social Science and Humanities Research Council of Canada

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Detrans in the Media

Mélanie Millette and Olivier Turbide

University of Quebec in Montreal, Canada

**Introduction:** To present a preliminary analysis of a corpus of Canadian, American and European news (press and web-based press) in order to identify main rhetorical patterns at play in the media coverage when it comes to the phenomenon of gender de-transition and the people involved in such process.

**Methods:** A total of 197 articles were collected from the Eureka.cc and Factiva databases, from June 2017 (this moment corresponds to a rise of attention in Canadian public space due to the adoption of the Bill C-16 protecting trans people's rights) to December 2020. Data will be analysed with a qualitative and quantitative content analysis identifying recurring themes, the vocabulary used, speakers cited and tone of articles.

**Findings:** Analysis will show a diverse understanding of the phenomenon, reflecting ideological tendencies among trans people, professionals in trans health care, and civil society.

**Recommendations:** We hypothesise that those tendencies will tend to reproduce a broader understanding of gender transition as either a normal, fluid process or, on the contrary, a “problem” to solve or that could have been avoided with adequate health support.

**Source of funding:** Social Science and Humanities Research Council of Canada

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Detransition, Re-Transition, Interrupted or Discontinued Transition: All the Same Thing? A Critical and Philosophical Reflection on the Notion of Detransition

Alexandre Baril

University of Ottawa, Canada

**Introduction and objectives:** This presentation aims to offer philosophical reflections on the notion of “detransition.” Associated in the media and in the scientific literature with regret, failure, and anti-trans narratives, the notion of detransition has been reduced to the idea of re-transitioning from the sex/gender

chosen during transition to the sex/gender assigned at birth. However, as the results of our qualitative research project with youth show, this simplistic notion of detransition doesn't reflect the complex and diversified experiences of people who interrupted/discontinued their transition for a variety of reasons.

**Approach:** Philosophical analysis and argumentation.

**Findings and discussion:** This presentation puts forward a more nuanced notion of detransition and debunks norms surrounding the moral panic about youth detransition (e.g., Littman, 2018). I contend that fears about detransition derive from two interlocked normative systems: cisnormativity and transnormativity. On one hand, while the notion of cisnormativity is often used to describe “the expectation that all people are cissexual” (Bauer et al., 2009: 356), a broader definition refers to the norm according to which it is better to not change your identity/body than to transform them (Baril, 2009, 2013).

Based on this latter definition, it becomes possible to see how both transitions and detransitions transgress the norm to comply with “biographical continuity.” In other words, cisnormativity represents a form

of compulsory biographical continuity that doesn’t allow changes and fluidity. On the other hand, transnormativity structures the experiences of people who transition based on a medical binary account of transness (Johnson, 2016).

In that sense, transnormativity constructs who is really trans or not. By doing so, transnormativity feeds the misconception about detransitioners as non-trans/anti-trans, whereas in fact many people who discontinued their transition still identify as trans, nonbinary, or non-cis. In sum, cisnormativity and transnormativity work together to produce mainstream misconceptions about detransition.

**Source of funding:** Social Science and Humanities Research Council of Canada

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexlab: 15 Years Creating the New Generations of Portuguese Sex Researchers

Joana Carvalho<sup>a</sup>, Pedro Nobre<sup>a</sup>, Ana Gomes<sup>a</sup>, Raquel Pereira<sup>a</sup>, Leonor de Oliveira<sup>a</sup> and Ricardo Barroso<sup>b</sup>

<sup>a</sup>Universidade Do Porto, Porto, Portugal; <sup>b</sup>Universidade de Trás-os-Montes e Alto Douro, Vila Real, Portugal

The Research Group in Human Sexuality (Sexlab) was founded 15 years ago, in Portugal. The SexLab has created its own identity, by pulling together scientists with a diversity of interests in the field of human sexuality, by building an academic structure that includes a minor in sexology, the first doctoral program in human sexuality in Europe, a laboratory for the study of basic processes in human sexual response, and clinical service that is open to the academic community. The SexLab has been the home of the new generations of Portuguese sex researchers, who deliver evidence-based knowledge to a traditional society with a recent dictatorship past.

It is our vision that scientific research in this field is a transformative tool and that joining different generations of sex researchers under the same group identity will make transformative actions have a greater impact. In this symposium, we will present SexLab’s multiple approaches to the study of sexual health, including conceptual views on sexual pleasure and sexual boredom, perspectives on sexual pain, prostate cancer, and people with physical disabilities, and finally, we will address the topic of sexting among youths. These topics represent part of our diversity, which is a major attribute of the Portuguese SexLab.

## Sexual Health and Cancer: Towards a New Approach in Promoting Sexual Health and Sexual Well-Being in Patients With Cancer

Ana Quinta Gomes

CPUP: Center for Psychology of Porto University, Faculty of Psychology and Educational Sciences, Porto University, Porto, Portugal

Sexual health is an important dimension of global health and is strongly related to physical and psychological health, as well as, to the perception of well-being and quality of life (McCabe et al., 2010; WHO, 2006). However, the experience of a healthy and fulfilling sex life is frequently threatened by the diagnosis of certain medical conditions along an individual's lifespan. Cancer is a striking example of an acquired medical condition highly associated with significant impairments in sexual functioning and sexual satisfaction (Quinta Gomes et al., 2019; Traa et al., 2012).

Despite the prevalence of sexual distress and sexual dissatisfaction in patients with cancer, access to specialized care is limited and sexual health remains a largely neglected component of treatment in these

patients. Within the scope of one of the strategic lines of research of the SexLab and the Research Group of Human Sexuality—Sexual Health and Well-Being—the topic of cancer, sexuality and well-being has been identified as a priority area of research. Therefore, several studies are being conducted focusing on the psychosocial determinants of sexual health in patients with cancer and in the development of evidence-based e-Health psychological interventions designed to promote sexual health and well-being in cancer survivors, that will be addressed in this presentation.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Psychological Factors of Sexual Health in People With Physical Disabilities: A Mixed-Methods Research

Raquel Pereira<sup>a</sup>, Pedro M. Teixeira<sup>b</sup> and Pedro J. Nobre<sup>a</sup>

<sup>a</sup>Faculty of Psychology and Educational Sciences, University of Porto, Porto, Portugal; <sup>b</sup>Life and Health Sciences Research Institute ICVS/3B's, PT Government Associate Laboratory, Braga/Guimarães, School of Medicine, University of Minho, Braga, Portugal

**Introduction and objectives:** While sexual health is considered an aspect of health in general, to this day there's still a big stigma regarding the sexual health of people with physical disabilities. Besides health conditions, psychological factors help to understand how sexuality is experienced by those people. Therefore, this research is focused on exploring the sexual experiences of Portuguese people with physical disabilities, specifically analyzing how specific variables (i.e., Third-Wave Cognitive-Behavioural Therapies variables and psychosexual variables) contribute to their sexual health.

**Method(s) and sample:** Initially, a group of 26 individuals under 55 years old, with physical disabilities, participated in a focus group study, expressing their opinions, perceptions, and attitudes towards their sexuality. Alongside, a scoping review was developed.

Afterwards, a sample of 377 people with and without physical disabilities participated in a cross-sectional survey to clarify the predictive value of specific psychological variables over sexual functioning and sexual/relationship satisfaction, as well as the relationship between these last variables and life satisfaction

**Results:** The focus group study clarified the importance of sexual health, raising awareness for the psychological consequences of social stigmas and discrimination. The scoping review identified the psychological factors currently studied and the main gaps in the existing literature. In the cross-sectional study, results showed that being mindful, having self-compassion and being mentally flexible contribute to better sexual functioning and, most of all, more sexual and relationship satisfaction, regardless of age or physical condition. Sexual inhibition related to performance

failure predicted functioning and satisfaction, while ageing beliefs seem to be associated with sexual and relationship satisfaction, independently from age or an existing physical disability. Sexual and relationship satisfaction also served as a mediator between sexual functioning and life satisfaction, but only for the male sample.

**Conclusion and recommendations:** This research improved the scientific knowledge of sexual health in disability, identifying possible similarities and differences in the way these psychological factors impact how people with and without physical disabilities

experience sexuality. Despite its limitations, this research has relevant clinical implications by suggesting the benefits of adapting cognitive-behavioural strategies and mindfulness-based techniques for the sexual health of people with physical disabilities.

**Source of funding:** This work was supported by a grant from the Portuguese Foundation for Science and Technology, Ministry of Education and Science (SFRH/BD/112168/2015).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Intersectional Variation in Sexual Autonomy, Sexual Distress and Sexual Pleasure: Gender and Ethnic Shades

Violeta Sabina Niego Perestrelo De Alarcão<sup>a,b</sup>, Pedro Candeias<sup>b</sup> and Patrícia M. Pascoal<sup>c,d</sup>

<sup>a</sup>Centro de Investigação e Estudos de Sociologia, ISCTE—Instituto Universitário de Lisboa, LISBOA, Portugal; <sup>b</sup>Instituto de Saúde Ambiental (ISAMB), Faculdade de Medicina, Universidade de Lisboa, LISBOA, Portugal; <sup>c</sup>Centro de Investigação em Ciência Psicológica, Faculdade de Psicologia, Universidade de Lisboa, LISBOA, Portugal; <sup>d</sup>Digital Human-Environment Interaction Lab, Universidade Lusófona, LISBOA, Portugal

**Introduction and objectives:** Previous studies have shown that sexual autonomy, sexual distress and sexual pleasure are gender-related. However, research has focused on the native population disregarding if sexual autonomy, sexual pleasure and autonomy follow different patterns of association related to gender in migrant populations in comparison to natives suggesting an intersectional approach is still needed. This research aimed to explore intersecting gender and ethnic/racial inequalities in sexual autonomy and important indicators of sexual health, such as sexual distress and sexual pleasure among Cape Verdean immigrants and Portuguese natives.

**Methods:** Probabilistic sample of Cape Verdean immigrant and Portuguese natives who were enrolled in the FEMINA project and were sexually active in an intimate relationship. Data was collected between March and September 2020 through computer-assisted telephone interviewing.

**Results:** Cape Verdean immigrants ( $n = 127$ ) were younger and with lower educational levels than the Portuguese natives ( $n = 133$ ) and Cape Verdean women had higher educational levels than Cape Verdean men. Considering the total scores of the

measures used, our results did not reveal meaningful differences among groups concerning the levels of distress, autonomy and pleasure. However, these emerged when single items were used. We found significant gender and ethnic differences in the associations between indicators of sexual autonomy, sexual pleasure, and sexual distress and other meaningful variables.

**Conclusion and recommendations:** Our results point to the need for an intersectional approach to better understand the different patterns found. The meanings of autonomy, pleasure and distress in each group need to be further explored in order to create culturally sensitive measures. Cultural background and level of acculturation, as well as perception and internalization of gender roles, need to be explored in this context as these are central indicators of sexual health.

**Source of funding:** The FEMINA project (PTDC/SOC-SOC/30025/2017) was funded by Fundação para a Ciência e a Tecnologia.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Sexual Boredom: Insights From Recent Research

Leonor de Oliveira

**Introduction and objectives:** Sexual boredom was previously linked with individual, relationship, and societal aspects of sex. However, until we conducted our studies, no definition or model of sexual boredom included these. We performed a qualitative study to explore the definitions of sexual boredom in a large community sample (Study 1), as well as a quantitative study to investigate the co-occurrence of sexual boredom and other sexuality-related dimensions (Study 2)

**Methods and sample:** Study 1 consisted of a thematic analysis of the definitions of sexual boredom of 653 diverse participants aged 18-75 ( $M=33.14$ ;  $SD=9.01$ ). Study 2 consisted of a gender-stratified cluster analysis of 1,021 men and women aged 18-75 ( $M=32.68$ ,  $SD=8.79$ ) on sexual boredom, general boredom, sexual sensation seeking, sexual desire, sexual excitation, sexual pleasure, and sexual satisfaction.

**Results:** In Study 1 we identified three main themes: definitions of sexual boredom, predisposing and maintenance factors of sexual boredom, and managing of sexual boredom. Study 2 revealed a three-cluster solution for both men and women: low sexual

boredom, moderate-high sexual boredom, and high sexual boredom.

**Conclusion and recommendations:** Sexual boredom is perceived as resulting from monotonous or unpleasurable sexual activity or of lack of sexual interest, related to individual, relationship, or practice aspects of sexual relationships that can lead to exploring sexual novelty or to the progressive waning of sexual desire. A sexually bored individual is more likely to be married or cohabiting with a partner, to have a boredom prone personality, to lack sexual sensation seeking, experience low sexual pleasure and satisfaction, and to present with sexual arousal and/or desire problems. Individuals with high sexual sensation seeking may not present low levels of the other sexual dimensions. Sexual boredom may benefit from interventions focused on enhancing pleasure and/or novelty and long-term change.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Perspectives of Sexual Pain in Portuguese Women

Cátia Oliveira

Lusófona University of Porto; CPUP/Sexlab—Faculty of Psychology and Educational Sciences, University of Porto; CUF Hospital Porto

**Introduction and objectives:** Sexual pain is a complex clinical syndrome that affects women sexual lives and their relationships. The inexistence of a single classification and research instability has several consequences in prevalence and etiological studies, and mainly on a successful and informed intervention. This presentation aims to explore some data regarding several studies developed in Portugal in women with sexual pain and to discuss clinical and treatment implications.

**Method and sample:** A brief review of the literature and several data from online studies developed with Portuguese women will be presented. Several women with and without sexual pain have enrolled on these studies through the last years and have

answered several questionnaires regarding biopsychosocial variables.

**Findings and discussion:** The results of these studies will be explored and discussed along with the discussion of their implications to sexual pain clinical evaluation and treatment. Mainly, the results show the importance of psychological and relationship variables on sexual pain intensity and management.

**Conclusion and recommendations:** The purpose of this presentation is to contribute to the discussion of the influence of psychosocial variables on the conceptualization of sexual pain and the need for improvement of evaluation and intervention protocols. Also, we hope that this discussion promotes the change of attitudes and procedures from the different health

professionals that are involved in the treatment of these difficulties.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Non-Consensual Sexting Behavior Among Adolescents and Young Adults

Ricardo Barroso

Universidade de Trás-os-Montes e Alto Douro

**Introduction and objectives:** Sexting can be described as sending or publishing sexually provocative text messages and images, including nude or half-nude photographs or videos, via mobile phones or the Internet. This practice can be seen as a normal and contemporary form of sexual expression and intimate communication within romantic and sexual relationships. However, if, on the one hand, sexting can be seen as a normative, consensual component of the exploration of sexuality during adolescence, on the other hand, it may constitute a behavior of aggression and violence associated with various problems, such as risky sexual behavior or an increased likelihood of online victimization. The current study aims to explore the psychological characteristics of sexting abusers and victims in terms of emotional and behavioral problems, potential markers of psychopathy, childhood trauma and maltreatment, and different forms of aggression.

**Results:** Non-consensual sexting behavior was more common among boys and middle adolescents, and abusive sexting victims were more likely to be children of single-parent families. Results suggest that sexting abusers are at a higher risk of emotional and behavioral problems. However, this is not only the case for abusers, but also victims. The current study found that victims of abusive sexting also presented higher levels

of intra- and interpersonal problems, also experienced more abuse and neglect in the past, and also engaged more frequently in aggressiveness, when compared to youth who did not have such an experience. Engaging in abusive sexting and being a victim of abusive sexting were also related to behavioral and emotional problems, callousness, experiences of neglect and abuse in childhood, and various forms of aggression.

**Conclusion and recommendations:** Abusive sexting was related to behavioral and emotional problems, and was related to childhood experiences of physical, emotional, and sexual neglect and abuse, suggesting that such past experiences may shape adolescents' proneness to disregard interpersonal respect and trust. The findings suggest that abusive sexting, although not as widespread as more consensual forms of sexting, warrants further attention and research, as it is a damaging experience for adolescents' psychological adjustment, both for abusers and for victims. The present study has important implications for clinicians in an intervention process, particularly concerning childhood experiences of abuse and neglect, associated with abusive sexting behaviors and especially with victimization.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Symposium of State Delegates of the Brazilian Society for Studies in Human Sexuality: Clinical and Educational Perspectives on Sexology

Yeda Portela, Arnaldo Barbieri Filho, Mariana Maldonado, Mariana Braga and Fernanda Bonato

SBRASH—Brazilian Society For Studies In Human Sexuality, Rio de Janeiro, Brazil

The present work will be exposed on two perspectives of Sexology: Clinical and Educational. At first, from

the perspective of Clinical Sexology, two important sexual dysfunctions will be presented by two experts, a

urologist and a gynecologist: Delayed Ejaculation, considering that organic etiologies are properly diagnosed and treated, psychogenic causes are important because they are present in many patients who present ejaculatory delay. Therefore, a clinical case with drug treatment will be presented.

The other dysfunction, Primary Vaginismus, will be addressed from a private clinical experience, through the Genital Resignification Approach. Vaginismus is thought to be one of the most common female psychosexual dysfunctions and could have a negative impact on women's life quality in a sexual or non-sexual context. As a preliminary result, the Genital Resignification model appears to be an effective treatment for vaginal penetration difficulties in sexual or non-sexual contexts.

In the second moment, the Educational Perspective will be approached aiming to care for two Brazilian

minority groups: the indigenous group and the women's group. Regarding the indigenous population, to provide them with access to qualified information on the prevention and treatment of STD/AIDS, viral hepatitis and Covid-19, among other types of knowledge, UNESCO has developed a comprehensive methodology for sexuality education in an intercultural dialogue between knowledge and indigenous practices offered by traditional health services, presented here.

In another moment, through a case study—online conversation circles—with medical students, it is perceived the need to implement a discipline on sexuality in the academic environment in different areas of health, enabling academics to care for women victims of sexual violence, for the constant search for hospital medical care in cases of sexual violence.

## Delayed Ejaculation: Learning From a Clinical Case

Arnaldo Barbieri Filho

Delayed ejaculation (DE) is an uncommon condition for which there is no consensus regarding drug treatment. Organic etiologies must be properly diagnosed and treated as is the case with hypothyroidism androgenic deficiency and delays due to the action of medications, including several antidepressants. However, many patients have ejaculatory delay and anorgasmia due only to psychogenic reasons.

Thus, psychiatry diagnosis is very important for choosing the best drug approach for each individual. In the clinical case presented, the individual has symptoms of Generalized Anxiety Disorder (GAD) in addition to the sexual condition of DE, Obsessive-Compulsive Disorder (OCD) and a history of Excessive Sexual Impulse. All possible organic causes were duly ruled out.

Therefore, drug treatment required drugs that act on generalized anxiety and OCD, not worsening the DE and, if possible, improving it. As the action of serotonin on the 5HT<sub>2A</sub> postsynaptic receptor tends to inhibit the medullary reflex of orgasm, Mirtazapine (anti 5HT<sub>2A</sub>) was chosen. It also helped to improve his insomnia by the antihistamine effect. Buspirone was added due to the fact that it is a dopaminergic anxiolytic, which can improve both sexual desires eventually impaired by Mirtazapine and DE itself.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Lifelong Vaginismus Treatment in a New Perspective: The Genital Resignification Model

Mariana Maldonado

Vaginismus is thought to be one of the most common female psychosexual dysfunctions and could have a negative impact in women's life quality in a sexual or non-sexual context. Lifelong vaginismus occurs when a woman has never been able to have complete intercourse since her first sexual contact.

**Aims:** The purpose of this scope was to present lessons learned from a gynecologist and sexologist's clinical experience in lifelong vaginismus's treatment, using the Genital Resignification model in a private setting.

**Methods:** Forty women with lifelong vaginismus (mild, moderate, severe) were selected. The intervention consisted 1-h from one up to five sessions over 12 weeks, involving psychoeducation, cognitive restructuring, gradual genital exposure exclusively (with their own fingers + dilators) in vivo in a non-sexual context and on an anticipatory guidance basis.

The primary outcome was reduced fear and pain's experience with vaginal penetration in a non-sexual context, with a gynecological exam (specular + bimanual touch) and her personal overall satisfaction.

Full intercourse with the penis, cognitive restructuring regarding self-image and vaginal penetration beliefs and improvement in sexual function were the secondary outcomes. Self-reports were assessed at baseline, during sessions and at the end of the treatment.

**Results:** Thirty-seven out of 40 (92.5%) reported complete vaginal penetration in a non-sexual context, reduction of penetration fear and pain experience, had a successful gynecological exam. They all referred to positive cognitive restructuring regarding self-image and penetration beliefs and overall satisfaction. In most of the successfully treated women (81%) intercourse was possible within the first 4 weeks of treatment and improved sexual function at three months.

**Conclusion:** The Genital Resignification model appears to be an effective treatment for vaginal penetration difficulties in a sexual or non-sexual context.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Indigenous Peoples in Brazil: Intercultural Dialogue for Sexual Rights

Mariana Braga

SBRASH—Federal District Delegate, UNESCO Brasilia

**Development:** The Brazilian population includes more than 300 indigenous peoples who are suffering today with the interiorization of the HIV epidemic and also the COVID pandemic. The Brazilian indigenous peoples are the guardians of a rich collection of intangible heritage, of oral transmission, which is endangered by the pandemic.

Besides the situation of Brazilian indigenous peoples, there is also a concern about the refugees and migrants indigenous populations, namely, the Warao, Pemon Taurepang and Eñepã peoples, who are part of the Venezuelan influx that, since 2014 crosses the North borders of Brazil, mainly in Roraima, Amazonas and Pará, with a significant increase from 2016 onwards.

UNESCO developed a comprehensive sexuality education methodology in intercultural dialogue between indigenous knowledge and practices offered by traditional health services. This strategy aims to foster the discussion of non-indigenous knowledge about STI/HIV/AIDS, viral hepatitis, and COVID-19 about health processes and disease to build plans suited to sociocultural contexts for each indigenous ethnicity.

Warao, Ticuna, Yanomami, Wapichan, Macuxi, and Taurepang had an intercultural dialogue about HIV prevention, COVID Vaccine and prevention, syphilis and hepatitis prevention, and education rights. Fifteen videos were produced and six booklets for different groups from the Amazon region. The material was

done in their mother tongue and was supposed to be used only by education professionals, but now they are also used by health agents.

This is a multilingual, multicultural material, developed from the concepts and perspectives of each culture and indigenous beliefs.

To provide indigenous peoples access to qualified information on STIs/AIDS and viral hepatitis prevention and treatment believed that one might be cooperating to implement policies that ensure the

differentiated rights of indigenous peoples. Respect and recognize indigenous knowledge and practices and care, combating the stigma and discrimination experienced by these peoples to maintain their physical and socio-cultural integrity.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Quando la Sexualidad Triunfa Ante El Cáncer

Silvina Valente<sup>a</sup> and Lucia Báez Romano<sup>b</sup>

<sup>a</sup>Médica Sexologa Clínica, especialista en ginecología, Presidente de SASH; <sup>b</sup>SASH, Buenos Aires, Argentina

Diferentes tipos de cánceres y sus tratamientos pueden causar disfunciones sexuales. Los cánceres de pulmón y colon y de cuello uterino que son los que vamos a trabajar, son los más altos en contraerlos a nivel mundial tanto en mujeres como en varones. 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.

Desde lo sexológico nos podemos encontrar con la presencia de depresión, ansiedad y estrés que conlleva a alteraciones fisiológicas que pueden dificultar la respuesta sexual. Incluso puede llegar a resultar incómodos o desagradables cualquier insinuación o acercamiento por parte de la pareja. Abordaremos sus efectos psicosexuales como así también las vicisitudes de los tratamientos desde la psicoprofilaxis quirúrgica o quimioterapéutica. Consideraremos, al evaluar, posibilidades de tratamiento, que a pesar de que, en general, la disfunción sexual podría ser tratable, no siempre se conseguirá solución fácil y rehabilitación definitiva, y hay que enfocar esto con la persona de forma constructiva.

Explorar mecanismos de la persona para canalizar su sexualidad afectada o infructuosamente tratada. 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. El apoyo psicosexual debe ir

más allá del funcionamiento sexual físico, la satisfacción de la relación y la perspectiva de la pareja. Inclusive el abordaje simultáneo de la sexualidad con el tratamiento oncológico, con la participación activa de sexólogos en el equipo tratante, modifica satisfactoriamente el bienestar sexual y la calidad de estas mujeres y sus parejas.

Medicina Integrativa Y Oncosexología. Dr. Santiago Cedrés.-

El cáncer se ha convertido en nuestros días en una enfermedad crónica controlable. La sexualidad es un área importante en la calidad de vida de los pacientes sobrevivientes al mismo, y es conocido que las disfunciones sexuales son muy frecuentes luego del tratamiento oncológico. Sin embargo, la mayoría de los profesionales médicos temen discutir sobre sexualidad en la consulta diaria, y los pacientes se sienten incapaces de comunicar a sus médicos tratantes los problemas sexuales. Cuando lo hacen, necesitan encontrar médicos entrenados en la asistencia a este tipo de disfunciones. La oncossexología es una sub especialidad de la Medicina Sexual que se dedica a la relación entre el cáncer (en sí mismo y su tratamiento) y la sexualidad. Es fundamental no subestimar las disfunciones sexuales. Es necesaria la información adecuada y el enfoque interdisciplinario e integrativo. Hay recursos terapéuticos médicos con altos índices de éxito para el correcto abordaje de estos pacientes en cualquier momento evolutivo de su enfermedad neoplásica desde un enfoque de medicina funcional integrativa y holística.

**Declaración de conflicto de interés y divulgación:** Ninguno

### Bibliografía

- Spencer, S. M., Carver, C. S., & Price, A. A. (1989). *Psychological and social factors in adaptation* (pp. 211–222). Oxford University Press.
- Terradas, C., Rodríguez Baigorri, G., Finger, L., & Baez Romano, L. (2015). *La Sexualidad en el paciente oncológico. Medicina Sexual Humana. Un enfoque integrador* (pp. 127–144). Dunken.
- Vidal y Benito, & Del Carmen, María. (2008). *Psiquiatría y Psicología del paciente con cancer*. (Polemos)

- Pretoro, M. D. (24 de junio de 2016). *Función sexual femenina, Afrontamiento e Imagen corporal en mujeres con cáncer. Un Estudio con Pacientes del Instituto de Oncología “Ángel H. Roffo”*. Buenos Aires, Argentina: Tesis de doctorado.
- Ramírez, E. L., & Flores, E. G. (2005). *Sexualidad y cáncer: toxicidad y tratamientos de soporte*. 28 (R. Scielo, Ed.). Barcelona, España.
- Rodríguez\*, M. G. (s.f.). *Cancer de Pene*. 509, 435-439. (r. m. CeNTrOAmÉriCA, Ed.) Artículo de Revista Oncologica.
- Masters, W. (1970). *Incompatibilidad sexual humana*. Inter—Medica.

## Sexualidad y Cáncer de Cuello Uterino: La Promoción de la Sexualidad y Prevención de Las Disfunciones Sexuales Como Parte Del Tratamiento Oncológico

Silvina Valente

Médica Sexologa Clínica, especialista en ginecología, Presidente de SASH

La sexualidad en las pacientes que tienen diagnóstico de cáncer de cuello de útero cambia, pero pocos médicos y equipos la abordan en el momento de dar el diagnóstico, a pesar que las pacientes cada vez son más jóvenes, inclusive en ocasiones aún sin pareja estable ni planificación de ello. Generalmente los tratamientos son invasivos genitualmente, ya sea por resolución quirúrgica como por aplicación de braquiterapia; dejando secuelas en la estructura y función vaginal a corto, mediano y largo plazo. Las disfunciones sexuales a menudo son angustiantes. Muchos pacientes y parejas experimentan necesidades de atención médica psicosexual, pero la información y la atención que se brindan son generalmente limitadas. El apoyo psicosexual debe ir más allá del funcionamiento sexual físico y debe tener en cuenta aspectos como la angustia sexual, la satisfacción de la relación y la perspectiva de la pareja. Además, ofrecer información más práctica y tranquilizadora sobre la sexualidad después del cáncer de cuello uterino sería valioso tanto para las pacientes como para las parejas. Inclusive el abordaje simultánea de la sexualidad con el tratamiento oncológico, con la participación activa de sexólogos en el equipo tratante, modifica satisfactoriamente el bienestar sexual y la calidad de estas mujeres y sus parejas.

**Declaración de conflicto de interés y divulgación:** Ninguno

### Bibliografía:

- Jervaeus, A., Nilsson, J., Eriksson, L. E., Lampic, C., Widmark, C., & Wettergren, L. (2016). Exploring childhood cancer survivors' views about sex and sexual experiences – Findings from online focus group discussions. *European Journal of Oncology Nursing*, 20, 165–172.
- Amsterdam, A. (2006). Sexual dysfunction in patients with gynecologic neoplasms: A retrospective pilot study. *Journal of Sexual Medicine*, 3, 646–648.
- Araya-Castro, P., Sacomori, C., Diaz-Guerrero, P., Gayán, P., Román, D., & Sperandio, F. F. (2020). Vaginal dilator and pelvic floor exercises for vaginal stenosis, sexual health and quality of life among cervical cancer patients treated with radiation: Clinical report. *Journal of Sex & Marital Therapy*, 46(6), 513–527.
- Athanasidou, S., Pitsouni, E., Grigoriadis, T., Michailidis, G., Tsiveleka, A., Rodolakis, A., & Loutradis, D. (2020). A study protocol of vaginal laser therapy in gynecological cancer survivors. *Climacteric* 23(1), 53–58.
- Bahng, A. Y., Dagan, A., Bruner, D. W., & Lin, L. L. (2012). Determination of prognostic factors for vaginal mucosal toxicity associated with intravaginal high-doserate brachytherapy in patients with endometrial cancer. *International Journal of Radiation Oncology Biology Physics* 82(2), 667–673.

Brand, A. H., Bull, C. A., & Cakir, B. (2006). Vaginal stenosis in patients treated with radiotherapy for carcinoma of the cervix. *International Journal of Gynecologic Cancer*, 16(1), 288–293.

Brotto, L. A., Erskine, Y., Carey, M., Ehlen, T., Finlayson, S., Heywood, M., Kwon, J., McAlpine, J., Stuart, G.,

Thomson, S., & Miller, D. (2012). A brief mindfulness-based cognitive behavioral intervention improves sexual functioning versus wait-list control in women treated for gynecologic cancer. *Gynecologic Oncology*, 125(2), 320–325.

## Promoting Sexual Pleasure: Why Does It Matter?: A Panel on Implementation of the Declaration on Sexual Pleasure

Jessie Ford<sup>a</sup>, Esther Corona<sup>b</sup>, Mariana Cruz Murueta<sup>c</sup>, J. Dennis Fortenberry<sup>d</sup>, Eszter Kismodi<sup>e</sup>, Anne Philpott<sup>f</sup>, Eusebio Rubio-Aurioles<sup>g,h</sup> and Eli Coleman<sup>i</sup>

<sup>a</sup>Department of Sociomedical Sciences, Columbia University, New York, USA; <sup>b</sup>Mexican Association for Sex Education, Mexico City, Mexico; <sup>c</sup>International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR); <sup>d</sup>Adolescent Medicine, Division of Adolescent Medicine, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, USA; <sup>e</sup>Sexual and Reproductive Health Matters, London, United Kingdom; <sup>f</sup>The Pleasure Project, London, United Kingdom; <sup>g</sup>Asociacion Mexicana Para la Salud Sexual, A.C.; <sup>h</sup>Departamento de Psiquiatria y Salud Mental, Facultad de Medicina, Universidad Nacional Autonoma de Mexico, Mexico City, Mexico; <sup>i</sup>Institute for Sexual and Gender Health, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, USA

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 support the WAS Declaration on Sexual Pleasure, this symposium brings together a panel of experts to discuss how to use the Declaration to promote sexual pleasure as a means of promoting sexual health and sexual rights. Panelists will discuss

how a focus on pleasure in central areas (e.g., education, healthcare, public health) has the potential to improve health and wellbeing.

We will engage with an upcoming technical document designed to support the WAS Declaration on Sexual Pleasure with a particular focus on the state of the literature, case studies for implementation and future directions for advocacy and sustainability. In this 90 min session, panel speakers will give an overview of the importance of sexual pleasure in the WAS Declaration on Sexual Pleasure and upcoming Technical Document. There will also be time for discussion and feedback with audience members to support ongoing efforts to promote sexual pleasure as part of sexual health and sexual rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## I-Share—A Global Study on the Impact of the COVID-19 Measures on Sexual and Reproductive Health

Kristien Michielsen<sup>a</sup>, Joseph Tucker<sup>b,c</sup>, Gunta Lazdane<sup>d</sup>, Hanna Saltis<sup>e</sup>, Takhona Hlatshwako<sup>b</sup>, Linda Campbell<sup>f</sup> and Devon Hensel<sup>g</sup>

<sup>a</sup>Ghent University, Ghent, Belgium; <sup>b</sup>University of North Carolina, USA; <sup>c</sup>London School of Hygiene and Tropical Medicine, UK; <sup>d</sup>Riga Stradins University, Latvia; <sup>e</sup>Curtin University, Australia; <sup>f</sup>Antwerp University, Belgium; <sup>g</sup>Indiana University, USA

COVID-19 may have a profound impact on sexual and reproductive health (SRH) across the world.

Shelter in place regulations that have extended across the globe may influence condomless sex, exacerbate

intimate partner violence and reduce access to essential reproductive health services. Population representative research is challenging during shelter in place, leaving major gaps in our understanding of SRH during COVID-19.

The International Sexual Health And Reproductive health (I-SHARE) study is a population-based cross-sectional that aims to understand SRH in selected countries during the COVID-19 pandemic and facilitate multinational comparisons.

Participants were recruited in 29 countries through an online survey link disseminated through local, regional and national networks. In each country, a lead organisation was responsible for organising ethical review, translation and survey administration. The consortium network provides support for national studies, coordination and multinational comparison.

This symposium will present different outcomes from this study. The outcomes are situated at different levels:

1. methodology and implementation strategies to collect strong data in challenging times (abstract 1)
2. the impact of COVID-19 measures on:
  - 2.1. SRH in general (abstract 2)
  - 2.2. Sexual behaviour (abstract 3)
  - 2.3. Partner violence (abstract 4)
  - 2.4. Reproductive health (abstract 5)
3. the consortium: in the I-SHARE study, over 30 academic institutions came together in an unprecedented collaboration. Substantially relying on young and early career researchers, they will reflect on how this collaboration has influenced their professional careers (abstract 6).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Was Sexuality Education Symposium

Osmo Kontula, Margarita Gerouki, Karen Rayne and Francisco Juan Jose Viola

WAS Sexuality Education Committee, Helsinki, Finland

This Symposium is organized by WAS Sexuality Education Committee. It presents evidence-based

knowledge of research on sexuality education and promotion of sexuality education in schools and online.

## What Boys Really Desire to Know About Sex

Osmo Kontula

**Background:** Adolescent sexuality or their sexuality education has not often been studied from boys' view. It is important to understand profoundly boys' needs as sexuality education has been found in some Western countries to determine more importantly sexual health knowledge among the boys in comparison to the girls.

**Methods:** The project to improve sexual knowledge among adolescent boys commenced in Finland in 2011. Its data include 60 personal interviews, 10 focus group interviews, 53 essays, 520 questions to sexual

counselling website called "ask an expert," and thousands of calls to boys' helpline. Helpline data include crisis calls that relate to boys' sexuality problems.

**Results:** Boys are concerned the most if they are properly matured. They desire a prognosis if they are going to become physically normal. The greatest concern and reason for anxiety is the size and function of their penis. They are afraid that their penis is not functional enough to give pleasure to girls. They also crave information on how to behave in sexual intercourse. They would like to receive comprehensive



information on sexuality that deals with some real issues in their life right now. They are afraid to reveal their ignorance and inexperience, especially in the classroom.

**Conclusions:** Boys do not consider sexuality education in their classroom credible and worth listening to if it will mainly lecture on sexual risks. The same is

true if they will be criticised for their interest in pornography. Boys desire to become sexually active and to earn a hero role among other boys.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Teaching Sex Ed Online: What We've Learned in 18 Months

Karen Rayne

Global comprehensive sexuality education dove into online platforms in new, exciting, and sometimes unsteady ways in 2020. There was a huge burst of creativity among designers, authors, and facilitators around the world who responded to the pandemic shut-downs by offering young people new ways to access life-saving information about sex and sexuality.

Research is still emerging on the outcomes of this great experiment, but initial reactions include both positive and reflective information. This presentation includes an overview of the evolution of thought of online CSE, a literature review of the research of online CSE that has been published, and recommendations for online CSE now and in the future.

## Exploring Greek Secondary Students' Opinions on a Sexuality Education Intervention

Margarita Gerouki

Department of Political Sciences, University of Jyväskylä, Finland

**Introduction and objectives:** Although sexuality education is part of Health Education interventions for twenty years in Greece, research data show an extremely limited implementation of such programs. One of the main reasons that teachers attribute to the limited interventions is insufficient educational materials. The aim of this presentation is to present briefly a CSE intervention, its scope, teaching methodology and manner of implementation, as well as discuss students' opinions on the implementation. The 20 hours educational intervention was designed in 2015 around six modules: Human Development; Sexual and Reproductive Health; Sexual Behaviour; Relationships; Sexual values, attitudes and skills; Culture, Society and Law; based on the International Technical Guidance for Sexuality Education (UNESCO, 2009). The program received approval from the Greek Ministry of Education and was taught as a pilot intervention in

the 9th grade of a secondary school, for four consecutive years. As part of the intervention, at the beginning of every year students were asked to offer anonymously questions on sexuality and interpersonal relationships. Those questions were addressed in the process of the course along with other subjects, to meet the learning goals.

**Method and sample:** Data for this presentation come from the qualitative research conducted on students. The aim of the research was to evaluate students' experience regarding their participation in the CSE project discussion, as well as their general needs to address CSE topics in school. 11 students who had previously attended the pilot intervention participated in one-hour, semi-open individual interviews. Students were recruited through an open call in their school. For those participants who were underaged, parents' agreement was acquired.

**Findings and discussion:** Students discussed the methodology and structure of the CSE intervention. They considered the collaborative system of working throughout the project as demanding but also engaging. They believed that sexuality education interventions should be based on experiential and explorative learning techniques and build on needs assessment. Finally, they discussed the qualities of the educators and offer their opinions on the modules. Students at the beginning of the course seemed to have a false idea of what sexuality education is about, its goals and its purpose. On many occasions, misconceptions on sexual diversity and gender issues had to be addressed as part of the intervention. This had been acknowledged by the participants in their interviews.

**Recommendations:** Sexuality education is a topic that students are interested to explore. Most of the students believed that it should be a compulsory school subject. Sexuality educators need to be informed, friendly and trustworthy. Sexuality education intervention should discuss sexual diversity and challenge misinformation and/or misconceptions on sexual development. Sexual and reproductive rights need to be addressed, as well as media representations on sexuality and sexual relationships. Any intervention should consider the needs of the group and make room to discuss them.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “Play With Frixos”—A Sexuality Education Program for 5–8 Years Old Students

Margarita Gerouki

Department of Political Sciences, University of Jyväskylä, Finland

**Introduction and objectives:** The purpose of this work is to present and discuss a CSE intervention for teaching 5–8 years old pupils. Although there are materials such as stories, videos, songs or worksheets to discuss sexuality education issues for younger learners, these usually address some learning goals. “Play with Frixos” is a coherent intervention that addresses a bigger range of topics through a common story and approach. The educational material consists of five modules that explore: the body and the genitals; public and private body parts, private, public physical spaces as well as online spaces; family; feelings; prevention of inappropriate contact, and sexual abuse. The teaching goals are based on the International Technical Guidance for Sexuality Education (UNESCO 2009, 2019). Here we will present and discuss how to use a range of experiential classroom activities to tackle the above topics. Sexuality education we argue can provide a creative outlet. Understanding how this becomes possible in the classroom is an additional goal of the presentation.

Learning objectives are for participants to explore experiential techniques as a way of teaching; discuss the importance and content of relationships and

sexuality education for children 5–8 years old; to get to know the structure of the educational materials, the modules, and the learning goals for each module; finally, to understand the role of the main character/hero of the project and how this can be used to enhance children’s learning and creative skills.

**Project settings:** This CSE intervention is implemented in classroom settings by pre-school and primary school educators. The intervention requires approximately 20 h of teaching which can be allocated in 2-h sessions once or twice a month, for a period of six or seven months. The original Greek materials are translated in English and Finnish and are available through Amazon.

**Outcome:** “Play with Frixos” has been implemented in many schools in Greece for the last 5 years and results are promising. According to research on parents, the intervention goals are successfully met. Teachers on the other hand commented positively on the methodology and teaching approach of the intervention. Students who participate in the intervention, according to their teachers feel more empowered to discuss their bodies, learn healthy and safe attitudes and create respectful interpersonal relationships.

**Discussion and recommendations:** CSE interventions need educational materials that are designed based on strong evidence and founded on substantial theoretical approaches. The use of “Play with Frixos” in class provides teachers with a pedagogical tool to discuss sexuality education issues in a coherent, fun and playful manner. At the same time, it provides

students with creative outlets and opportunities to safely learn about important issues such as protection from sexual abuse.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Some Considerations on Sexuality Education

Francisco Viola<sup>a</sup> and Francine Duquet<sup>b</sup>

<sup>a</sup>Faculté de médecine, Universidad Nacional de Tucuman; <sup>b</sup>Université du Québec à Montréal (UQAM)

Sexuality education (SE), as a formal activity in the school system, has two facets in the 21st century. On the one hand, it has been consolidated as an educational practice and developed thanks to various studies, proposals, actions and the support of national or international organizations (CIÉSCAN, 2019; IPPF, 2006; WHO, 2013; SIECUS, 2004; UNESCO, 2018). On the other hand, we see an uneven application of its goals around the world.

Not to mention that different proposals coexist under the same name (sex education), either as “guidelines” or “formal programs,” or as broad information and dissemination activities—depending on the priorities or mandates of the actors. called upon to develop them in a multitude of environments.

The objective of the conference is to promote the concept of sexuality education from the distinction between informal activities and those based on “previously defined content,” taking into account psychosexual development or theoretical models. To do this, it will be a matter of defining certain criteria associated with the success of a sexuality education process.

1. Based on a reading of the history of ES, we will analyze its evolution (informal versus formal approach). Certain criteria will be suggested to distinguish it from other spaces or practices where there are “contents, ideas and proposals” for sex education.
2. A reminder of the essential criteria for defining and carrying out a sexuality education process will be presented.
3. A proposal for strategies for implementing a sexuality education approach (eg design of teaching materials, training, etc.) will be presented on the basis of certain criteria that facilitate its implementation and sustainability.

This conference will aim to contribute to the necessary reflection on the definition of the field of action of the ES, its limits and obstacles and its development possibilities.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Symposium of the Brazilian Society for Studies in Human Sexuality—Sexuality: Commitment to Change

Sheila Reis, Sandra Scalco, Raquel Varaschin, Talita Castelão and Lina Wainberg

SBRASH, Rio de Janeiro, Brazil

In Brazil, sexuality education and public policies still need a lot of attention, understanding and actions that address sexual and human rights. We will be discussing interventions that promote the sexual health and well-being of minorities and vulnerable populations. The largest public reference in women's sexual health in Brazil is found in the southern region, with the Hospital Presidente Vargas service, which is a pioneer in the world for having a structure that serves three axes: sexual violence, legal abortion and sexology. Extending to issues of violence, we will talk about the aggressions and deaths that the LGBTQIA+ population suffers, whether inside or outside the family. Patriarchal heritage and religious precepts encourage prejudice and discrimination against diversity. We will address the need for sexuality education as public policy from a

perspective of inclusion and respect for human life, regardless of sexual orientation and gender identity. Another important topic that will be addressed is the sexuality of people with intellectual disabilities—Down Syndrome—the prejudice of parents and health professionals in relation to socialization, affection and sexual desire in this group, which compromises the development of responsible and independent behavior. And as sexual health has been considered a quality of life criterion, we will also propose a reflection: Sexual Health or Sexual Well-being, should we be concerned with the concept of satisfaction?

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Justice and Education: Pillars of a Pioneering Sexual Health Service in Brazil

Sandra Scalco

In Brazil, abortion is allowed under a few circumstances, one of which is in situations of sexual violence. The Hospital Presidente Vargas was one of the first public institutions of reference in the country to deal with these cases, in 2000. At first, it did not evolve due to the difficulties of invisibility and the stigma of the subject. In 2011, the SAISS—Sexual Health Care Service was created.

This service is a pioneer and unprecedented in the world for having a structure that contemplates care in three axes to women's sexual health: sexual violence, legal abortion and sexology. In its configuration, there is a multidisciplinary team, which works in an interdisciplinary way, with a focus on comprehensive care and person-centered methodology.

It consists of different types of professionals: medical, nursing, physiotherapy, psychology, psychiatry and social work. In addition, it has lines of research

and promotes the teaching of students and health professionals, through 10 agreements per year, with various institutions, for curricular/training internships.

The results in the assistance are: about 1200 assistances per year, 2/3 of the cases involve situations of sexual violence and/or sexology. In 2020, during the pandemic, while 50% of legal abortion services were closed for alleged ambiguous urgency, 37 women were seen at the SAISS to undergo the procedure.

At times when the service was more vulnerable, one of the strategies was to strengthen it with intersectoral support, which included: associations of lawyers, prosecutors, defenders, police stations, as well as the media, universities, non-governmental groups, forums and the regional Council of Medicine.

Interdisciplinarity and intersectorality, with education and sexual justice as pillars, were decisive in the construction, evolution, maintenance and consolidation

of this unique service, despite the difficulties of our country. Currently, it is the most important public reference in female sexual health in southern Brazil.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexuality in Down Syndrome: There Is No Evolution Without Change!

Talita Castelão

Down syndrome (DS) or trisomy 21 is the most common cause of intellectual disability (ID) worldwide. Its incidence is estimated at 1:1,000 births and affects all ethnicities, sex and social classes. The sexuality of people with DS is still a matter of concern to parents and professionals who deal with them. This concern grows in the face of specific genetic characteristics, capable of compromising their reproduction.

Socialization, affections, desires, anxieties and frustrations about sexuality invade these people's lives and this requires special attention. Many parents and professionals would like the sexuality of Down syndrome to disappear and are surprised when this does not happen. They would prefer that in the presence of ID the sexual impulses were also deficient. Society still considers sexuality as an attribute of "healthy" adults, placing people with DS in the category of those who lack the maturity to assume and experience their sexuality.

However, the person with DS perceives their sexuality within the psychosexual development

corresponding to their mental age. It is common to think that sex education will encourage sex at an early age. But sexuality, being a constitutive element of the person, dimension and expression of one's personality, will manifest itself even without teaching. When cared for and stimulated, people with DS can develop responsible and independent habits and behaviors.

Educational actions on sexuality help to strengthen preventive behaviors in sexual and reproductive health, especially with regard to exposure to sexually transmitted infections, unwanted pregnancies, sexual abuse and induced abortion. Believing that people with DS have the right to fully live their sexuality, it is essential to reflect on and discuss this topic today, as there will be no evolution without making changes.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Health or Sexual Well-Being: What Should We Really Be Concerned About?

Lina Wainberg

Sexual health has been considered a criterion for the quality of life. Professionals and researchers in the field of sexuality apply the concept of sexual health as the parameter to be achieved. This concept encompasses physical, emotional and social aspects. Of course, this concept also embraces the notion of sexual well-being. The opposite is also true.

The concept of sexual well-being includes a notion of sexual health. With no intention to disqualify the concept of health, which has been expanded over

the years to a more multidisciplinary view, the linguistics heritage that this term carries is evident. Health refers to the absence of disease, somewhat more biological than emotional and that requires intervention (all aspects that the concept of sexual health emphatically claims not being). Despite the efforts of colleagues to minimize this semiology of the word health, the concept of sexual well-being emerges as a conceptual possibility that merits reflection.

Even though health is one of its arms, the inclusion of the concept of satisfaction expands the notion of how sexuality should be seen, by considering the subject's own perspective as a criterion with more emphasis. Subjective well-being includes physical satisfaction (which could be named as pleasure), emotional satisfaction, satisfaction with sex in life and, finally,

satisfaction with sexual health functionality. The proposal requires a deep reflection on their implications in research, care and treatment, as well as on human sexuality assistance policies.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Is 'Consent Education' the Solution to Addressing Sexual Violence in Australia?

Kerrin Bradfield<sup>a</sup>, Lisa Torney<sup>a</sup>, Katrina Marson<sup>b,c,d</sup>, Christopher Fisher<sup>e,f</sup> and Melissa Kang<sup>g,h</sup>

<sup>a</sup>Society of Australian Sexologists Ltd, Australia; <sup>b</sup>PhD Candidate at Swinburne University of Technology; <sup>c</sup>Lead Researcher: Primary Prevention at Rape and Sexual Assault Research and Advocacy; <sup>d</sup>Churchill Fellow; <sup>e</sup>Australian Research Centre in Sex, Health and Society; <sup>f</sup>La Trobe University; <sup>g</sup>The University of Sydney; <sup>h</sup>The University of Technology Sydney

Globally the silence around consent violations is being broken and conversations about better educating our communities to fully realise pleasure and sexual rights are amplifying. This significant social shift is the result of decades of advocacy and activism, coinciding with a unique moment in history.

However, Australia is currently in the midst of a consent crisis. Allegations of violence and abuse directed at our institutions and politicians have provided a setting in which young people are increasingly empowered to come forward, using the tools of their generation. Over 30,000 young people to date have signed an online petition calling on the government to implement "Consent Education" nationwide. Whilst learning about consent is a crucial aspect of reducing sexual violence in our community, there is potentially much more to consider. To effectively support the advocacy and activism of young people we have an opportunity to shape the conversation and implement evidence-informed programs that strengthen autonomy and agency.

The objective of this symposium is to explore the issue of "Consent Education" as a focal point for the prevention of sexual violence to identify how more comprehensive approaches to the prevention of sexual violence and the realisation of sexual rights might be beneficial.

Specialist researchers, educators, and therapists will bring their unique perspectives to this symposia through discussions of the current context and the needs of young people; the importance of political will and a human rights framework; the ethics of sex and pleasure as motivators for consent; and the issues that can arise in adulthood when adequate education isn't provided during adolescence.

This symposium will expand on the call for 'Consent Education' to recognise not only the importance of consent but also a broader recognition of comprehensive sexuality education, sexual rights and sexual pleasure in shaping legislation, policy and programming, and advocacy.

## When Sexually Explicit Media Is the Consent Educator

Kerrin Bradfield

Today's young people live in hypermediated environments, where online and offline are mutually constituted realities. The amount of time spent living within these media worlds was related to the likelihood of

accepting it as a social reality too. One area where this is becoming increasingly true is sexuality. Pornography or sexually explicit media (SEM) has become the default sexuality educator of a generation. The increasing use

of a flawed representation of sexual reality to subsequently create understandings of sexual experience presents a challenge for teens, parents and educators.

Teens want to access and make sense of sexual citizenship yet many approaches to relationships and sexuality education in Australia rely on legal definitions and risk management. A siloed approach that prioritises consent education as the solution does little to address sexual violence. In fact, there is potential that in an already overcrowded school day a more comprehensive approach to sexuality is denied and with that a missed opportunity to explore the factors that both support and negate autonomy in non-ideal situations.

Avoiding talking about sexuality with young people through fears that knowing is doing also leaves young people vulnerable to media messaging which is both

pervasive and unreflective of community standards. When misogyny, oppression and objectification are key elements of the sexual reality presented in SEM, the best way to protect young people is through the encouragement of literacy regarding ethics, respect, sexual communication, and pleasure- all of which intersect with consent.

Focussing on the laws of consent and sexual assault sets a low bar for sexual intimacy and dismisses the mutual nature of shared embodiment, joy, and intimacy. The question shouldn't be "What can I get away with?" it must be "Is the other person equally delighted and engaged?"

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Normalising Sexual Conversations

Lisa Torney

Issues within sexual relationships can arise from a lack of comprehensive sexuality education and may be prevented with a more specialised approach that incorporates a focus on sexual rights, sexual health, and pleasure. Consent education is important however there needs to be broader recognition and a positive approach to sexuality education that primarily informs and empowers young people to advocate for themselves sexually, and in turn, reduce incidents of unwanted sex and sexual violations.

A pleasure and rights-based framework can increase people's confidence to have open and honest sexual conversations where needs and desires are expressed without fear of judgement or concern they will hurt another's feelings. As a psychosexual and relationship therapist in Australia I have observed how young people have struggled to feel confident having sexual discussions with

partners which can lead to miscommunication; low-level sexual trauma; unwanted, obligatory, painful sex; feelings of shame; inadequacy; performance issues; relationship dissatisfaction and breakdown; and increased mental health issues. These distressing experiences may be mitigated if rights-focused comprehensive sexuality education incorporated not only consent education but also taught people how to confidently have pleasure focussed sexual conversations without fear of stigma or embarrassment. I will discuss how normalising sexual discussions, desires and pleasures with partners is imperative in reducing stigma, shame and embarrassment and can lead to more satisfying, and safer, sexual experiences and intimacy.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Relationships and Sexuality Education Is More Than Harm Prevention: The Case for a Human Rights Approach

Katrina Marson

As a sexual offences prosecutor in Australia, I used to view relationships and sexuality education (RSE) from a harm-prevention perspective. How can we prevent sexual violence through education? But, after conducting international research on the implementation of RSE, I now argue that it is a human rights issue and that the rights in question are not only those of potential victims or perpetrators of sexual violence.

This is because framing RSE principally for the prevention of sexual violence fails to capture other important rights, and thereby fails to meet the needs of all. Accordingly, a holistic human rights approach to RSE justifies universal access to it as a right in itself.

While the potential for education to prevent violence before it occurs should not be minimised, we should not accept that harm prevention is the sole or primary purpose of relationships and sexuality education. Justification for the right to access RSE—beyond the right to live free from sexual violence—can be found in contemporary rights discourse and core human rights documents.

As a staunch advocate for RSE, the question may reasonably be asked of me: does it matter how we get there? As the arguably more palatable option for politicians and a share of the community, a harm prevention approach may be the necessary means to the end of securing access to RSE.

But not all ends are created equal: we must continue to advocate for universal access to comprehensive RSE as a fundamental right in and of itself, beyond its preventative qualities. The framing is important because it has a material impact on how these rights are realised: RSE as harm prevention determines its perceived purpose, its content and thereby its efficacy.

A harm prevention approach risks jeopardising commitment to comprehensive RSE that promotes healthy and positive approaches to sexuality and is thereby more effective at achieving the harm prevention outcomes.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Consent in the Lives of Australian Teenagers

Christopher Fisher

Sexual consent provides for opportunities to engage in healthy and pleasurable relationships, prevents miscommunications that can lead to unwanted sexual experiences and can reduce experiences of sexual abuse and violence. Utilising data from the recurring Australian National Survey of Secondary Students and Sexual Health, this presentation will explore data from the 2018 survey and preliminary data from the 2021 survey to explore how these issues are experienced and perceived by young people themselves.

In the 2018 Survey, sexually active young people (14–18 years old;  $N = 3,838$ ) responded to measures of socio-demographics, lifetime experiences of unwanted sexual activity ( $n = 1,138$ ), STI diagnosis, condom and contraceptive use, pregnancy, and reasons for having experienced unwanted sex (qualitative response of

$n = 255$ ). Data were analysed using chi-square and logistic regressions and a thematic analysis was employed for open-ended responses. Similar questions have been included in the 2021 Survey with new measures on consent education.

In the 2018 Survey, females were three times more likely and LGB young people were almost twice as likely to have reported an unwanted sexual experience. Being frightened was the most common reason for female participants, while for males it was peer pressure. Those with an unwanted sexual experience were less likely to use a condom at last intercourse, more likely to have received an STI diagnosis and more likely to have had sex resulting in a pregnancy. Qualitative themes included assault/lack of consent, pleasing a partner, ambivalence, feeling pressured/



persuaded, lack of agency to say no and a change of mind. Preliminary data from the 2021 Survey will also be presented.

Findings further document the challenges unwanted sexual experiences present to young people in Australia and their relationship to sexual consent.

Sexual consent education should play a leading role in equipping young people with the knowledge and skills to engage in consensual sexual relationships.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Context Matters: Understanding Pleasure and Consent in Australian Society

Melissa Kang

Researchers, young people and advocates of comprehensive sexuality education have been calling for the inclusion of pleasure and desire in curricula, as well as the need to move away from the heteronormative discourses of what “sex” is and who “sex” privileges. The continued denial or erasure of sexuality among young

people has far-reaching consequences not only for personal health and wellbeing but also in relationships and the maintenance of patriarchal power.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Navigating the Post-Covid Era With Comprehensive Sexuality Education (CSE)

Esther Corona<sup>a</sup>, Mariana Cruz Murueta<sup>a</sup>, Mary Guinn Delaney<sup>b</sup>, Ilya Zhukov<sup>c</sup>, Mariana Cruz-Murueta<sup>a</sup> and Mary Guinn Delaney<sup>b</sup>

<sup>a</sup>IPPF WHR; <sup>b</sup>Education for Health and Well-Being, UNESCO, Latin America and the Caribbean Regional Office; <sup>c</sup>Adolescent and Youth Team, UNFPA

In recent years, global work has been underway to develop CSE as an effective tool contributing to generating gender equality, reducing power gaps among genders, creating awareness on sexual rights, and assisting in developing responsible behaviours.

Strategies were developed for CSE within school settings and also outside educational spaces, evidence was reviewed, and materials were developed.

Then COVID pandemic descended upon the world, confining large groups of population in many countries, limiting the space for relationships, and sometimes forcing difficult interactions. As the pandemic progresses breaking paradigms, challenging age-old truths, and forcing us to reinterpret the world new questions began to emerge:

- How can CSE intervene in managing desires?
- How can sexual identities be built and expressed within lockdown?

- Is CSE, as we had previously envisaged, still a valid tool to help children and young people face intergenerational relationships (such as those involved in family life)?
- Can CSE contribute to exploring a sense of identity?
- How CSE will play a part in struggling and defending bodily autonomy?
- Ways in which CSE can adapt itself to a growing virtual environment.

A panel discussion will explore questions among several participants. The moderator will have previously sent the questions to participants and, with the assistance of the participants, will reach a set of conclusions at the end of the panel

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Pleasure Principles

Francesca Barolo

The Pleasure Project

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

The Pleasure Project and WHO undertook a robust systematic review on the impact and effect of pleasure inclusive SH programming on sexual and reproductive health outcomes in 2021 to build evidence and provide reference points for pleasure inclusive SH work. In addition, after a feasibility study, The Pleasure Project has developed a set of living references—The Pleasure Principles—intended to help practitioners succeed in applying pleasure as a fundamental part of SH and sexual rights work. The Pleasure Principles follow the WAS Declaration on Sexual Pleasure and

detail how to practically incorporate pleasure in sexual health and within the broader agenda of health and development.

At the symposium, sexual health experts from various specialization will discuss the pleasure principles so that they serve as a guiding tool for applying the WAS declaration on sexual pleasure in practice. The experts will also provide perspectives for The Principles to stay grounded in evidence and yet be fluid to evolve and fit into specific contexts and environments. Representatives from the first cohort of Pleasure Fellows and a range of groups working to integrate pleasure inclusive sexual health will join and contribute to the session through digital whiteboards, crowdsourcing questions and live feedback, besides a direct Q&A with the panellists, to provide global perspectives and insights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## ORAL PRESENTATIONS

### TRACK 1: SEXUAL RIGHTS AND ETHICS

#### The Good the Bad And the Sex Worker

Carolien Gibb

Academy Of Sexology, Potchefstroom, South Africa

The adult sex work (Prostitution) laws in South Africa are currently exceedingly outdated, still running the Sexual Offences Act 23 of 1957. This act criminalizes “brothels,” “adult sex workers” and “unlawful carnal intercourse.” The amended act now also criminalizes the person who pays for the act. By making prostitution legal in South Africa, we can eliminate the illegal elements around it as well. With prostitution legal, the prostitutes can run their daily tasks with a business

license, fingerprinted, photographed, bank account and clear criminal record. Currently, the illegal industry only provides a playground for the pimps and traffickers exploiting the prostitutes, when making this a legal industry we can make it a safe environment for prostitution.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Micropolíticas de Produção Dos Corpos, Estética E Cirurgias Plásticas: A Quem Se Busca Satisfazer E Quais As Consequências?

Roberta Baccarim<sup>a</sup> and Grazielle Tagliamento<sup>b</sup>

<sup>a</sup>University Tuiuti of Parana, Curitiba, Brazil; <sup>b</sup>Centro Universitário Dom Bosco, Curitiba, Brasil

**Introduction & rationale:** No ranking global de cirurgias plásticas, o Brasil aparece ocupando o segundo lugar, respondendo por 13,6% do total de procedimentos no mundo, o equivalente a 1.466.245 ao ano. A crescente estatística mostra que cada vez mais pessoas são impelidas, por meio das normas sociais, a alterarem seus corpos a fim de se aproximar de um padrão de beleza e de corporeidades de gênero culturalmente estabelecidas. Constata-se uma supervalorização da aparência física, já que a beleza e um determinado padrão corporal apresentam-se como valor social. Consequentemente, expõe-se uma necessidade de corresponder ao que a sociedade supostamente espera de cada indivíduo - em especial, as mulheres. A busca pela conformidade ao mito da beleza pode afetar diretamente a saúde psicológica das pessoas, principalmente com a constante exposição a esses padrões estéticos - não apenas em produtos culturais, mas até mesmo em propagandas consideradas irregulares pelo Conselho Federal de Medicina.

**Action and Population group concerned:** mulheres cisgêneras e trans.

**Outcome:** Nesse sentido, este simpósio visa discutir junto a profissionais e estudantes a insurgência de discursos contra-hegemônicos na atualidade, seja na academia, discutindo a produção dos corpos e dos padrões, como na sociedade, por mulheres que estão dando visibilidade às próprias vivências de sofrimento gerado por uma “desadequação” da autoimagem às normas sociais de corporeidades inteligíveis.

**Discussion & recommendations:** Objetiva-se, dessa forma, contribuir para um pensar ético, estético e político, comprometido com a problematização da vida social, a partir de uma perspectiva feminista, que de fato contribua para a garantia da pluralidade, diversidade e dos direitos humanos.

**Conflicto de Interés y Declaración de Divulgación:** Ninguno

## A Rapid Review of the Evidence on Sexual Pleasure in First Sexual Experience(s)

Victoria Boydell, Kelsey Quinn Wright and Robert Dean Smith

Geneva Graduate Institute, Leigh, United Kingdom

**Introduction:** While educational, public health, and sexologists, along with other researchers, have paid much attention to the who, what, and when of first sexual experiences and constructed early-onset and negative first sexual experiences as markers of vulnerability tied to short- and long-term health and sexual behavior risks, we know much less about how people construct, experience, and proceed (or not) with sexual pleasure in these experiences and beyond. To respond to these findings, the Global Advisory Board for Sexual Health and Wellbeing (GAB) coordinated a rapid review of the existing literature about first-time sexual experiences to discover the breadth and depth

of experiencing pleasure, or lack thereof, in sexual initiation. In this paper, we share our findings from synthesizing what is known about sexual pleasure in first sexual experiences.

**Methods:** To assemble the evidence on pleasure in first sexual experiences, we used a rapid review methodology. We undertook key term searches in designated databases, including PUBMED, CINAHL, Cochrane, Family Welfare Studies, PsycInfo and Web of Science.

**Results:** We found 23 papers exploring this subject and its intersections with sexual health and sexual rights. The results reveal significant gaps in erotic

education, gender equity, vulnerability and connection, and communication efficacy; and highlight important domains to consider in future research.

**Conclusions:** Our findings draw out some key features of pleasurable first sexual experience(s), namely that individuals with the agency to formulate their definition and context of what pleasure means to them are more likely to experience pleasure at first sex. This finding points to promising ways to improve first

sexual experiences through erotic skills building, specifically, building skills that allow individuals to think about and understand/identify what a pleasurable FSE might mean for them and also through addressing knowledge gaps about having sex for the first time among different groups.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Elder Sexual Abuse: 21st Century Considerations

Kerrin Bradfield

Gold Coast Centre Against Sexual Violence, Gold Coast, Australia

**Introduction/Rationale:** The rights of older people are often divorced from other social movements around violence and human rights, yet in Australia adults aged over 60 years account for almost a quarter of the population. The recent Royal Commission into Aged Care Quality and Service shone an important light on one aspect of Elder Sexual Abuse, however, older people have been siloed out of broader conversations of sexual violence in our community. The failure to recognise older adults as having sexual needs, desires, and relationships present a significant barrier to recognising the many forms of sexual violence they experience.

This presentation explores 21st-century considerations around the hidden issue of Elder Sexual Abuse. Using research and case studies, this presentation will discuss the intersections of Elder Sexual Abuse with pornography, Viagra, domestic violence, and online dating.

**Population:** Older people are not a homogenous group and the experiences of sexual rights and sexual violence for ageing adults vary greatly. The World

Health Organisation defines elders as over 65 years of age. This is a sexually active yet diverse cohort with a broad range of experiences and identities.

**Outcome:** Participants will be able to identify a broad range of behaviours that constitute Elder Sexual Abuse. They will gain a greater understanding of the 21st-century considerations of this issue while developing skills to facilitate and respond to disclosures in clinical and educational settings.

**Discussion/Recommendations:** Experiences of sexual abuse and violence can potentially occur at any point in a person's life course, although Elder Sexual Abuse remains one of the most hidden experiences. Through increased awareness of this issue in a modern context, there is potential for healing, and sustained advocacy and action to create change.

**Source of funding:** Based on a project originally funded by Department of Justice and Attorney General.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Pleasure Principles for Pleasure in Practice

Francesca Barolo<sup>a</sup> and Anne Philpott<sup>b</sup>

<sup>a</sup>The Pleasure Project, New Delhi, India; <sup>b</sup>The Pleasure Project, Shaftesbury, United Kingdom

**Introduction and rationale:** Pleasure is one of the key motivators for sex globally. However, the framing of

sex education and sexual health (SH) programmes has been one of avoiding danger, death, and disease rather

than seeking pleasure, enjoying and affirming our bodies, and articulating desires. While the narrative and the evidence on pleasure inclusive SH has gained more acceptance over the last few years, there are no global standards/principles for pleasure-based and sex-positive SH programmes. The absence of pleasure standards/principles brings a risk for hazy application of pleasure based SH programming and to potential failures.

**Project/Population and settings:** The Pleasure Project conducted a feasibility study to identify current operational guidelines used by Sexual and Reproductive Health and Rights (SRHR) organizations and potential lessons; gauge relevance of and need for pleasure positive SH principles; expectations & potential usability of principles. We interviewed experts and practitioners from academia, UN and allied organizations; SRHR implementation agencies; communication experts, the pleasure industries and the private sector from across the globe.

**Outcome:** Informants strongly expressed the desire for aspirational principles to guide and motivate their

work. The Pleasure Principles will help adoptive organizations to determine ‘what is pleasure, well-being and sex-positive sex-education & SH’ and hold/inspire implementers to a series of “standards.” The Pleasure Principles will follow the WAS Declaration on Sexual Pleasure and detail how to practically incorporate pleasure in SH and within the broader agenda of health and development.

**Discussion and recommendations:** The Principles are being designed as a set of living guidance intended to help practitioners succeed in applying pleasure as a fundamental part of SH and sexual rights work. The Principles will stay grounded in evidence and yet fluid to evolve and fit into specific contexts and environments and across sectors.

**Source of funding:** Anonymous

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “I Will Never Wish This Pain to Anyone, Not Even My Worst Enemy”: Experiencing Manual Vacuum Aspiration in Post-Abortion Care

Ramatou Ouedraogo<sup>a</sup>, Jonna Both<sup>b</sup>, Camilo Antillon<sup>b</sup>, Anne Achieng<sup>a</sup>, Shilla Dama<sup>a</sup>, Mercy Kadzo<sup>a</sup>, Jane Shirima<sup>a</sup>, Shelmith Wanjiru<sup>a</sup> and Grace Kimemia<sup>a</sup>

<sup>a</sup>African Population and Health Research Center, Nairobi, Kenya; <sup>b</sup>Rutgers, Utrecht, The Netherlands

**Introduction and objectives:** Whereas access to abortion services is restricted in Kenya, the government has made commitments to address abortion-related morbidity and mortality through the provision of post-abortion care (PAC) for the management of unsafe abortion complications. While the introduction of Manual vacuum aspiration (MVA) to treat incomplete abortion has improved the management of abortion complications, this procedure is not exempt from pain, whose management has been a challenge and reported by few studies. This paper explores the lived experiences of pain (management) during MVA to understand factors contributing to the non-use of pain medication, and how this links to medical and obstetric violence.

**Methods:** The paper draws upon data gathered in an ethnographic study, with adolescent girls and women treated for post-abortion complications in

Kenya. The approach included participant observation in public and private health facilities, and in-depth interviews with girls and women as well as with healthcare providers.

**Findings and discussion:** Our findings show that almost all the participants who have gone through the MVA procedure described it as the most painful thing they have ever experienced. Such unbearable pain was explained by lack of pain management drugs, or malfunctioning MVA kits that caused more pain and lengthened the procedure. In other cases, the pain medication was available but providers decided not to use them as they felt patients’ condition did not require them, while others wanted to “punish” the patient for inducing their abortion and insulted them while being in pain.

The study findings show how a procedure deemed to improve PAC quality, turns into medical and

obstetric violence due to limited resources in health facilities, and stigmatizing attitudes from health providers.

**Recommendations:** This suggests the need for clearer guidelines on pain medication, VCAT training

for providers, and strengthening the supply chain of pain medication and MVA kits.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Communication—A Basic Right to Everyone: How to Protect the Right of Disabled People to Communicate About Sexuality?

Fanni Kevätmiemi and Henna Kekkonen

Terapiaperhonen Oy, Helsinki, Finland

When talking about sexual health, communicating about sexuality can't be ignored. But usually, it means speaking of it, and that's a major ableist point of view. People who use AAC (augmentative and alternative communication) methods to supplement or replace speech are more than likely to be forgotten. Our accomplishment has been to create accessibility to communicating about sexuality for all individuals. By that, we can increase sexual health and well-being, raise awareness that people with disabilities are sexual beings, and fulfill their basic human right to communicate.

We created an internet-based image bank for pictures about sexuality, sex, gender, intimacy, hygiene, sexual health, anatomy, etc. We introduced them to a consultation group that included individuals from trans, sexual minority, kinky, non-binary, and social, healthcare, and rehabilitation communities. Our goal was to get the pictures non-heteronormative and indicate that sex is more than penis-vagina intercourse. We applied for financial support but were declined by all.

Pictures are available in an internet-based image bank. We requested feedback about our pictures from people who have used them at their work. We were given experiences from a physical therapist, practical nurses, neuropsychiatric coach, sexuality educator, and specialist in sexological counseling. Professionals stated that pictures were high quality and much needed for their work. The only criticism received was about the number of pictures. We are constantly developing more of them.

There is a great need for high-quality sexuality-themed communication pictures as well as awareness about the communication of sexuality with disabled people. By giving a chance and tools to people to communicate, we're raising awareness among professionals that disabled people are sexual beings and breaking the ableist wall.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Consent: An Approach to Published Research

Francisco Juan Jose Viola

Laboratorio de Humanidades Médicas, Facultad de Medicina, Universidad Nacional de Tucumán, San Miguel De Tucumán, Argentina

Healthy and desirable sexual activity is separated from other activities where the sexual is present by the notion of consent. This is a process that one person carries out but is evaluated by another person, either

by the partner or, in cases where it is reported, by the people involved in it. It is clearly subjective, but it is intended to be objectified. In one way or another, we can point out the centrality it has within the notion of

healthy sexuality. However, it is not a recurring theme in publications.

This work shows the presence of this concept in scientific publications. It is intended to analyze the frequency of this content as well as identify the sources and suggest a categorization of it.

For this, we have searched in the pubmed search engine with the key indicator of “sexual consent” in published works that include in one way or another that indicator. There are 5,203 results (1951–2021), but if only Title is used as a selector or Abstract, the search yielded 114 results (1986–2021), of which 56% (64) correspond to the last 3 years.

Among the journals that were published, those publications that contain titles “sex” are the most present, followed by those that include “violence.”

The analysis of the titles and abstract makes it possible to highlight that the works mainly try to clarify the issues associated with the identification of sexual consent in relationships. The second element that appears as a category is the situations that modify consent “age” and “external factors.”

The notion of consent does not occupy a central place in the publications despite the central place that its elaboration has in the construction of a healthy sexual life, that is, both in sexual health and sexual rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Violencia Doméstica en Parejas Homosexuales Jóvenes, Chile, 2021

Bruno Flores Luengo, Carolina Márquez Araya, Bárbara Novoa Maureira and Julieta Aránguiz Ramírez

Universidad Diego Portales, Santiago, Chile

**Introducción & Objetivos:** Dentro de las parejas existen diversas dinámicas y algunas podrían desencadenar en violencia doméstica, esto puede afectar desde la calidad de vida hasta otras dimensiones, si bien existen distintos estudios aplicados en parejas heterosexuales, las revisiones y estudios en parejas de la comunidad LGBT no han sido muy estudiadas, por tanto no existen muchos datos, esto sumado a su lucha histórica por la visualización de sus derechos y su participación, en Chile particularmente estos datos no son muy concluyentes. El estudio tiene como objetivo Describir la percepción de violencia de pareja, que tienen las parejas del mismo sexo entre 18 a 40 años.

**Método & Muestra:** Tiene un diseño no experimental del tipo transversal ya que los/as individuos/as solo serán observados/as por una única vez, mediante un instrumento (encuesta) aplicada a una muestra (población que tiene relaciones con personas del mismo sexo entre 18 a 40 años)

**Resultados:** De un total de 162 encuestas realizadas mediante la plataforma Google Encuestas, se desprende

que, al preguntar sin conocimientos previos acerca de si creen haber sido parte de una relación donde hubiera violencia el 77,8% reconoció haber sido parte de una relación violenta, donde 115 personas declaran haber sido víctimas, por otra parte la forma de violencia sufrida en su mayoría es psicológica(62,1%)y en menor medida se encuentra la violencia física con un 24,3%

**Conclusión:** se desprenden del análisis que aún queda mucho por avanzar en materia de género y diversidad sexual, asociado a la poca atención que se le coloca desde las políticas públicas, ejemplo no tener una organización gubernamental a la cual acudir en caso de violencia en parejas del mismo sexo, pues según la legislación Chile la violencia en las parejas es ejercida de un hombre a una mujer o viceversa, no así del mismo sexo.

**Conflicto de Interés y Declaración de Divulgación:** Ninguno

## Management of Childhood Sexual Abuse By Healthcare Professionals in Dar es Salaam, Tanzania

Ever Mkonyi<sup>a</sup>, Dorkasi Mwakawanga<sup>b</sup>, Simon Rosser<sup>a</sup>, Zobeida Bonilla<sup>a</sup>, Gift Lukumay<sup>b</sup>, Inari Mohammed<sup>a</sup>, Stella Mushy<sup>b</sup>, Lucy Mgopa<sup>b</sup>, Michael Ross<sup>a</sup>, Agnes F. Massae<sup>b</sup>, Maria Trent<sup>c</sup> and James Wadley<sup>d</sup>

<sup>a</sup>University of Minnesota, Minneapolis, USA; <sup>b</sup>Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania; <sup>c</sup>Johns Hopkins University, Baltimore, USA; <sup>d</sup>Lincoln University, Philadelphia, USA

**Introduction and objective:** Child sexual abuse (CSA) is a significant public health problem affecting one billion children aged 2–17 years globally. Tanzania has one of the highest prevalences of CSA, however, how health care professionals manage CSA cases has not been studied. This study investigated how medical, nursing, and midwifery professionals in Tanzania handle cases of CSA and the factors hindering the provision of quality care to CSA victims.

**Methods:** We conducted 18 focus groups with 60 experienced healthcare professionals and 61 health students working in Dar es Salaam, Tanzania. Study participants were recruited from private and public health facilities in Dar es Salaam. A team-based approach was adopted for data collection and analysis. Interviews were conducted in Kiswahili using a semi-structured interview guide. We performed thematic analysis to identify broader themes and subthemes.

**Findings and Discussion:** Three main themes emerged: child abuse management, factors that enhanced the disclosure of CSA, and factors that impeded care. As the best practice, health professionals

preferred a multidisciplinary approach in the management of CSA. All health professionals experienced and reported similar challenges in addressing CSA including corruption and family reluctance to acknowledge CSA. At a structural level, the ratio of providers to patients in health facilities inhibits quality care. Insufficient knowledge and non-universal implementation of national guidelines on CSA management by healthcare professionals deterred quality care. Finally, a lack of resources to remove the child from unsafe settings left providers questioning the point of reporting CSA if the outcome was unlikely to help the child.

**Recommendation:** These findings have implications for strengthening CSA policy/guidelines and clinical practice in Tanzania. Given widespread perceptions of corruption, there is a need to address CSA at multiple levels. Mandated CSA training for health students and experienced providers could increase the implementation of national reporting requirements.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Power of Orgasm: Intimate Justice for Spanish Speaking Women

Fabiola Trejo

Fabiola Trejo, Ciudad De México, Mexico

The orgasm gap has been a main topic of interest for sexuality research during the last decade (Andrejek & Fetner, 2019; Archer, 2017). Anatomical differences, social relationships between genders and different types of sexual acts, have been identified as three of the most important causes of this intimate inequality (Armstrong et al., 2012; Wade, Kremer, & Brown, 2005). Given that orgasm and pleasure are gendered experiences, it's necessary to explore the context and conditions intricately in the orgasmic differences between Spanish speaking men and women (Fahs, 2014).

To do so, the purpose of this study was to describe the frequency and level of difficulty to have an orgasm, women and men experience in most of their sexual interactions and their last sexual interaction with formal and casual sexual partners. An online survey was answered by 1045 Spanish speaking participants, 633 identified as women and 412 identified as men. The average age was 30 years old (min.16–max. 60; s.d. = 8) who reported to be heterosexual living in Mexico (81%; Central América (35%), 12% Southamerica and 21% from others several countries.



Using a *t*-student's test to compare the mean of orgasm between the different groups

In different situations, results show that in all conditions, statistically significant differences can be identified, being women the most affected in their orgasmic experience. Casual sex stands out as a kind of sexual interaction that accentuates the orgasm gap

for Spanish speaking people, which agrees with the results reported in the last decade of studying the orgasm gap

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Out on the Internet. Digital Cultures and Queer Visibility in Contemporary Cameroon

Larissa Kojoue

University Of Buea, Buea, Cameroon

While HIV/AIDS policies have enabled and promoted the exercise of therapeutic citizenship for LGBTQ people in Cameroon, access to the Internet and new technologies have paved the way for digital citizenship. Indeed, as in most authoritarian contexts, controlled, excluded and criminalized bodies make themselves visible and make their voices heard through online media.

Based on a landscape analysis conducted online, this paper presents factors that enable non-binary and non-heterosexual Cameroonians to be more visible in public spaces. Over the last decade, LGBT associations, collectives and identity networks have multiplied. Certainly thanks to HIV/AIDS policies which targeted gender and sexual minorities, but also thanks to the internet, social media and mobile phones.

Openly out on Facebook, Youtube, Twitter or Instagram, queer individuals or collectives use online platforms as a tool of expression against the oppressions they face. However, like therapeutic citizenship, digital citizenship appears contingent, fragile and inconsistent.

Digital tools represent a continuum of violence, of gender and sexual hierarchies. Therefore, challenging and transforming power structures and hierarchies through digital practices cannot be isolated from political struggles on Human rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## When the Law Is Ambiguous: Ethical Dilemmas of Accessing Second-Trimester Abortion Services During COVID-19 Pandemic in Ghana

Fred Gbagbo

University of Education, Winneba, Ghana

**Introduction and objectives:** Induced Abortion is legally permissible in Ghana yet, access to services is a major public health challenge. In this paper, the author explored the ethical dilemmas of accessing second-trimester abortion services during the COVID-19 pandemic in Ghana.

**Method(s) and sample:** An interest-analysis of seeking and providing safe second-trimester abortion

services in selected health facilities during the COVID-19 pandemic in Ghana was done. Using principles-based analysis of the Ghanaian abortion law, four ethical dilemmas of seeking and providing safe second-trimester abortion services within the context of the law during the pandemic in Ghana are examined: (1) Should special facilities be designated for second-trimester abortions during a pandemic? (2)

Should a risk of COVID-19 be a basis for assessing second-trimester abortion in Ghana? (3) Should self-managed abortions be legally accepted during the COVID-19 pandemic? (4) Should second-trimester abortion seekers be denied access if not an emergency?

**Findings and discussion:** Each of these scenarios has ethical implications for safe abortion care in Ghana. The authors observed that because the Ghanaian abortion law is ambiguous, both abortion seekers and providers are tempted to stretch the interpretation of the law in certain instances and to make

such bending of the law ethically justifiable to them to benefit from the COVID-19 crisis.

**Recommendations:** Empirical research is therefore required to further explore the demand for second-trimester abortions and the availability of providers for safe services during this pandemic to inform policy and program decisions to avert unsafe abortion-related fatalities that may be emanating from the ethical dilemmas of accessing second-trimester abortion during the pandemic.

## Patriarchy Is in the Algorithms: #Adequality. Changing Ad Policies to Allow Sexual Health Ads for All Genders and Identities.

Jackie Rotman<sup>a</sup>, Michael Okunson<sup>b</sup> and Charlotte Petty<sup>c</sup>

<sup>a</sup>Center For Intimacy Justice, San Francisco, USA; <sup>b</sup>Love Matters Kenya, Kenya; <sup>c</sup>RNW Media, Hilversum, The Netherlands

Content moderation has become a much-debated issue in freedom of expression. On one hand, social media platforms experience pressure from governments to take down harmful content. On the other, overly strict enforcement of content moderation policies has led to censorship on social media platforms. Moreover, content takedowns can have a disproportionate effect on the voices of already marginalized groups, including women.

Facebook's content moderation policy has been widely criticized for negatively impacting sexual and reproductive health and rights (SRHR) related content. Facebook systemically blocks ads for female health areas including sexual health, menopause, menstrual health, fertility, breastfeeding, pregnancy recovery, and more—despite allowing mass ads for erectile dysfunction and male sexual health/wellness. Facebook disproportionately applies its “Adult Products” and “Adult Content” ad policies toward women, people of marginalized genders, and LGBTQ+ people, among others. Google, TikTok, TV outlets, and other ad outlets also commonly block female sexual health ads.

We will discuss the experiences of two nonprofits that are partnering to change this:

RNW Media builds digital communities for social change in polarised and fragmented societies. The

Love Matters Global Network is hosted by RNW Media and has member organisations in India, Mexico, Kenya, Nigeria, the Democratic Republic of Congo, Egypt and China. Between 2015 and August 2019, 1,754 Love Matters sexuality education ads were rejected across six countries. The majority of the disapproved ads were aimed at women.

Center for Intimacy Justice (CIJ) is leading unprecedented upcoming coordination action to establish equitable tech rules allowing advertising for female health and other areas. Learnings on tactics can be gleaned to support/inform strategies on additional sexual rights movements, also.

- Impact litigation: launching series of legal actions, with top civil rights attorneys, to compel change
- Advocacy: mobilizing and educating the public through a mass press campaign and social media
- Shareholder activism

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Formación Para Agentes de Ministerios Públicos En la Atención A Mujeres Con Perspectiva de Género y A la Población LGBTTTIQ+

Juan José Carrillo Cruz

Instituto de las Mujeres en Tamaulipas, Victoria, Mexico

**Introducción/Justificación:** La formación en Perspectiva de Género, Derechos Humanos, Identidad de Género y Orientación Sexual se justifica en la Recomendación General 43/2020 a las Fiscalías de las entidades federativas (resolutivo cuarto) emitida por la Comisión Nacional de los Derechos Humanos. Este curso fue impartido por el área de Capacitación del Instituto de las Mujeres en Tamaulipas.

**Proyecto/Población y Entorno:** El curso se dirigió a las y los Agentes del Ministerio Público del estado de Tamaulipas, México. Con una duración de 6 horas vía online, debido a la situación de contingencia por la pandemia del SARS-CoV-2. Se aplicaron técnicas expositivas, participativas y revisión de casos.

Los objetivos generales fueron conocer los derechos humanos de las Mujeres y de la Diversidad Sexogenérica, los Instrumentos Jurídicos Internacionales, Nacionales y Locales, así como las Obligaciones de actuación de las Instituciones frente a las Violencias de Género y la protección de la población LGBTTTIQ.

**Resultados:** En el primer curso se capacitó a 56 agentes del Ministerio Público, 30 mujeres y 26 hombres.

El 97.4% de participantes consideraron que el contenido del curso puede ser aplicable en su funciones.

Al finalizar se observa que a nivel cualitativo pueden describir en distintos niveles:

- Utilización del lenguaje incluyente y no sexista.
- Algunos Instrumentos Jurídicos y Derechos Humanos.
- Violaciones a los derechos humanos en estudios de casos expuestos.
- Nociones básicas sobre conceptos de Diversidad Sexogenérica.
- Estereotipos sexistas.

**Discusión y Recomendaciones:** Este curso es un primer acercamiento de las y los agentes de los Ministerios Públicos en el estado de Tamaulipas a este tipo de contenidos. Se observa la necesidad de reforzar conocimientos y la revisión de los diferentes Protocolos y Guías disponibles para el ejercicio de sus funciones, considerando la Perspectiva de Género y la Diversidad Sexogenérica.

**Conflicto de Interés y Declaración de Divulgación:** Ninguno

## The Touch Experience: Narratives As Means of Furthering Sexual Reproductive Health Rights

Tiffany Mugo<sup>a</sup> and Kim Windvogel<sup>b</sup>

<sup>a</sup>OLAAfrica, Johannesburg, South Africa; <sup>b</sup>Femme Projects, Johannesburg, South Africa

Activism around SOGIE matters has often been confined to more political and academic leanings, utilising more traditional tools of activism. Often collectives, groups and organisations have steered towards lobbying multi-lateral organisations and local entities using global human rights lexicons that is often alienating and removed from the everyday person.

However, it is increasingly clear that these methods are in need of diversification.

The Touch Experience as a project has thus far sought to further the conversation around sexual identity, sexual practices as well as the socio-political context that surrounds these considerations. Through personal narratives the published anthology allows both writer and reader to reflect on their personal sexual experiences and how these are informed by a number of intersections including race, gender representation and country of birth.

The corresponding e-book manual seeks to add to the body of SRHR and SOGIE knowledge in an accessible, informative and easy to digest way. The manual not only covers core notions such as sexual orientation and gender identity (concepts that continue to expand and grow) but also seeks to tackle the topic of sexual practices more holistically by looking at the entire sexual experience including the interpersonal, political and social aspects of existence.

The presentation will include a discussion on the nature of the personal narrative as a storytelling means of education and knowledge dissemination and the ways

in which LGBTIQ+ people can find different avenues to not only document their experiences but engage in healthy sexual practices by consuming information that is often far more difficult to obtain than for their heterosexual counterparts. The presentation will also seek to show how the queer experience is not contained to the LGBTIQ+ community and even the non-queer community can draw from and engage with this new way of furthering conversations around SRHR.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Opiniones Sobre la Asistencia Sexual Tras Una Lesión Medular Traumática

Andrea Rodríguez Alonso and Enrique Oltra Rodríguez

Facultad De Enfermería De Gijón, Oviedo, Spain

**Introducción:** La asistencia sexual es una figura de apoyo para personas con diversidad funcional. No existe una única visión sobre la misma, estando consolidada en distinto grado en Europa. En España, es una figura en construcción, tanto en la teoría como en la práctica.

**Objetivo:** Conocer las opiniones de las personas con lesión medular traumática sobre la asistencia sexual.

**Metodología:** Estudio mixto.

- Parte cuantitativa: cuestionario autoinformado para explorar las opiniones sobre la asistencia sexual de las personas con lesión medular traumática ingresadas en el Hospital Universitario Central de Asturias (España) desde 2005 hasta 2015
- Parte cualitativa: entrevistas en profundidad a personas con lesión medular traumática determinadas por informantes clave con un muestreo intencionado hasta saturación de información. Análisis mediante Grounded Theory.

**Resultados:** Número de casos: 88, un 72,7% (n = 64) hombres. Edad media de 45,8 años, DE = 12,4.

Las opiniones más frecuentes sobre la figura del asistente sexual con el fin de acceder al propio cuerpo o al de una pareja: un 53,41% (n = 47) está a favor, un 3,41% en contra y un 7,95% (n = 7) no tiene una opinión formada sobre ella.

Respecto a las opiniones más frecuentes sobre el asistente sexual entendido como alguien con quien mantener interacciones eróticas: un 48,86% (n = 43) está a favor, un 2,27% (n = 2) está en contra y un 7,95% (n = 7) no tiene opinión sobre ello.

Analizando los discursos, la asistencia sexual se percibe de distintas formas: como un derecho sexual para el acceso al propio cuerpo, como una ayuda erótica para personas con problemas de movilidad y como una figura de reeducación erótica tras una lesión medular en el caso de personas sin pareja.

**Conclusiones:** Las diversas opiniones muestran la necesidad de realizar un debate social sobre el concepto y la implementación de la asistencia sexual.

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

## Asexuality Activism in India and Its Unique Position

Pragati Singh<sup>a,b</sup>

<sup>a</sup>SAMHA, Sexual and Mental Health Association, New Delhi, India; <sup>b</sup>Indian Aces, New Delhi, India

**Introduction and rationale:** Asexuality is a sexual orientation characterized by little to no sexual attraction towards others. India has seen an unprecedented increase in asexuality activism and awareness in the last five years. The identity and its terminology first originated in the West, and so it's no surprise that it has interacted in unique ways with the cultural context of India. I explore the lessons and the nuances this intersection has highlighted.

**Action and population:** Through the country's first community initiative for asexual spectrum people actively running since 2014, Indian Aces, I have had many in-depth conversations with thousands of people identifying as asexual and Indian, including surveys, semi-structured, and unstructured interviews.

**Outcome:** The concerns of the community are distinct from their Western counterparts.

Sexuality remains a taboo subject in India. Particularly, premarital sex, female sexual desire, and multiple partners are all heavily associated with shame. And so, uniquely, it is common for young women to be considered pious, pure, and virtuous for not

harboring sexual attraction towards others. Consequently, asexuality can be easier for women to claim in India.

This expectation, however, flips quickly as they approach their socially set "marriageable age" and get coerced into arranged marriages. They are then expected to satisfy their husband's sexual needs and conceive immediately. Additionally, the Indian legal system does not recognize marital rape as rape, lending an especially cruel angle to this community.

**Discussion and recommendations:** "Identity" seems to be a "lesser" or a relatively non-urgent concern when it comes to asexual and nonsexual women in India. The approach of our activism and advocacy has been accordingly contextualized and tailored to counter the most pressing concerns first.

No community movements or their templates are directly applicable in diverse settings and need to be contextualized as per local needs, limitations, and nuances.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexología Inclusiva y Antiespecismo, Una Vinculación Posible y Necesaria

Lucila Soriano Flores

Ciudad De México, México

**Objetivo:** Contribuir al cambio de paradigma que considera a los animales no humanos como objetos de cuya vida y libertad podemos disponer libremente en todos los terrenos del quehacer humano y específicamente en el de la sexología, buscando influir en el debate social y las políticas públicas que con respecto a su uso y explotación existen.

**Aproximación:** A lo largo de la historia se ha considerado normal tener en cuenta solamente a los individuos que eran de nuestro mismo grupo particular [raza, sexo, nación, etc.] y discriminar los que eran de otro grupo distinto. Pero esta forma de pensar es injusta y cruel.

Hay muchos seres humanos que no pueden asumir obligaciones y aun así merecen el mismo respeto que nosotros, porque la razón para respetar a alguien no está en sus capacidades intelectivas, sino solamente en el hecho de que puede sentir y eso lo reivindica la visión humanista e inclusiva de la sexología.

Las diferencias que existen entre humanos y animales no justifican dejar fuera de la comunidad moral y tratarlos como si fueran cosas que sólo tienen un valor instrumental en función de nuestros deseos y necesidades. La discriminación por especie, es exactamente análoga a otras formas de discriminación y estigma.

Nuestro principal problema como disciplina de carácter científico, es que dado el especismo de base que subyace en nuestra práctica, las conductas y el discurso de tipo especista que manejamos, nos son invisibles y lo que no se ve, no se puede asumir ni cambiar.

Fuentes: Declaración Universal de los Derechos de los Animales de la UNESCO.

**Conclusiones y debates:** La sexología es una disciplina antropocéntrica que, como tal, ignora los derechos de los animales no humanos.

La visión cada vez más incluyente de la sexología debe contemplar también, los derechos de los animales no humanos.

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

## Acting for Sexual Rights in Tunisia, Interview With Sahar Yahiaoui a Lawyer and Sexual Rights Activist

Sarra Mokadmi<sup>a,b</sup>

<sup>a</sup>Razi Hospital, Tunis, Tunisia; <sup>b</sup>CESP, INSERM, Villejuif, France

**Introduction and rationale:** In Tunisia, depending on their sexual identity, their gender, their sexual orientation, some population groups, might be discriminated against. Sahar Yahiaoui is a lawyer and sexual rights activist in Tunisia. She has worked within several Tunisian and international associations and collectives.

**Action and Population group concerned:** She has participated in projects targeting different population groups, mainly: LGBTQI+ and women in Tunisia.

- Gender-based violence in Tunisia: Project « Images above impunity », a cycle of film screenings followed by discussions in prisons, as well as in shelters for women victims of violence.

- LGBTQ+ in Tunisia:

A survey was conducted in 2018 among LGBTQI+, describing situations of discrimination that LGBTQ persons residing in Tunisia may have faced.

- Game workshops

Board games were designed to promote tolerance in matters of sexuality and to fight against negative representations related to sexual identity. Game workshops including role-playing were set up.

**Outcome**

- Film screenings were performed in the main Tunisian prisons, and all the homes for women victims of violence located in Tunisia. They induced profound discussions in the context of preparing the law against gender-based violence voted in 2018.

- LGBTQI+ Study: More than 600 Tunisians were included. Acts of violence and discrimination can start at home! They also take place in the most diverse places: public transport, leisure places, or workplaces.

- Game workshops: Each workshop was followed by discussions in which the most friendly feedbacks alternated with more angry feedbacks: « You want to pervert our youth! ». Ethnographic data was also collected during these workshops.

**Discussion and recommendations:** In Tunisia, much remains to be done regarding the sexual rights of LGBTQI+ and the fight against gender-based violence. Laws cannot be effective if not accompanied by a deep change in mindsets.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Representation of Lesbians in Mexican Culture

Mariaurora Mota

Género, Ética Y Salud Sexual Ac, Monterrey, Mexico

One of the problems of lesbian women is their low visibility. The objective of this work is to take a historical journey on the representation of lesbians in Mexican culture.

The first woman to appear in the history of Mexico with amorous-sexual desires towards another woman (the term lesbian was not yet used), was the nun Sor Juana Ines de la Cruz, who was born in 1650. She dedicated herself to reading and writing.

In 1680, Sor Juana met the viceroy María Luisa Manrique de Lara, known as Lisi, to whom Sor Juan wrote more than 50 poems. Sor Juana died in 1695 and the viceroy published her writings in Spain.

Chávela Vargas was born in Costa Rica in 1919; she moved to Mexico. In the '40s, Chávela appeared on stage with pants, short hair, a poncho, and sang ranchero songs drinking tequila; behaviors that were little seen in women at that time. All close people knew that she had many girlfriends, she declared herself a lesbian until she turned 80.

Frida Kahlo is a renowned Mexican painter, who is erotically associated with many women. She was born in 1907 and married the famous muralist painter Diego Riviera twice, with whom she had a troubled marriage. She is said to have had several "special" friends including Tina Modotti and painter Georgia O'Keeffe. Frida is considered a bisexual woman who had what we would now call polyamorous relationships.

In 1973, in the most important newscast in Mexico, Nancy Cardenas who had just returned from studying theater directing in New York, publicly declared herself homosexual. She was the first person to come out of the closet on Mexican television.

The 4 lesbian women that we have analyzed have in common that they were artists. Perhaps that characteristic allowed them to be free.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Legal Sexology a Branch of Sexology and Law

Víctor Hugo Flores Ramírez

Lawyer, Sex Educator and FEMESS Member; President of Legal Sexology, Non-Profit Civil Association (FEMESS Affiliation in Process), Mexico

In this talk, we will discuss the initial development of a branch created from the intersection of unrelated areas such as law and sexology. We will refer to this approach as "legal sexology." The main purpose is to clarify: (a) the concepts of sexual and reproductive rights, and (b) the human rights paradigm considering the gender perspective and intersectionality of research methods as analysis tools.

The Social Model of Sexology by Weeks (1998) will be considered. The proposed approach will emerge from the study of the Aristotelian theory of causation, which includes epistemic elements of legal science and sexology, as well as cross-disciplinary methodologies.

Likewise, the concepts of sexual justice (WAS, in development), and sexual citizenship will be included to develop the term under discussion: "legal sexology." This proposal seeks to provide a legal view on sexuality that contributes to the biomedical discussion of sexology from social disciplines, in the understanding that social movements (Giami, 2021), and in particular, sexual minorities (Kymlicka, 1996) have played an important role to stop the legal positivism and provide a social meaning from a human rights and legal realism perspective.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 2: SOCIAL AND BEHAVIORAL SCIENCES

### Sexual and Romantic Trajectories of Trans and Non-Binary Young Adults

Denise Medico<sup>a</sup>, Eden Fournier<sup>b</sup> and Gabrielle Petrucci<sup>b</sup>

<sup>a</sup>University of Quebec in Montreal, Montreal, Canada; <sup>b</sup>University of Montreal, Montreal, Canada

**Introduction:** Current literature on the sexual experiences of trans and non-binary young adults is limited, particularly as it pertains to relationships, embodiment and identity formation. How people who are not cisgender experience the beginning of their sexual life and how does it contribute to the construction of their sexual agency?

Preliminary results from a study aimed at understanding sexual and romantic experiences and their implications for well-being in trans and non-binary (TNB) young adults will be presented.

**Method and sampling:** Open-ended interviews were conducted based on a convenience sample of twenty 18-to-25-year-old trans and non-binary adults. Interviews were transcribed verbatim and analyzed using an interpretative phenomenological analysis.

**Findings and discussion:** The 20 participants identified mainly as non-binary ( $n=8$ ), agender ( $n=1$ ), male ( $n=9$ ) and female ( $n=2$ ). Four preliminary results were drawn from our analysis: (1) trans and

non-binary young adults sexual and romantic trajectories appear to be delayed compared to cisgender persons and are often associated with multiple traumas; (2) stable romantic relationships seem to foster resilience and gender affirmation; (3) narratives on past and current sexual experiences and gender identities cannot be reconciled with the current terminologies used to describe sexuality and identity; (4) the narratives on cisgender men drawn from past sexual experiences are prevalently negative and are often used for purposes of counter-self-identification.

**Recommendation:** Conventional notions of sexual orientation, gender identity, so-called typical sexual scripts and trajectories ought to be reconciled with current trans-affirmative research and clinical practice.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Consentimiento Sexual y Riesgo de Agresión Sexual: Un Estudio en Hombres Españoles

María del Mar Sánchez-Fuentes<sup>a</sup>, Sandra M. Parra-Barrera<sup>b</sup>, Reina Granados<sup>c</sup> and Nieves Moyano<sup>d</sup>

<sup>a</sup>Facultad de Ciencias Sociales y Humanas, Universidad de Zaragoza, Teruel, Spain; <sup>b</sup>Facultad de Derecho, Universidad de Zaragoza, Zaragoza, Spain; <sup>c</sup>Facultad de Ciencias de la Salud, Universidad de Granada, Granada, Spain; <sup>d</sup>Facultad de Humanidades y Ciencias de la Educación, Universidad de Jaén, Jaén, Spain

**Introducción:** En la actualidad existe debate sobre la importancia de considerar el consentimiento sexual como eje central en la violencia sexual. Sin embargo, en España las investigaciones sobre el consentimiento sexual son prácticamente inexistentes, exceptuando las relacionadas con el área del derecho. Por ello, el objetivo de la presente investigación es analizar la relación entre consentimiento sexual, cosificación hacia las mujeres, mitos hacia la violación y agresión sexual.

**Método:** La muestra estuvo compuesta por 105 hombres con una edad media igual a 24.6 (DT = 7.96) en su mayoría de orientación heterosexual y de

nacionalidad española. Todos los participantes completaron las adaptaciones al español de los siguientes instrumentos de evaluación: Sexual Consent Scale Revised, Interpersonal Sexual Objectification Scale –versión para hombres–, Rape Supportive Attitude Scale y Sexual Experiences Survey –versión agresor–.

**Resultados:** Se comprueba que los hombres que otorgan menos importancia a la negociación del consentimiento sexual tienen una actitud más favorable hacia la violación, cosifican en mayor medida a las mujeres e informan de haber sido agresores sexuales. Estas relaciones fueron más notables en relación con la



dimensión de consentimiento sexual “Falta de control percibido” caracterizada por ideas como “Creo que pedir consentimiento sexual de forma verbal reduce el placer del encuentro.”

**Conclusiones y recomendaciones:** Los hombres que han cometido algún tipo de agresión sexual, que cosifican tanto con miradas como con comentarios a las mujeres y que tienen unas actitudes más favorables sobre los mitos hacia la violación son los que conceden menos importancia a establecer el consentimiento

sexual. Estos resultados son relevantes, y confirman la necesidad de desarrollo de programas de educación e información sexual, así como a ampliar el debate y conciencia sobre la importancia de solicitar y conceder el consentimiento sexual para evitar agresiones sexuales cometidas por hombres hacia mujeres.

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

## Consentimiento Sexual y Riesgo de Ser Víctima de Violencia Sexual: Un Estudio en Mujeres Españolas

María del Mar Sánchez-Fuentes<sup>a</sup>, Sandra M. Parra-Barrera<sup>b</sup>, Reina Granados<sup>c</sup> and Nieves Moyano<sup>d</sup>

<sup>a</sup>Facultad de Ciencias Sociales y Humanas, Universidad de Zaragoza, Teruel, Spain; <sup>b</sup>Facultad de Derecho, Universidad de Zaragoza, Zaragoza, Spain; <sup>c</sup>Facultad de Ciencias de la Salud, Universidad de Granada, Granada, Spain; <sup>d</sup>Facultad de Humanidades y Ciencias de la Educación, Universidad de Jaén, Jaén, Spain

**Introducción:** Todos los actos de violencia sexual, como tocamientos no deseados, coerción, intento de violación y violación, tienen en común la falta de consentimiento sexual, por tanto, cualquier acto sexual realizado sin consentimiento es considerado como violencia sexual. Sin embargo, y a pesar de su relevancia, llama la atención el debate que genera en la sociedad cuando se habla de consentimiento sexual. Además, en España son prácticamente inexistentes las investigaciones centradas en el estudio del consentimiento sexual. Por ello, el objetivo de la presente investigación es analizar la relación entre consentimiento sexual, cosificación, mitos hacia la violación y abuso sexual.

**Método:** La muestra estuvo compuesta por 334 mujeres con una edad media igual a 23.6 (DT =6.93) en su mayoría de orientación heterosexual y de nacionalidad española. Todas las participantes completaron las adaptaciones al español de los siguientes instrumentos de evaluación: Sexual Consent Scale Revised,

Interpersonal Sexual Objectification Scale –versión para mujeres-, Rape Supportive Attitude Scale y Sexual Experiences Survey –versión víctima-.

**Resultados:** Se comprueba que las mujeres que conceden mayor importancia al consentimiento sexual son quienes muestran actitudes menos favorables hacia la violación, han sido cosificadas y han sufrido mayor abuso sexual. Conclusiones y recomendaciones. Estos resultados podrían ser explicados teniendo en cuenta que quizás las experiencias de violencia sexual han generado en las mujeres mayor sensibilización hacia establecer y conceder consentimiento sexual. Así pues, se concluye la necesidad de ampliar el debate y conciencia sobre la importancia de establecer el consentimiento sexual y así poder lograr relaciones sexuales libres de violencia sexual.

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

## Virginity-Stigma and Process-Beliefs Are Linked to Sexual Depression in a German-Speaking Sample of Emerging Adults Who Identify As Virgins

Nikola Komlenac<sup>a</sup>, Manuel Pittl<sup>b</sup>, Susanne Perkhofer<sup>b</sup>, Gerhard Tucek<sup>c</sup> and Margarethe Hochleitner<sup>a</sup>

<sup>a</sup>Medical University of Innsbruck, Innsbruck, Austria; <sup>b</sup>Health University of Applied Sciences Tyrol, Innsbruck, Austria; <sup>c</sup>FH Krens University of Applied Sciences, Krens, Austria

**Introduction and objectives:** Gendered cultural sexual scripts dictate that men are expected to lose their virginity at a young age. By contrast, women are traditionally seen as losing something precious when losing their virginity at a young age. The current study analyzed whether the endorsement of those cultural sexual scripts is linked to sexual satisfaction in a sample of German-speaking emerging adults who identify as virgins.

**Methods and sample:** An online questionnaire study was conducted that included validated questionnaires for the assessment of participants' virginity beliefs, perceived stigma because of being a virgin, and sexual repression. Of the 1009 participants, 104 (10.3%) identified as virgins, of whom 39 (37.5%) identified as men and 65 (62.5%) as women ( $M = 21.8$ ,  $SD = 3.1$ ; 81.8% heterosexual-identified, 8.1% homosexual-identified, 6.1% bisexual-identified, 2.1% other sexual identity). The main analysis was performed by calculating manifest-path models.

**Results:** On average, participants reported about moderate sexual depression ( $M = 2.8$ ,  $SD = 0.8$ ).

Men more often reported being sexually depressed than did women. The holding of virginity stigma beliefs and perceived stigma were associated with strong experiences of sexual depression. In men, holding virginity process beliefs was additionally associated with strong sexual depression. In women, an indirect link between virginity process beliefs and sexual depression via perceived stigma was found.

**Conclusion and recommendations:** A considerable percentage of emerging adults identified with being a virgin. Sexuality education can highlight this fact and advocate that there is no normative age for women or men for first sexual partnered experiences. Furthermore, sexuality education can help deconstruct the belief that virginity loss is inevitably linked to other identities (such as "man" or "adult") or other developmental "milestones."

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Satisfacción Sexual: Análisis de Factores Relacionados

José de Jesús González-Salazar<sup>a</sup> and Karla Iris Minguela-Fernández<sup>b</sup>

<sup>a</sup>Grupo Interdisciplinario De Sexología A.C., Ciudad de México, Mexico; <sup>b</sup>Universidad Nexum de México, Culiacán Rosales, México

Diversos estudios apuntan a que la satisfacción sexual puede considerarse un predictor del bienestar personal y que contribuye a generar ambientes de crecimiento y estabilidad con quien se sostienen relaciones erótico-afectivas. En esta investigación se planteó como objetivo, determinar si las variables de contacto físico, la motivación sexual física compuesta por cuatro dimensiones y tres de los estilos de amor de la teoría de Lee (1977), que constituyen el modelo propuesto por García (2007), y las premisas histórico socioculturales

sobre la sexualidad (Trejo, 2018) predicen significativamente la satisfacción sexual.

Mediante un estudio trasversal en 2019, con una muestra no aleatorizada de 383 personas adultas, de las que 258 fueron mujeres (67.36%, edad = 32.89,  $\sigma = 10.17$ ) y 125 hombres (32.64% edades 35.81,  $\sigma = 12.80$ ) residentes en el momento del estudio en los Estados Unidos Mexicanos. Se concluye que existen modelos predictivos diferenciados por sexo, para las mujeres el estilo de amor amistoso ( $\beta = .415$ ), estilo

de amor eros ( $\beta = .357$ ), facilitadores ( $\beta = .127$ ) y el placer físico ( $\beta = .100$ ) contribuyen a predecir significativamente el 66.3% de la varianza de la satisfacción sexual, en cuanto a los hombres el 44.5% de la varianza se explica por el estilo de amor amistoso ( $\beta = .436$ ) y los facilitadores ( $\beta = .378$ ).

Finalmente se discuten recomendaciones para futuras investigaciones e implicaciones educativas y clínicas adicionales.

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

## Young People's Perspectives of Sexual Wellbeing and Sexual Consent

Sara De Meyer<sup>a</sup>, Lucia Rost<sup>b</sup>, Miranda van Reeuwijk<sup>c</sup>, Jessie Freeman<sup>b</sup>, Katie Lau<sup>b</sup> and Ogwang Tonny<sup>c</sup>

<sup>a</sup>Independent Consultant, Phd Student International Centre For Reproductive Health Ghent University, Ghent, Belgium; <sup>b</sup>Plan International Global Hub, Woking, UK; <sup>c</sup>Rutgers, Utrecht, The Netherlands

**Introduction and objectives:** In recent years, the need for a positive approach to addressing the sexual and reproductive health of young people have increasingly been recognised. This starts from the idea that sexuality is a normal and essential part of human development, with potential beneficial features such as reciprocity, pleasure and wellbeing.

Plan International seeks to deliver holistic Sexual and Reproductive Health and Rights programmes to improve young people's sexual wellbeing, rather than solely focussing on reducing sexual health risks and negative outcomes. To inform programming and fill knowledge gaps, Plan International has commissioned research to investigate how young people define sexual wellbeing and sexual consent and what they consider to be contributing factors and barriers to achieving this.

**Method(s) and sample:** A rapid global literature review was conducted, relying on expert consultations, academic literature and grey literature. Primary qualitative data collection with young people—aged 18–24—in Uganda and Ecuador will take place this summer.

**Findings and discussion:** The literature indicates that there is limited research on how young people in low-and-middle-income countries (LMICs) define sexual wellbeing and sexual consent and what they consider to be enabling and disabling factors. However, there is evidence that young people in LMICs consider both aspects important. Factors on the individual level (e.g., personality, knowledge, sex, gender attitudes), the interpersonal level (e.g., communication) and the societal level (e.g., gender norms and provision of sexuality education) can play an important role in achieving sexual wellbeing and sexual consent.

**Recommendations:** We recommend conceptualising sexual wellbeing and sexual consent from the perspective of young people living in LMICs. This will allow sexual and reproductive health programmes to start from young people's capacities and interests which can contribute to their success.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Perceptions of Sexual Knowledge and Association With Attitudes Among Men in Kenya

Darlene Mwendu Ndasi

Edith Cowan University, Currambine, Australia

Sexual knowledge and attitudes determine the behaviour and health outcomes of men and their families in communities. However, due to social norms and stigma attached to sexuality, sex research in Kenya

continues to focus on adolescents and men who have sex with men (MSM) leaving other men out of research agendas and policy.

An exploratory sequential mixed methods research design comprising six in-depth interviews and 501 surveys was used to assess how men aged 18–54 years old in Kenya acquire sexual knowledge and their attitudes toward sex. Phenomenological thematic approach and descriptive statistical analysis were used to analyse the data. While the findings showed a broad awareness of HIV/AIDS and birth control among the men, they were largely misinformed and had poor attitudes towards sex and condom use.

The respected sources of knowledge included formal interactions, followed by personal experiences and

peers, and media sources. Sex knowledge acquired from school was second-lowest. Men in Nairobi require sexuality education and service initiatives of international recognition and standards to support informed sexual decision making. Creating community service programmes in which men feel confident and welcome can encourage involvement and enhance sexual and reproductive health literacy and positive attitudes towards sexuality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Behaviors And the COVID-19 Pandemic: Results From the International Sexual Health and Reproductive (I-Share) Health Survey in Luxembourg

Vinicius Jobim Fischer<sup>a</sup>, Raquel Gomez-Bravo<sup>a</sup>, Alice Einloft Brunnet<sup>b</sup>, Linda Campbell<sup>c</sup>, Kristien Michielsen<sup>d</sup>, Joseph D. Tucker<sup>e</sup> and Claus Vögele<sup>a</sup>

<sup>a</sup>Research Group Self-Regulation and Health, Institute for Health and Behaviour, Department of Behavioural and Cognitive Sciences, University of Luxembourg, Esch-sur-Alzette, Luxembourg; <sup>b</sup>Université de Picardie Jules Verne, Centre de Recherche en Psychologie: Cognition, Psychisme et Organisations, Amiens, France; <sup>c</sup>Centre for Population, Family and Health, University of Antwerp, Antwerp, Belgium; <sup>d</sup>International Centre for Reproductive Health, Dept of Public Health and Primary Care, Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium; <sup>e</sup>Institute for Global Health and Infectious Diseases, University of North Carolina, Chapel Hill, USA

**Introduction:** COVID-19 pandemic related prevention regulations (e.g., social distancing and hygiene measures) have had a profound impact on people's behaviors and habits over the last 18 months. These changes in social interactions could influence sexual behavior.

**Aim:** To identify the impact of social distancing measures on sexual behaviors in Luxembourg residents using a cross-sectional online survey.

**Methods:** A cross-sectional online survey was conducted online from January to February 2021 using convenience sampling. Items focused on masturbation, cuddling, condom use, sex frequency, sexting, cybersex, watching porn, and sexual satisfaction. Participants could participate if they: (a) were 18 years old or older and (b) were residents in Luxembourg. The survey was available in four languages (French, German, English and Portuguese) and compared behaviors 3 months prior to the introduction of social distancing measures and three months afterwards. Sexual satisfaction was assessed with a 4-point Likert scale (0 = not at all satisfied; 3 = very satisfied).

**Results:** 557 individuals completed the survey (35.5% men, 64.3% women). The majority of respondents reported no changes in most of their sexual behaviors compared to before the introduction of social distancing measures. Changes were reported for cuddling (increased 25.7%; decrease 22.4%) and sexual frequency with a steady partner (increase 14.7%; decrease 35.8%). Sexual satisfaction significantly decreased during social distancing measures (before:  $M = 1.89$ ,  $SD = 0.85$ ; during:  $M = 1.55$ ;  $SD = 0.9$ ;  $p < .001$ ).

**Conclusions:** Overall, COVID-19 social distancing measures implemented in Luxembourg partially affected self-reported sexual behaviors. The decrease in sexual activity and satisfaction may have an impact on the health and well-being of many during COVID-19.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Desire Matters: Adolescent Girls' Experiences of Sexual Desire

Deborah Tolman

Hunter College And The Cuny Graduate Center, New York, USA

**Introduction:** There has been a lively discussion within feminist scholarship about conceptualizing, “evaluating,” or even recognizing the possibility or wisdom of research on adolescent girls’ sexual agency (i.e., Attwood, 2008; Lamb, 2010). In this presentation, my key objective is to argue that a psychodynamic narrative analysis, *The Listening Guide* (Gilligan et al., 1998), can enable a complex understanding of girls’ experiences of their bodies, relationships, and sexual experiences.

**Method and sample:** The LG is a voice-centered narrative method that is psychodynamic, recognizing the layered nature of consciousness (Gilligan et al., 2001). This method of “radical listening” illuminates the psychological logic of experiences. The anchor voice of “self” renders agency visible. I will present two in-depth cases from a qualitative study on girls’ sexual desire, from a sample of 38 primarily heterosexual girls, aged 15–16 from urban and suburban schools in the US.

**Findings and discussion:** I will report how girls’ mindfully created psychic, relational and spatial

contexts to be “comfortable” to experience both the discomfort and pleasure of desire. In one case, a Latina narrates both conscious and less conscious strategies of ensuring safe control of her own desire. On the other, an African-American girl conveys how she juggles yet attenuates her desire without snuffing it out, balancing the physical and relational pleasures of connection. The finding of how being with “good guys” enables girls’ desire to matter, even as they must constantly evaluate the risk of toxic masculinity disrupting their delicate dance with desire.

**Recommendations:** I will recommend that all of our interventions—educational, health, and social—be grounded in the “radical listening” that the *Listening Guide* affords. Making the case that we can all listen in this way if we can put aside our containment of girls’ desire with curiosity and openness to the complexity of their experience.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Increase in Masturbation Habits Among Generations

Osmo Kontula

Population Research Institute, Helsinki, Finland

**Introduction and objectives:** Each generation has adopted views on masturbation via transforming cultural definitions of sexuality and normality. This talk will present how masturbation habits have changed during the last decades in different generations and how these habits are linked to the partnership status.

**Method and sample:** In Finland, five national sex surveys based on random samples from the central population register have been conducted: 1971, 1992, 199, 2007, and 2015. They are representative of the total population within the age range of 18–54 years in 1971 ( $N = 2,152$ ) and 18–74 years in 1992 ( $N = 2,250$ ),

1999 ( $N = 1,496$ ), 2007 ( $N = 2,590$ ), and 2015 ( $N = 2,250$ ). Measures include the last time when respondents masturbated and age at first orgasm through masturbation.

**Results:** Each new generation, both men and women, had been more active in masturbation than the previous one. They also have their first masturbation younger. The increase was almost unrelated to the relationship status and the years spent in the relationship. The masturbation habits that each generation had internalized in adolescence seemed to remain almost unchanged through the course of their lives.

**Conclusion and recommendations:** The implications of these findings are that masturbation did not decrease with age and that masturbation was not compensation for a missing sex partner. For most, it is an independent way to gain sexual pleasure. The results indicate that masturbation is linked to the perceptions

within a given culture of its nature and consequences during the teenage years of participants.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Decolonising Caribbean Sexuality: Resistance and Restoration in Carnival Performance

Onika Henry

O'Henry Consultancy Services, MORIAH, Trinidad and Tobago

**Introduction:** In my work, I have recognised that many of our narratives, our beliefs and attitudes around sexuality, are a result of harmful colonial impositions. As a sexologist, the value of Carnival for me goes beyond the intense sexual display, never-ending partying and exhibitionism that you see. Those are superficial from my perspective. In my view, our Mas is an opportunity to explore what our elders left us that can be used to achieve “sexual wholeness and wellness.” Drawing from my experiences and training as a sexologist and theatre artist, I have come to believe that “Carnival gives postcolonial societies tools to reclaim our ancestral wisdom in order to achieve sexual well-being.” I see our Mas as a way of resisting and rebelling against western and colonial views and as a tool for catharsis and transformation; as a community joy practice founded on the values, rituals, beliefs and sensitivities of our African ancestors.

**Concepts:** In my presentation, I will share how our Mas does the following:

- Gives room or makes space for “differentness”— it presents us with a context or framework for letting go of our colonially imposed limited and binary view of gender and sexuality.
- Create a space or container for acting out and expressing the sexual self for healing.
- Creates space for community support and connectedness needed for achieving sexual wholeness and authenticity.
- A “mindful” approach to Carnival using a clinical sexology model holds a powerful potential to aid in addressing sexual issues.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Exploration of the Family’s Role in the Consumption of Unconventional Sexual Content (Pornography) Among Adolescents in Tehran

Farideh Khalajabadi Farahani

National Population Studies And Comprehensive Management Institute, Tehran, Iran

**Introduction and objectives:** The purpose of this study is to investigate the underlying and inhibitory family factors that are associated with the consumption of unconventional sexual content (pornography) on

the Internet and cyberspace among adolescents. Moreover, we aimed to identify the proposed strategies to reduce vulnerability from the perspective of adolescents in Tehran.

**Method and sample:** For this purpose, qualitative research with a fundamental interpretive approach was conducted with 54 in-depth interviews with girls and boys aged 15–18 years in Tehran in 2016 using purposive sampling.

**Findings and discussion:** Familial factors underlying the use of unconventional sexual content in adolescents were extracted in three main categories: “unbalanced parental control and supervision,” “poor communication and emotional problems in the family” and “parents’ cognitive weakness and media literacy.” Family factors deterrents to pornography consumption among adolescents also included: “Balanced parental control and supervision,” “Verbal and emotional communication that builds trust in the family,” “Value and moral commitment of the family,” and “Emotional support in the family.” From the adolescents’ point of view, strategies at the family level to reduce

adolescents’ vulnerability comprised of two main categories: “Exercising parental balanced control and supervision of adolescents” and “Strengthening an appropriate emotional and verbal parent-child communication.”

**Recommendation:** These results can play an important role in family and media interventions and counseling particularly in the cyber era where increasingly adolescents are exposed to sexually explicit materials on the internet. Family and parents need to be equipped with knowledge and skills to have appropriate supervision and communication with adolescents and also impart relevant knowledge. Importantly provide a supportive emotional environment during adolescence to prevent vulnerability among adolescents.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## HIV/STI Knowledge and Risk Perception and Its Determinants Among Female College Students in Tehran

Farideh Khalajabadi Farahani

National Population Studies And Comprehensive Management Institute, Tehran, Iran

**Introduction and objectives:** sexual transmission of HIV among women is increasing in Iran and due to the assumption that better HIV knowledge and greater risk perception are influential in the prevention of HIV transmission, this study aims to assess the determinants of HIV knowledge and risk perception by emphasizing the role of premarital sexual behaviours.

**Method and sample:** An online survey was conducted among 1,055 female students in the private and public universities of Tehran by stepwise quota sampling in 2018. The mean age of the sample was 21.3 years ( $SD = 3.32$ ) (range 17–40 years)

**Results:** Perception of HIV risk was quite low among girls, only 3% in the last 12 months were concerned about HIV infection and 82% had a low perception of HIV risk. Linear regression models showed that the perception of HIV risk is determined by premarital sexual behavior after controlling the effect of HIV knowledge, alcohol consumption, smoking, and

access to pornography. Moreover, good knowledge about HIV and sexually transmitted diseases was seen in only 31% of girls. In the regression model, significant determinants of HIV knowledge were self-efficacy in obtaining sexual information on the Internet and sexual experience after controlling for the effect of age and family income.

**Conclusion and recommendation:** Perceptions of HIV risk are more influenced by a person’s sexual behavior than HIV knowledge. Young people with poor knowledge seem to engage in high-risk sexual behaviors, and involvement in sexual behavior increases their HIV risk perception and knowledge which might be late. It is important to educate and increase the HIV knowledge of young people well before their engagement in sexual behavior.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Impact of COVID-19 on the Sexual Health of Youth in The Netherlands

Fayaz Joemmanbaks<sup>a</sup>, Suzanne Meijer<sup>b</sup>, Jolijn Polet<sup>b</sup>, Janneke Heijne<sup>c</sup> and Hanneke de Graaf<sup>a</sup>

<sup>a</sup>Rutgers, Utrecht, The Netherlands; <sup>b</sup>STI AIDS Netherlands (Soa Aids Nederland), Amsterdam, The Netherlands; <sup>c</sup>Centre for Infectious Diseases Control, National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands

**Introduction:** Coronavirus disease (COVID-19) changed people's life drastically, due to restrictions to reduce transmissions such as social distancing and the limited number of social contacts. The objective is to gain insight into the impact of the COVID-19 pandemic on the sexual health of youth in the Netherlands.

**Methods:** We conducted two cross-sectional surveys targeting Dutch youth aged 16–20 years old during the pandemic. Recruitment occurred via social media and a youth sexual health website (sense.info). Both studies included a questionnaire about dating, relationships, sexual- and help-seeking behavior and mental health. We identified 4 different time periods: (i) 6 months before the pandemic (pre pandemic), (ii) first lockdown, (iii) between lockdowns, and (iv) second lockdown.

**Results:** The samples consisted of 5,218 and 4,091 participants. The study showed that fewer singles had sex during the first (40%) and second (52%) lockdown period compared to pre lockdown (67%). Singles who continued to have sex more often reported casual

regular partner during the first (58%) and second lockdown (60%), than pre lockdown (28%) and between lockdowns (33%). STI testing uptake decreased from 9% pre-lockdown to 1% during the first and 3% during the second lockdown. Self-tests were used almost twice as often during the pandemic (13%) as before (7%). Among the reasons for not testing, corona-related reasons (e.g., STI clinics are closed, or health care providers are too busy) decreased between the first (47%) and second lockdown (27%). Furthermore, youths' mental health has weakened since the first lockdown up until the end of 2020.

**Conclusion:** COVID-19 pandemic significantly impacts the sexual health of Dutch youth, especially during lockdown periods, but also in periods of relaxation of pandemic control measures. Therefore, health-care providers need to make their facilities accessible and find alternatives for face-to-face testing.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Mothers' Close Involvement in Their Daughters' Abortion Decision Making and Management in Benin

Jonna Both<sup>a</sup>, Ramatou Ouedraogo<sup>b</sup>, Inès Boko<sup>b</sup>, Aubierge Kpatinvoh<sup>b</sup>, Eunice Amoussou<sup>b</sup>, Vanessa Sekpon<sup>b</sup>, Stephanie Mahame<sup>b</sup> and Camilo Antillon<sup>a</sup>

<sup>a</sup>Rutgers, Utrecht, The Netherlands; <sup>b</sup>African Population and Health Research Centre (APHRC), Nairobi, Kenya

Pregnancy interruptions are social affairs. Reproductive decisions such as those related to induced abortion are far from deliberate free choices made by girls and young women on their own. Some studies have demonstrated the kind of roles played by partners, relatives and community members in the decision to abort, and in the management of abortion. In this paper we highlight the role mothers play in inducing abortion among their unmarried (young) daughters in Benin and analyse underlying reasons for their close involvement.

Data was collected during 6 months of ethnographic fieldwork in Atlantique, Benin, which included participant observation in healthcare facilities and community settings, in-depth interviews with girls and young women with recent abortion experiences, key informant interviews and FGDs.

The findings show that parents are accused, for example by health workers and school directors, of being involved in inducing abortions among their adolescent daughters. Our data shows that in practice mothers, in particular, are involved in managing their



daughters' unintended pregnancies and help them seek abortion remedies and services. Sometimes teenage girls are unaware or pretend to have been ignorant about bitter teas they were served by their mothers intended to induce abortion.

Beneath the involvement of mothers lies deeply rooted concerns about their daughters' education and future. The mothers themselves often dropped out of school and got married young and want to prevent their daughters from ending up in a similar situation. But mothers are also involved in order to avoid social

repercussions for themselves if their daughters' pregnancy becomes known. By helping their daughters to abort, mothers avoid abuse and stigma from their husbands, co-wives and the larger community.

Understanding these mothers' roles and motivations helps inform interventions and policies designed to reduce unsafe abortions and promote contraceptive uptake among adolescents and young women.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Evidencias de Validez De la Escala de Actitudes Negativas Hacia Personas Trans en Población Universitaria Española

Carmen Santín Vilariño, Rocio Garrido Muñoz De Arenillas and Francisco J. Rivera De Los Santos

University Of Huelva, Huelva, Spain

**Introducción-Objetivos:** A pesar de los avances en el reconocimiento de los derechos LGBT en España, este colectivo aún sigue sufriendo discriminación, siendo sus niveles especialmente altos hacia las personas trans. Sin embargo, la transfobia o actitudes negativas hacia personas trans ha sido poco explorado y existen escasos los instrumentos de medida. Por ello, este estudio pretende ofrecer evidencias de validez de la Escala de Actitudes Negativas hacia Personas Trans (EANT) desarrollada por Páez y cols. (2015) en su adaptación al contexto español. Concretamente, con población universitaria.

**Método-Muestra:** Participaron 308 estudiantes universitarios seleccionados mediante muestreo accidental a través del envío de la escala online mediante redes sociales y otras plataformas. El cuestionario definitivo estuvo compuesto por una batería de pruebas dirigidas a valorar conocimientos y actitudes hacia la diversidad sexual. La escala utilizada para valorar las actitudes negativas hacia personas trans fue la EANT (Páez et al., 2015), compuesta por nueve ítems tipo Likert.

**Resultados:** Nuestros resultados ofrecen evidencias de validez de la EANT, aunque con diferencias respecto a la escala original. Mantiene una estructura interna unifactorial, resultandos prescindibles dos de sus ítems (2 y 4) por presentar efecto suelo. Asimismo, se obtuvo un alto nivel de fiabilidad ( $\alpha = .86$ ) y pruebas de validez externa, lo que confirma su capacidad predictiva y su relación con variables típicas (e.g., contacto, sexo, ideología política).

**Conclusiones:** La EANT mantiene sus cualidades psicométricas al aplicarse a la población universitaria española, por lo que resulta un instrumento útil y válido para evaluar la transfobia. No obstante, podría reducirse el número de ítems que la componen. Se recomienda seguir explorando el uso de este instrumento para poder avanzar en el estudio de las actitudes negativas hacia las personas trans.

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

## Emergence of General Trends and Differentiated Profiles of Psycho-Relational Dimensions of Sexuality and Sexual Practices Among Adolescents

Judith Kotiuga and Geneviève M. Martin

Laval University, Ville de Québec, Canada

**Introduction and objectives:** Adolescence is a period of critical importance for psychosexual development as increased curiosity, exploration and involvement in the relational and sexual spheres contribute to shaping one's sexual sense of self. Yet, the current understanding of adolescents' sexual dispositions that fall under normative development and that promote sexual health is limited. However, theoretical models of sexual health and research have consistently highlighted the role of psychorelational dimensions such as the sexual self-concept, attitudes toward sexual pleasure and the capacity to negotiate relational dynamics. The present study sought to explore adolescent sexuality by examining demographic trends and differentiated clusters based on these dimensions and as well as a wide range of autoerotic and partnered sexual practices.

**Method and sample:** Participants were 1 584 adolescents aged between 14 and 18 years (49.4% boys, 49.7% girls, 0.9% gender diverse); recruited from nine high schools in the province of Quebec (Canada) who completed self-reported questionnaires during class time.

**Results:** Most participants seemingly display positive dispositions towards sexuality and these tend to

develop as they get older. Prevalence rates for sexual practices follow a decreasing curve based on their degree of intimacy notwithstanding age, although overall rates do increase with every age group. Overall, boys are more likely to engage in autoerotic practices and display a slightly more positive sexual self-concept, compared to girls who feel more comfortable in managing relational dynamics. In addition to these general patterns, cluster analysis revealed four profiles of psychorelational dimensions of sexuality that are not delineated by gender or age: skilled and invested, skill formation, skill deficits, and hesitant and uninvested, which are associated with different patterns of sexual practices.

**Conclusion and recommendations:** Findings highlight the importance of taking into account the individual needs and developmental process of adolescents in efforts attempting to promote their sexual health and well-being.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Cubes, Erotic Art and Sexology

Tatiana Strepetova, Domenico Trotta and Domenico Severino

ISA ACTS, Institute of Sexology and Sexual Dynamics, Scuola Italiana di Sessuologia, Salerno, Italy

**Introduction and objectives:** Human sexuality is extremely varicolored. Although stemming from the primary purpose of reproduction of the species, it is characterized by an eroticism increasingly based on individual needs and desires. Our objective is to illustrate the multiple facets of today's sexuality through the artworks of contemporary artists.

**Method(s) and sample:** Several artists were encouraged to represent their vision of sexuality through drawings made on wooden, cardboard or ceramic cubes. The six faces of the cube are meant to represent different aspects of sexuality.

30 artists responded to the invitation. Some of them have provided, instead, single works on paper or canvas, so-called "squares," to represent one aspect of sexuality that they consider dominant.

**Findings and discussion:** Several artistic interpretations of sexuality have emerged. From an erotic-idealized and romantic vision to a more identitarian or aggressive representation, or even with the strong irrational and passionate components.

Thus, art can represent a useful means of approaching human sexuality. Sexuality with lights and shadows, beauty and crudeness, joys and pains, and not always an easy task to deal with.

The theme of sexuality in art is of interest to humanity that is increasingly aimed at the satisfaction of basic needs. Such as personal and sexual identity, fusional relationship, discharge of energetic tension and aggressivity. Or the desire to go beyond one's limits and access transcendence and union with the divine almighty.

**Recommendations:** Art shares with sexuality a common creative spirit. In clinical sexology, patients

can be invited to describe their sexual experience using works of visual art or to draw pictures by themselves. Drawings allow them to express aspects that do not appear in purely verbal communication. These drawings, in turn, can become works of art.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## What Impacts COVID-19 Had on Relationships and Sexuality in 2020

Osmo Kontula

Population Research Institute, Helsinki, Finland

**Introduction and objectives:** In 2020 COVID-19 has a major impact on the social lives of inhabitants around the world. In Finland, a large proportion of the working population moved to work remotely at home. It changed the interaction with their partner.

**Method and sample:** In the summer of 2020, 3,690 people, 2,897 women and 715 men responded to the survey. The survey was published on the website of Helsingin Sanomat, which is a leading newspaper in Finland. Respondents were evenly divided into all age groups. There were a total of 25 questions, 10 of which were open-ended. There were questions if the quality and interaction of the relationship had changed in some way, and if sexual life or desire changed in some way during the coronavirus epidemic? In this huge qualitative data was conducted a thematic analysis.

**Finding and discussion:** The COVID-19 era in 2020 had almost as often both positive and negative effects on relationships. Increased time spent together,

and increased leisure time had been seen to have improved the relationship and increased opportunities for everyday affection. On the other hand, being together all the time had felt too stressful when there was no chance to be alone. The partner had been found annoying, and disputes had escalated. Some had desires and sex more often because of the time spent together. But more people had a decrease in their sexual desire due to various concerns and sex had often been stopped altogether.

**Recommendations:** It is necessary to develop advisory services for the use of common time in relationships. We need ways to find opportunities for one's own time and separateness, as well as the ability to see a partner as wanted, even if they are constantly present.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Experiences of Western Australian Youth When Seeking Sexual Health Information, Testing and Treatment

Kahlia Mccausland<sup>a,b</sup>, Lorna Graham-Geraghty<sup>c</sup>, Matthew Bacon<sup>d</sup>, Professor Donna Mak<sup>e,f</sup>, Joe Staniszewski<sup>g</sup>, Liane Lied-Cordruwisch<sup>h</sup> and Jacqui Hendriks<sup>a,b,h</sup>

<sup>a</sup>Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN), School of Population Health, Curtin University, Bentley, Australia; <sup>b</sup>Collaboration for Research, Evidence and Impact in Public Health (CERIPH), School of Population Health, Curtin University, Bentley, Australia; <sup>c</sup>Youth Affairs Council of Western Australia, Leederville, Australia; <sup>d</sup>Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, Department of Health, East Perth, Australia; <sup>e</sup>Population and Preventive Health, School of Medicine, The University of Notre Dame, Fremantle, Australia; <sup>f</sup>Communicable Disease Control Directorate, Department of Health, East Perth, Australia; <sup>g</sup>M Clinic, WA AIDS Council, West Perth, Australia; <sup>h</sup>Curtin School of Population Health, Curtin University, Bentley, Australia

**Introduction and objectives:** Young people (<30 yo) continue to contribute substantially to STI notification rates. This group is identified as a priority population in the Western Australian (WA) Sexually Transmissible Infections Strategy 2019–2023. Research in other jurisdictions has identified various barriers, such as stigma and shame when seeking sexual health information, testing and/or treatment, however, the WA context has not been specifically examined.

**Methods and sample:** An online survey was administered to young people (16–25 years) living throughout WA to examine their experiences when seeking sexual health information, testing and/or treatment from healthcare providers. Quantitative data were analysed by descriptive statistics in SPSS and free-text responses were analysed by thematic analysis in NVivo.

**Results:** Data were collected from 916 young people (77% sexually active (oral/vaginal/anal sex); 64% female, 31% male, 4% another gender identity) with diverse sexualities (67% heterosexual, 15% bisexual, 5% homosexual). Overall, 51% of respondents ( $n = 465$ ) had sought sexual health information, testing and/or treatment from a healthcare professional, of

which 118 (25%) reported a negative experience. Participants were asked to comment on their negative experience, preliminary analysis shows four predominant themes: (1) Feeling judged; (2) Reports of unsatisfactory service (not being listened to or understood as LGBTIQ+ persons/young people from diverse cultures, lack of compassion when disclosing sexual trauma, and autonomy disrespected); (3) Confidentiality concerns; and (4) Avoidance of seeking future information, testing and/or treatment.

**Conclusion and recommendations:** This study gave insight into the lived experiences of young people living in WA, and detailed unsatisfactory interactions with healthcare providers. Patient pathways can be improved if providers have compassion for young people, affirm and understand diverse identities and/or cultural backgrounds, and respect the right of young people to autonomy and confidentiality. These strategies should hopefully encourage safer sexual practices, and support young people to seek quality information, testing and treatment.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Six Mythological Stories Revisited and Interpreted in a Sexological Key

Domenico Trotta and Tatiana Strepetova

ISA ACTS Institute of Sexology and Sexual Dynamics, Scuola Italiana di Sessuologia, Salerno, Italy

**Introduction and objectives:** Sexuality is intensely present in Greek and Latin myths, where it is narrated in many stories, using either a frank and straightforward language or an evocative and metaphorical one. Our goal is to show how the myth describes not only the ancient way of experiencing sex but also the contemporary one.

**Approach:** Our approach is both historical and creative. Starting from the stories we have received from the past we developed unsaturated aspects of the narratives in light of modern sexological knowledge.

**Sources:** Greek and Latin authors and writers of the ancient myth. In particular, for Pirrando the archaeological finds of Pompeii and the Pompeian house of

Menander, for Palinuro the Aeneid of Virgil, for Ovid the Amores and biographical accounts, for Ixion and Nephele Pindar and Pseudo-Apollodorus, for Midas Ovid, Maya Vassileva and others.

**Findings and discussions:** Our stories are about six specific characters: Pirrandro a happy sexo-nauta from Pompei, Palinurus the frail and unlucky lover of Kamerota, queen of Cilento's sea, Ovid, the impotent partner of Julia Minor, Ixion the violent centaur seduced by Nephele, Zeus' wife, Midas the perverse donkey-eared king, and finally Attis the castrated male, follower of the goddess Cybele.

We believe that the past has a lot to tell us about our present, particularly in the area of sexuality and desire. The stories of the myth and the hold they have gained over time can have a great impact on contemporary man, both on the recreational level and the understanding of the richness and complexity of our sexuality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Experiencias de Niños, Niñas y Adolescentes Trans en Su Proceso de Construcción Identitaria en Chile y Portugal

Jaime Alejandro Parra Villarroel, L. Rodrigues and Conceição Nogueira

Programa Doctoral en Sexualidad Humana, Facultad de Psicología y Ciencias de la Educación, Universidad de Porto, Portugal

**Introducción y objetivo:** niñas, niños y adolescentes (NNA) trans no presentan dificultades médicas, psicológicas o psiquiátricas por el hecho de ser trans, sino que más bien, los problemas que se les pudieran suscitar guardan relación directa con una sociedad que no les acepta, excluye, segrega y estigmatiza. El apoyo familiar, profesional y las intervenciones sociales y médicas afirmativas se asocian con una mejor salud mental y bienestar general. En Chile, la Ley n° 21.120 del año 2018 que reconoce y protege el derecho a la identidad de género, no entrega las mismas garantías a NNA menores de 14 años. Con algunas diferencias, la ley n.° 38/2018 de Portugal, tiene similares características. Existe escasa evidencia sobre la experiencia de vida de NNA trans obtenida directamente desde estos grupos. El objetivo de este estudio es explorar las experiencias de vida de NNA trans y sus familias y la influencia que los diferentes contextos sociales tienen sobre su proceso de construcción identitaria.

**Método:** investigación cualitativa desde un abordaje social construccionista. Los datos obtenidos a través de

entrevistas semiestructuradas realizadas a padres, madres y a NNA trans, son analizados a través de un análisis temático, siguiendo el modelo propuesto por Braun y Clark.

**Resultados preliminares:** hasta la fecha, se han entrevistado 11 NNA y 10 padres y madres. Mayor acceso a intervenciones médicas en Chile. NNA trans buscan un trato igualitario en relación con sus pares cisgénero. La transición social es un elemento preponderante para su felicidad. Durante la niñez se expresa la identidad dentro del binarismo de género avanzando hacia una mayor fluidez en la adolescencia. Asimilación del concepto de disforia, principalmente entre quienes han recibido algún tipo de atención profesional.

Este proyecto se encuentra actualmente en ejecución.

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

## Pregnant Women's Perceptions of Sexuality During Pregnancy

Nour Faouel, Rim Ben Soussia, Henda Sassi, Walid Bouali, Ahmed Hadj Mohamed and Lazhar Zarrouk

Psychiatry department—Hospital of Mahdia, Mahdia, Tunisia

**Introduction and objectives:** Pregnancy is a period of transition towards motherhood as well as towards family life with the organization of the couple's life by integrating a new member in their life. Our objectives were to explore pregnant women's perceptions of sexuality during pregnancy and evaluate the couple's sexuality during this period.

**Methods:** We carried out a cross-sectional descriptive study at the obstetric gynecology department at the EPS of Mahdia. Our study population was pregnant women followed in the outpatient prenatal clinic and women in the immediate postpartum who gave birth in the obstetrics department of the same hospital. We used a pre-established questionnaire exploring sociodemographic data, wedded life and gynecological history.

**Results:** Our study enrolled 110 participants. The average age of our patients was  $30.2 \pm 4.98$  years with extremes ranging from 19 to 43 years. More than half of the patients (58.2%) thought that the SR had no

risk on the pregnancy, on the other hand, 37.3% of the women thought of the risk of abortion or premature delivery, 10% of the risk of metrorrhagia and 6.4% risk of infection. All of the women reported having regular SR with their partners. For 30% of them, these relationships were synonymous with love and affection, while 65% felt that it was more a marital obligation. The goal of SR was in 38% of cases procreation, in 51% of cases the pleasure of the couple, the pleasure of the husband in 13% of cases and for personal pleasure in only 5% of cases.

**Conclusion:** Women's perceptions of sexuality during pregnancy depend on their knowledge and sexual culture before getting pregnant. A sensitization about sexual life among young women is needed to better their sexuality through this period.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Unpacking Pleasure Narratives: A Critical Exploration of Contemporary "Coloured" Women's Sexual Subjectivities

Kylie Marais

University of Cape Town, Somerset West, South Africa

In South Africa, little is known about whether or how female sexual pleasure and alternative sexualities manifest in the everyday lives of local women. Furthermore, given the (conservative) cultural contexts in which female sexualities are shamed and silenced, even less is known about the subjective meanings that young women attribute to their sexualities in relation to sexual pleasure. This is the case for many "coloured" women, with whom I share a complex creolised identity and cultural heritage. For my doctoral research project in (feminist) anthropology, I, therefore, set out to critically investigate the sociocultural factors that influence how "coloured" women come to perceive and experience sex, sexualities, and sexual pleasure.

Specifically, I wanted to understand how these women's sexual subjectivities developed over time.

Over a 12-month period, I conducted 45 in-depth, informal, individual interviews with fifteen (self-identified) "coloured" cisgender women about their most intimate sexual worlds. The interview sessions sought to unpack women's "pleasure narratives" and covered topics on sexual socialization, experiences, and beliefs about sexual pleasures/displeasures. The fifteen women were between 20 and 40 years old, came from working- to middle-class backgrounds, and resided in communities in and around Cape Town.

The women's "pleasure narratives" revealed how their sexual subjectivities are deeply influenced by

sexual shame, which is perpetuated through cultural ideologies that uphold colonial, religious, and hetero-patriarchal principles. While many of the women embodied sexual shame to varying degrees, many found ways to navigate and resist the shame, thus allowing them to embrace their diverse sexualities and explore sexual pleasure.

More qualitative research, from diverse cultural backgrounds, is needed to gain a deeper understanding

of women's sexual subjectivities. Doing so not only offers a focused glimpse into the secret and unknown sexual worlds of women but also enables women to overcome embodied sexual shame by sharing lived experiences.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Factores de Riesgo Que Propician Al Embarazo Reincidente en Adolescentes

Clarisa Luna Ferrales<sup>a</sup>, Rosalva del Carmen Barbosa Martinez<sup>b</sup> and Dra Elsa Josefina Vargas Rodriguez<sup>c</sup>

<sup>a</sup>Universidad Autónoma de Chihuahua, Chihuahua, Mexico; <sup>b</sup>Universidad Autónoma de Nuevo León, Monterrey, Mexico; <sup>c</sup>Universidad Lisandro Alvarado Barquisimeto, Venezuela

**Introducción:** A nivel mundial el embarazo reincidente en adolescentes representa un problema complejo, por su asociación con las complicaciones físicas, psicológicas y sociales relacionadas con altas tasas de morbilidad materna y fetal. Actualmente existen estudios que sugieren la diversidad de factores de riesgo que pueden propiciar el embarazo reincidente. Los factores de riesgo se clasifican en individuales y contextuales.

**Objetivo:** Identificar las evidencias empíricas que evalúan los factores de riesgo de la madre adolescente mediante una revisión de la literatura. Metodología: Se examinaron artículos publicados en inglés, español y portugués en las bases de datos: Pubmed, Scielo, Ebsco, Google Scholar y Sciencedirect entre el 2014 y 2021; utilizando los descriptores: adolescente, embarazo en adolescencia, embarazo reincidente, factores de riesgo. La muestra final quedó conformada por treinta (30) artículos.

**Resultados:** Los hallazgos evidencian que el riesgo de un embarazo reincidente en adolescentes está íntimamente relacionado con aquellos factores que

influyen en la vida de la adolescente. Los principales factores individuales son los que están relacionados con las características propias de la adolescente, que como individuo toma sus propias decisiones y están asociados a: el amor romántico, el deseo de ser madre, la depresión, el consumo de alcohol o drogas y el aborto previo. Dentro de los factores contextuales que propicia un embarazo reincidente en la adolescencia, se encuentran aquellos que están relacionados al entorno de la madre adolescente, como los familiares, sociales y de pareja actual.

**Conclusión:** Los estudios sustentan el riesgo inminente en el que una madre adolescente se encuentra para repetir un embarazo. Discusión: la urgencia de realizar intervenciones centradas en las necesidades en salud reproductiva y sexual a éste grupo de población. No presenta conflicto de interés en los autores y no se financian por ninguna organización.

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

## Experiencias en la Implementación de Programas de Empoderamiento y Educación Sexual Integral en El Contexto Universitario

Nélida Padilla Gámez

Universidad Nacional Autónoma De México, Facultad de Estudios Superiores Iztacala, Estado de México, Mexico

En México los problemas asociados a la salud sexual y reproductiva son cada vez más frecuentes en los jóvenes a edades cada vez más tempranas. El recinto universitario juega un papel protector para los jóvenes, pues es en este espacio en el que se forman no sólo profesional sino personalmente, no obstante, no se cuenta con el espacio educativo formal para atender la salud y educación sexual en esta población.

Con base en lo anterior es que se surge la imperante necesidad de generar programas de intervención basados en evidencia científica que aborden la complejidad de problemáticas que se generan a partir de la insuficiente o inadecuada educación sexual. De esta manera, el presente trabajo tiene por objetivo dar cuenta de las experiencias que se tuvieron en el desarrollo e implementación de un programa de empoderamiento sexual en jóvenes universitarios.

Dicho programa constó de dos fases: una diagnóstica en la cual se aplicó una batería con siete instrumentos a 596 estudiantes universitarios con

edades entre los 17-28 años. La segunda fase, constó del diseño de una intervención con base en los datos obtenidos del diagnóstico, así como su evaluación, en esta fase participaron 81 estudiantes. Este estudio sistematiza y analiza cualitativamente desde la fenomenología los alcances y limitaciones en el desarrollo y la implementación del programa mencionado, en este sentido se hace importante mostrar la evidencia, pues en gran medida los programas que se aplican tienden a ser intuitivos y generalmente nunca se evalúan, lo cual dificulta el avance en intervenciones eficientes que puedan adaptarse y replicarse en diversos contextos. Este estudio mostró resultados eficaces, no obstante es importante reflexionar sobre los obstáculos y recomendaciones en el diseño y evaluación de intervenciones en ESI y empoderamiento sexual.

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

## Describing the Root Pleasure: Masturbation Habits of Spanish Speaking Women

Fabiola Trejo

Fabiola Trejo, Ciudad De México, Mexico

Masturbation is one of the most universal and important sexual behaviors in the sexual development of human beings and even today it remains a big taboo, especially women's masturbation. Although there is more acknowledgement of the positive effects masturbations have on sexual, mental and emotional health for women, still social and cultural scripts are intertwined with patriarchal sexual double standards that affect intimate justice for women. To achieve justice and equality, it is important to describe and explore in detail how women experience masturbation in order for a real change in cultural scripts to happen.

The purpose of this study is to describe women's masturbation habits so we can have nuanced information to explore and build a positive narrative about this sexual practice. 778 women ages 16–57 ( $m = 29$ ) participated answering an online survey about a variety of sexual behaviors. 68% reported living in Mexico; 12% in South America; 3% in Central América and 10% in other parts of the world.

Results show that 78% of women masturbate 2–3 times a week and most of them use fantasies (40%) and pornography (28%) as their main way of visual stimulation. Most of them use their hands to masturbate (55%) and don't own a vibrator (40%).



Masturbation is one of the most effective ways to achieve orgasm (52%) and for 42% of the participants, it takes between 6 and 10 min of masturbation to have an orgasm.

With these descriptive analytics, we get to conclude that women have a variety of masturbation experiences that have to be approached carefully and in detail to properly create a sexual narrative based on their own

way to experience pleasure or androcentric narratives will continue to dominate the gaze in which research, clinical practice, therapy and individual sex lives are understood.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Orientación Socio-Sexual y Asertividad Sexual Como Predictores De la Satisfacción Sexual

Gabriela Torres Padrón

Ninguna

La satisfacción sexual juega un papel importante en la salud mental de los individuos (Fakhri y Saeed, 2016), puede estar influida por la capacidad de expresar los deseos y preferencias sexuales, es decir por la asertividad sexual (Morokoff, 1997). Por otro lado, la orientación sociosexual entendida como la apertura a involucrarse en relaciones sexuales con o sin un compromiso afectivo (Simpson y Gengstad, 1991), también juega un rol en la satisfacción sexual. Esto sugiere que la capacidad de expresarse con una pareja con o sin compromiso influye en la evaluación que los individuos realizan de su propia vida sexual.

El propósito de este estudio fue identificar la forma en la que estas tres variables están asociadas y si la orientación y la asertividad tienen un efecto sobre la satisfacción. Mediante un muestreo no probabilístico de participantes voluntarios, se reclutó a 103 mujeres y 26 hombres mexicanos, con edades entre 18 y 42 ( $M = 25.08$ ,  $DE = 5.22$ ), que contestaron el Inventario de Orientación Sociosexual ( $\alpha = .77$ ), la Escala de Asertividad Sexual ( $\alpha = .86$ ) y la Escala de Satisfacción

Sexual ( $\alpha = .70$ ). Entre los resultados se destaca una correlación entre iniciativa y satisfacción sexual ( $r = .253$ ,  $p = .004$ ), así como entre deseo de tener sexo sin compromiso y el sexo superficial ( $r = .281$ ,  $p = .001$ ), no se encontraron relaciones entre la asertividad y la orientación.

Posteriormente, se llevó a cabo un análisis de regresión múltiple con el método intro, los resultados mostraron efectos confiables de la asertividad y la orientación en la satisfacción ( $R^2 = .114$ ,  $p = .024$ ). Como se observa en los resultados la orientación y la asertividad son dimensiones de la sexualidad que están asociadas de forma significativa para quienes reportan altos niveles de satisfacción. Finalmente, la muestra puede no representar equitativamente a hombres y mujeres, así mismo se sugiere emplear una escala para medir la satisfacción con mejores índices psicometricos.

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

## Can Birth Impact a Female's Self-Esteem and Marital Satisfaction?

Maha Bejar<sup>a,b,c</sup>, Amira Maamri<sup>a,b,c,d</sup>, Ahlem HajriDr<sup>a,b,c,d</sup>, Ahmed Halouani<sup>a,b,c,d</sup> and Dr Haifa Zalila<sup>a,b,c,d</sup>

<sup>a</sup>External Consultations and Psychiatric Emergency of Razi Hospital, Manouba, Tunisia; <sup>b</sup>Tunis El-Manar University, Tunis, Tunisia; <sup>c</sup>Razi University Hospital, Manouba, Tunisia; <sup>d</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia

**Introduction and objectives:** Women's mental health in the postnatal period has been studied extensively. However, women's sexual health after birth remains under-researched.

The purposes of our study were to identify the impact of birth on self-esteem and conjugal satisfaction.

**Methods and sample:** This investigation was a cross-sectional descriptive and analytical study comparing 34 women without children and 57 women with children during September and October 2019.

We used an anonymous questionnaire that included a socio-demographic fact sheet, Rosenberg's Self-Esteem Scale and Locke-Wallace Relationship Adjustment Test.

**Results:** The mean age of women without children (group 1) was 29 years, while that of women with children (group 2) was 35 years.

The categories "low self-esteem" and "strong self-esteem" of the Rosenberg Self-Esteem Scale were the

most represented in the two groups. Most women in group 1 and group 2 had a good conjugal relationship (88.2% and 70.2% respectively).

The birth of children has changed neither the perception and self-esteem ( $p = .41$ ) nor the degree of conjugal satisfaction among women ( $p = .059$ ).

**Conclusion and recommendations:** The results of our study have shown that children had no impact on self-esteem and marital satisfaction. This was consistent with literature that proved that the new life of parents leads to more fatigue and less frequent sex, there are between couples greater marital satisfaction and good self-esteem.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Empoderamiento Anticonceptivo en Madres Adolescentes Para la Prevención Embarazo Reincidente

Clarisa Luna Ferrales<sup>a</sup> and Rosalva del Carmen Barbosa Martinez<sup>b</sup>

<sup>a</sup>Universidad Autónoma de Chihuahua, Chihuahua, Mexico; <sup>b</sup>Universidad Autónoma de Nuevo León, Monterrey, Mexico

**Introducción:** El embarazo en la adolescente es un problema de salud pública. Las complicaciones materno-perinatales pueden llegar a la muerte. El riesgo de embarazo reincidente pudiera estar relacionado a la pérdida de empoderamiento en la anticoncepción.

**Objetivo:** Describir un protocolo para desarrollar un modelo de empoderamiento en adolescentes mexicanas con metodología mixta.

**Método:** se pretende un estudio mixto concurrente transformativo en madres adolescentes de 18 a 19 años de edad, en la Cd. de Chihuahua México, en tres fases; cuantitativa, cualitativa y mixta, se combinarán los resultados para realizar la convergencia.

**Muestra:** en la fase cuantitativa la muestra se calculó por medio del paquete estadístico NQuery Advisor, con

un nivel de significancia de .05, un coeficiente de determinación de  $r^2 = .09$  y una potencia de prueba del 90%, para un modelo de regresión lineal, con 13 variables, considerando una tasa de no respuesta de 30%, y un tamaño de muestra de 305, en la fase cualitativa se utilizará una entrevista semiestructurada, permitirá recabar información sobre la construcción de la realidad a partir de los significados que las madres adolescentes enuncian, sobre su experiencia en la toma de decisiones, relacionadas al empoderamiento en el uso de anticonceptivos, la muestra por conveniencia. Hallazgos. El uso de métodos mixtos permitirá una exploración más profunda ante una situación compleja, que requiere de investigarse para dar solución y disminuir el riesgo del embarazo reincidente. Discusión. La importancia de

empoderar a las madres adolescentes en el uso de anti-conceptivos es crucial para hacer valer sus derechos sexuales y reproductivos.

**Recomendaciones:** Explorar los factores de riesgo a profundidad de acuerdo a regiones y cultura, podrá determinar los factores que influyen en las decisiones.

Este trabajo no fue financiado por ninguna organización.

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

## Analysis of Nurses' Sexuality Care for Gynecologic Tumor Patients—Nurses' Reactions and Challenges After Study Session

Keiko Nishi

Kitasato University, Sagamihara-shi, Japan

**Background:** While gynecologic tumor patients may have sexual problems, Japanese nurses rarely share such concerns on account of cultural inhibitions.

**Purpose:** The purpose was to hold study sessions that included guidance on the need for sexuality care. A step-by-step involvement model (PLISSIT model) was used to discover reactions and challenges.

**Method and sample:** Eighty-five nurses with one year or more of gynecological nursing experience participated in the study sessions, of which 40 agreed to a semi-structured interview. The data were analyzed qualitatively and descriptively. Participants' reactions after the study session were analyzed separately for the 18 nurses with sexuality care experience and 22 without. This study was approved by the Research Ethics Committee of University A (December 2, 2019).

**Results and discussion:** Nurses of all ages talked about problems and embarrassing experiences they had faced. Overall reactions to the study session included: "I improved my knowledge of what I had

been vaguely aware of" and "The session brought to light difficulties of such involvement."

Some nurses questioned the importance of sexuality care for such patients. However, nurses without any such experience responded, "I now see that sexual activity is a natural part of being human," "I realized the need for such care and my awareness has changed," and "I have used the study session material to broach the subject with patients."

The reactions of nurses with such experience and those without appeared to be different. We believe a study session that includes nurses with different experiences helps those who have never attempted to discuss the topic overcome their inhibitions.

**Recommendations:** The results suggest that study sessions may change nurses' awareness and involvement in sexuality care.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## An Erotic Skylight: Sexual Fantasies in Young Portuguese Under the Reflection of Psychological Well-Being

Jorge Oliveira and Félix Neto

Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal

**Introduction and objective:** Envisioning sexual fantasies as any image or mental setting, which is sexual exciting or erotic for the individual, the present work aims to study the nature of the relationship between

sexual fantasies and gender, sexual orientation, and some of the different dimensions of psychological well-being, such as life satisfaction and satisfaction with sex life.

**Method and samples:** The present study, of a non-experimental quantitative nature, was developed through a sample of 569 subjects, aged between 18 and 29 years old, obtained by completing a Sociodemographic Questionnaire, Wilson's Sexual Fantasies Questionnaire, Satisfaction with Life Scale, and Satisfaction with Sex Life Scale. Data were processed using the software SPSS Statistics version 26 resorting to Student's t-test, Linear Regressions with the Enter method, and Mediation analysis.

**Results:** These responses revealed that, although there are no statistically significant differences between both genders concerning the total frequency of sexual fantasies, they showed differences in Exploratory content, favoring the male gender, and BDSM, with emphasis on the female gender in comparison. Besides, sexual fantasies are moderate predictors of levels of

satisfaction with sex life, with special significance on Intimate and Exploratory Fantasies. Also, the occurrence of cross-orientation fantasies was verified, proving to be significant for the heterosexual group when the answer "Being much sought after by the same-sex" with women reporting more frequently than men. There was also a significant mediation between Satisfaction with Life and Intimate Fantasies, through Satisfaction with Sex Life.

**Conclusions:** We conclude that sexual fantasies shape themselves to the social and sexual roles we play, thus changing over time, and affecting areas both of sexuality and peripheral to it. Their study will always prove to be timely and essential to understanding the construction of sexuality itself and defying its stigmas.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Home Alone: Australian Single People's Sexual and Romantic Health Experiences During the COVID-19 Lockdown Measures

Hanna Saltis<sup>a,b</sup>, Sharyn Burns<sup>a,b</sup> and Jacqui Hendriks<sup>a,b</sup>

<sup>a</sup>Collaboration for Evidence, Research and Impact in Public Health, Curtin University, Bentley, Australia; <sup>b</sup>Discipline of Health Promotion and Sexology, Curtin School of Population Health, Bentley, Australia

**Introduction and objectives:** This paper discusses Australian findings of a qualitative component of the International Sexual Health and REproductive Health (I-SHARE) Study, which examines the impact of COVID-19 on sexual and reproductive health and well-being across over 30 countries. Single people face unique stressors, which may be amplified during COVID-19 isolation measures, however, little data exists about the ways these individuals experienced sexual health and wellbeing during these times. This study investigates how isolation measures implemented by the Australian government have affected single people's family structures, relationships, sexual health and wellbeing, and access to sexual and reproductive health services.

**Methods and sample:** Single people aged 18–35 participated in semi-structured interviews, which lasted between 30 and 90 min. Data were analysed using thematic analysis. The use of thematic analysis enables a rich and detailed account of the data. A realist method was employed with the aim of reporting experiences and the reality of participants. The transcriptions and coding were managed using the NVIVO software.

**Findings and discussion:** [In progress] Preliminary analysis suggests participants' sexual health and well-being were impacted to various degrees by the isolation measures and being single during this time. While some participants cited the lack of physical human connection, online-dating fatigue and loneliness as sources of stress, some said they had experienced very little change in their sexual and romantic well-being; some people felt less pressure to be in a relationship. However, most people perceived that being in a relationship would have improved their sexual health and wellbeing, as well as their mental health during COVID-19 isolation measures.

**Recommendations:** Researchers and practitioners should refrain from perpetuating the stigma attached to singledom. Policymakers should include measures to alleviate the impacts of isolation for singles living alone, similar to those afforded to romantic partners living apart.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Diferencias en Satisfacción Sexual en Hombres y Mujeres Antes y Durante El Confinamiento en España

Sara Rodríguez Pérez, Andrea Rodríguez Alonso, Juncal Balbona Rodríguez, Enrique Oltra Rodríguez, Ana Fernández Alonso and Iván Rotella Arregui

Universidad De Oviedo, Oviedo, Spain

**Introducción:** Como consecuencia de la pandemia mundial por el coronavirus SARS-CoV-2, en España desde el 13 de marzo de 2020 hasta el 21 de junio de 2020, se mantuvo un confinamiento social estricto.

Esta circunstancia pudo haber influido en las vivencias sexuales y las relaciones eróticas tal como se abordó en algunos estudios tanto en población general (Arafat, Mohamed, Kar, S. K., Sharma, Kabir, 2020; Ballester-Arnal, Nebot-García, Ruiz-Palomino, Giménez-García, Gil-Llario, 2020; Jacob, Smith, Butler, Barnett, Grabovac, McDermott, et al., 2020; Taniguchi, Hisasue, Sato, 2020)<sup>11</sup> como en grupos específicos: mujeres (Schiavi, Spina, Zullo, Colagiovanni, Luffarelli, Rago, et al., 2020); Yuksel y Ozgor, 2020), hombres que mantienen sexo con hombres en Estados Unidos (Sanchez, Zlotorzynska, Rai, Baral, 2020).

**Objetivo:** Analizar las diferencias entre hombres y mujeres en satisfacción sexual antes y durante el confinamiento domiciliario en España del 15 de marzo al 4 de mayo de 2020.

**Método:** Estudio descriptivo transversal mediante el instrumento cuantitativo New Sexual Satisfaction Scale (NSSS) (Stulhofer, Busko y Brouillard, 2010) distribuido por redes sociales entre mayo y julio de 2020.

**Muestra:** N= 1126 personas (77,5% mujeres) con una media de edad de 35,3 años (DT =11,2). El 34,4% (n = 247) tiene hijos/as. El 11% de la población participante (n = 38) tiene personas mayores a su cargo. El 92,6% (n = 1043) pasó el confinamiento en su domicilio habitual.

**Resultados:** Los datos muestran diferencias significativas tanto para hombres como para mujeres en todos los aspectos evaluados: intensidad actividad sexual, calidad orgasmos, placer, concentración actividad sexual, función sexual, apertura emocional, estado de ánimo, frecuencia orgasmos, variedad actividad sexual, frecuencia actividad sexual.

**Conclusiones Y Recomendaciones:** Los datos evidencian cambios en satisfacción sexual durante la pandemia por la COVID-19, habiendo una disminución de esta durante el periodo de confinamiento.

Diferencias en Satisfacción Sexual en hombres y mujeres antes y durante el confinamiento en España

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

## Factores Psicosociales Que Inciden en la Vivencia Erótica de Mujeres Con Cáncer de Mama

Claudia Hernandez-Madriga and Osmar Matsui-Santana

Centro de Educación y Atención en la Salud y la Sexualidad (CEASS), Tlajomulco De Zuniga, Mexico

**Introducción y objetivo:** En las últimas décadas, el cáncer de mama se ha convertido en uno de los principales problemas de salud pública. Las mujeres que padecen esta enfermedad se enfrentan no solo a un proceso doloroso en relación con los tratamientos y las intervenciones quirúrgicas, sino también a cambios profundos en su percepción de imagen corporal y relación de pareja. En este contexto, el objetivo general de este trabajo consiste en analizar los factores

psicosociales que influyen en la sexualidad de las mujeres que presentan cáncer de mama.

**Método y muestra:** Desde el punto de vista epistemológico, esta investigación se clasifica como no experimental, transversal, de carácter exploratorio, descriptivo y correlacional. Desde la perspectiva hermenéutica, se elige la modalidad de un estudio cuantitativo que permita la recolección de datos con implicaciones numéricas. Se aplicó un cuestionario a

una muestra representativa de 40 mujeres que asisten a talleres de acompañamiento psicológico organizados por la Fundación Voluntarias contra el Cáncer, A.C. en el Antiguo Hospital Civil de Guadalajara.

**Resultados:** Se destaca la preocupación de las mujeres por su imagen corporal y la dificultad para alcanzar la estimulación sexual, en contrapartida con un nivel aceptable de satisfacción en sus relaciones de pareja.

**Conclusiones y recomendaciones:** Existen violencias a nivel estructural, corporal y cultural para el

ejercicio pleno de la sexualidad de las mujeres con cáncer de mama. Este trabajo pretende contribuir a la literatura al servir como base para el análisis de las percepciones de las mujeres que sufren o han sufrido cáncer de mamá con el fin de resignificar su vivencia erótica.

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

## Barreras Percibidas Para El Uso Del Condón en Hombres Que Tienen Sexo Con Hombres

Francisco Javier Baez Hernandez, Vianet Nava Navarro, Arelia Morales Nieto and Miguel Ángel Zenteno López

Benemérita Universidad Autónoma de Puebla, Puebla, Mexico

**Introducción y objetivo:** los hombres que tienen sexo con hombres siguen siendo el grupo de mayor afectación para el VIH, por lo que se hace necesario conocer cuales son las principales barreras percibidas para el uso del condón y los factores que lo determinan.

**Método y muestra:** el diseño fue descriptivo, correlacional, en una muestra de 110 HSH con muestreo no probabilístico. La recolección de los datos se realizó en línea, mediante una cédula de datos generales y la Sub escala de Barreras Percibidas para el uso del Condón en la Satisfacción Sexual.

**Resultados:** Las principales barreras percibidas para el uso del condón fueron, las creencias de: “no provoca la satisfacción sexual deseada” ( $f=43$ ; 39.1%), y “Provoca desconfianza en la pareja sexual” ( $f=26$ ; 23.6%). Se encontró que el tipo de pareja, la

escolaridad y la discriminación, explican el 11.4% de la varianza en las barreras percibidas para el uso del condón ( $F(3,805) = 8.528$ ;  $p < .005$ ).

**Conclusión y recomendaciones:** Los hallazgos de este estudio ubican a los HSH como un grupo vulnerable para el VIH sida, a pesar de tener un bajo puntaje en la escala de barreras percibidas para el uso del condón; sin embargo, muestran los mismos obstáculos que tienen las demás personas, independientemente de su orientación sexual. Por lo que se recomienda considerar estos resultados, en el diseño y en la implementación de futuras intervenciones educativas, dirigidas a la promoción del uso del condón.

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

## Emotional Distress and Healthcare- and School-Related Protective Factors for Transgender and Gender Diverse Youth Who Trade Sex: A Population-Based Study

Nic Rider<sup>a</sup>, Barbara McMorris<sup>b</sup>, Camille Brown<sup>b</sup>, Marla Eisenberg<sup>c</sup>, Amy Gower<sup>c</sup>, Katie Johnston-Goodstar<sup>d</sup>, Montana Filoteo<sup>b</sup>, Emily Singerhouse<sup>b</sup> and Lauren Martin<sup>b</sup>

<sup>a</sup>Institute for Sexual and Gender Health, National Center for Gender Spectrum Health, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, USA; <sup>b</sup>School of Nursing, University of Minnesota, Minneapolis, USA; <sup>c</sup>Division of General Pediatrics and Adolescent Health, Department of Pediatrics, University of Minnesota, Minneapolis, USA; <sup>d</sup>School of Social Work, University of Minnesota, Minneapolis, USA

**Introduction and objectives:** Little is known about transgender and gender diverse (TGD) students who trade sex, including associated emotional distress and protective factors. This study's objective was to describe the prevalence of sex trading by gender, associations with emotional distress and select protective factors, and differences by the sex assigned at birth.

**Methods and sample:** This cross-sectional study used existing data from 9th and 11th-grade students who completed the 2019 Minnesota Student Survey. The analytic sample ( $N=67,806$ ) consisted of TGD youth ( $n=1,024$ ) and cisgender youth ( $n=66,782$ ) who self-reported trading sex or not. Students also self-reported sociodemographic characteristics (grade, gender, birth-assigned sex, sexual orientation, race/ethnicity, housing instability, and school location). Seven emotional distress measures included depressive symptoms, anxiety symptoms, past year non-suicidal self-injury, past year and lifetime suicidal ideation, and past year and lifetime suicide attempts. Protective factors were three school-related measures and one healthcare-related experience.

**Results:** TGD students (5.9%;  $n=60$ ) reported trading sex at five times the rate of their cisgender peers

(1.2%;  $n=822$ ). TGD students who trade sex reported high rates of emotional distress across all indicators (e.g., 75.9% versus 45.9% of cisgender students who trade sex reported lifetime suicide attempts). Fewer statistical differences characterized protective factors; however, 50% of TGD students who trade sex reported feeling safe at school compared to 74.1% of cisgender students who trade sex. Comparisons between trans masculine versus trans feminine spectrum students who trade sex indicated similar rates across most emotional distress and protective factors.

**Conclusion and recommendations:** This study presents the first population-based estimates of mental health disparities for TGD students who trade sex in the U.S. Findings support the need for data disaggregation when documenting the prevalence of health disparities to uproot misconceptions about gender and sex trading, and for increased competence regarding gender and sex trading in clinical and school-based settings.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Evolution of a Transgender and Gender Diverse Support Group in Cape Town: An Autoethnographic Review

Ronald Addinall<sup>a,b,c</sup>

<sup>a</sup>Southern African Sexual Health Association (SASHA), Claremont in Cape Town, South Africa; <sup>b</sup>University of Cape Town (UCT), Rondebosch in Cape Town, South Africa; <sup>c</sup>Professional Association for Transgender Health South Africa (PATHSA), National, South Africa

**Introduction and rationale:** A qualitative presentation of a clinical social worker's autoethnographic retrospective review of the demographic, structural and

content evolution across 13 years (2006–2019) of facilitating the Transgender and Gender Diverse Support Group offered at Triangle Project, the

LGBTQIA + NGO based in Cape Town. This Support group is the first ever Transgender and Gender Diverse Support Group and the longest existing offered in South Africa and on the African continent.

1. The organic structural and format evolution of the Support Group as a Safe Space will be presented.
2. The evolution of the demographic diversity of the Support Group membership as it became more responsive to the needs of the Transgender and Gender Diverse community will be described.
3. The core and central themes addressed by the Support Group and its membership are driven by their felt and expressed needs.

**Project/Population and settings:** A Transgender and Gender Diverse Support Group offered by Triangle Project an NGO in Cape Town, South Africa. A support

group for Transgender and Gender Diverse persons. The review covers 129 meetings facilitated across 13 years building a membership of 276 across this period.

**Outcome:** A Transgender and Gender Diverse support group facilitated by a gender-affirming therapist and allowed to take ownership of itself and where all voices are respected and valued, will evolve and adapt to best meet the felt and expressed needs of its membership.

**Discussion and recommendations:** The need and imperative to allow Transgender and Gender Diverse support groups, to organically grow and evolve allowing for spaces where both the collective can meet for a sense of community; as well as allow for the subgroups to have their spaces to engage on their specific experiences and needs; results in a thriving support group space.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Perception of Sexual Health: Continuity and Change Among Oraon Female Adolescents in Jharkhand, India

Kumari Vibhuti Nayak

Center for Studies in Social Sciences Calcutta, Kolkata, India

**Introduction and objectives:** A community acculturates, perception of sexual health issues undergoes various changes. Still, communities continue to hold their indigenous notions, beliefs, perceived causes, classification of health, and management of sexual health issues. We studied these perceptions among female adolescents in the Oraon tribe (aboriginal) of Jharkhand in India. The Oraon, one of the scheduled tribes of the Jharkhand, occupy the second position numerically and are the inhabitants of the Chotanagpur region in Jharkhand. The present study aims to understand and uncover how the sexual health of Oraon female adolescents is affected by a complex web of relationships with family, peers, community, societal, and cultural influences.

**Methods:** As the study is qualitative in nature, in-depth interviews and focused group discussions were conducted specifically with Oraon female adolescents belonging to the age group of 15–24 years.

**Findings and discussion:** The study analyses Oraon female adolescents' perspectives of sexual health and

its issues; and how continuing cultural concepts, acquired modern knowledge, and how culture contact influence their healthy lifestyle. The study reveals that the concept of sexual health-related perceptions and lifestyles include several characteristics such as integrated behaviours, attitudes and resources; choices or chances; socio-cultural and scientific perspectives; and habitual practices of Oraon female adolescents. It can be speculated that lifestyles in precarious social and cultural conditions, as witnessed by female Oraon adolescents, may be detrimental to health. However, sexual health lifestyle changes are socially learned and often part and expression of a broader habitus. In this regard, certain lifestyles and cultural practices of the Oraon community, such as social support and norms do have a positive impact on the health of the larger community.

**Recommendations:** Thus, the study suggests that sexual health lifestyles have become an integral part in shaping the perception of sexual health with continuity



and change of culture among Oraon female adolescents.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Demographic Features of Chilean BdsM Practitioners

Manuel Catalán<sup>a</sup>, Inmaculada F. Agis<sup>b</sup>, Maribel García<sup>c</sup> and Jenna M. Strizzi<sup>d</sup>

<sup>a</sup>Santiago, Chile; <sup>b</sup>Centro de Investigación CERNEP, Universidad de Almería, España; <sup>c</sup>Universidad de Sevilla, España; <sup>d</sup>Department of Public Health, University of Copenhagen, Denmark

**Introduction and objectives:** BDSM (bondage, discipline, dominance, submission, sadism, and masochism) is a set of sexual practices that have an erotic exchange of power and role-playing games as common elements. Little is known regarding the demographic features of the practitioners in Latin America. Therefore, the objective of this study is to characterize the Chilean population who practice BDSM.

**Methods and sample:** An online survey was designed and conducted, consisting of the adaptation of a sociodemographic quantitative questionnaire used by Puig (2017). Quantitative analysis was carried out using IBM SPSS v26.

**Results:** 544 people answered the survey, with an average age of 24 years old (16–54 years old, SD  $\pm 5.84$ ). Regarding sex, 78.7% identified as female, 17.3% as male, and 4% as other identities, as to gender identity, 67.5 identified as feminine, 14.9% as masculine, and 17.6% as non-binary. Employing Kinsey's sexual orientation scale, 18.8% indicated that they were exclusively heterosexual, 20.2% were mainly heterosexual with sporadic homosexual contacts, 9.6%

were predominantly heterosexual with more than sporadic homosexual interactions, 34.4% were bisexual, 3.5% were mainly homosexual with sporadic heterosexual contacts, 5.9% were predominantly homosexual with more than sporadic heterosexual interactions, 6.6% were exclusively homosexual and 1.1% were asexual. 88.2% did not have children. 71.1% considered themselves non-religious, 43% had a high school educational level, 21% had technical/professional education, and 35.5% had completed university. Regarding political ideology, 66.2% indicated that their ideology is left/liberal.

**Conclusion and recommendations:** It is important to consider biopsychosocial factors of BDSM practitioners, such as gender and its roles. Further studies are needed for the community and health providers to have the awareness and knowledge to attend to the needs of BDSM practitioners.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Different-Sex And a Same-Sex “First Time”: Gay, Lesbian and Bisexual Experiences

Terry Humphreys and Coady Babin

Trent University, Peterborough, Canada

**Introduction and objectives:** The purpose of the current study was to explore virginity loss experiences in lesbian, gay, and bisexual individuals (LGB) using the Virginity Beliefs Framework (Carpenter, 2001; Humphreys, 2013; Eriksson and Humphreys, 2014).

The specific focus was on LGB individuals who have had both a sexual experience with a member of different sex and a member of the same sex. This phenomenon is what the current study is defining as second virginity loss.

**Method(s) and sample:** Participants consisted of 275 LGB self-identified individuals, the sample was approximately half women (57%) and ages ranged from 18–56. Participants completed an online survey assessing their “first sex” experiences. An additional six participants completed a semi-structured interview to gain a clearer understanding of LGB individuals virginity experiences. Two primary research questions were proposed: (1) does the virginity belief framework (Eriksson & Humphreys, 2014) map onto the two “first” sexual experiences of LGB individuals?, and (2) are there differences in the virginity belief frames between the two “first” times?

**Results:** Results found that LGB individuals hold stronger “process” beliefs than gift or stigma beliefs for both of their “first” times. The qualitative interviews

suggested that the process of understanding virginity was enmeshed with a larger exploration and eventual validation of sexual identity. There was also a significant drop in the strength of some of the gift, process, and stigma beliefs from different-sex experience to same-sex experience for many in the gay and bisexual samples, but not in the lesbian sample.

**Conclusion and recommendations:** The current study is the first to explore the phenomenon of second virginity loss in LGB individuals and could be used as a foundation for future research on LGB first sexual experiences.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Etapas en la Construcción De la Sexología Política Colaborativa Glocal Yayes

Cruz Yayes Barco

Orientación Y Capacitación Integral, Tucapé, Táriba., Venezuela

**Introducción. y Justificación:** La ponencia ofrece la información de forma cronológica del proceso teórico y práctico en la construcción de la Sexología Política Colaborativa Glocal realizada por el autor desde los inicios de la formación en sexología médica (Modelo Bianco) en el postgrado de orientación de la conducta realizado desde 1982 hasta 1988 con la investigación y tesis de grado presentada y aprobada en abril de 1988 titulada: Actitudes de obispos, sacerdotes, religiosas y laicos hacia la sexualidad, bajo la tutoría y asesoría del sexólogo Fernando Bianco; hasta la investigación en su fase final en la maestría en derechos humanos en la Universidad Bolivariana de Venezuela iniciada en octubre de 2018; la investigación y tesis titulada: Reconocimiento de la Salud Sexual como Derecho Humano Intergeneracional.

Su Justificación se fundamenta y explica en ofrecer una contribución a los gobiernos, instituciones universitarias, organismos multilaterales en darle una valoración a la salud sexual, la educación sexual y todos los organismos públicos y privados de sexología para producir los cambios culturales, de planificación y

gerencia que creen programas y servicios de salud y educación como una inseparable unidad desde la planificación estratégica territorial y organizacional prospectiva en razón de todas las Declaraciones, Acuerdos y Agendas Multilaterales y Nacionales que tienen que ver con la Salud Sexual como un Derecho Humano.

Proyecto se encuentra en la Tercera Fase de Desarrollo y su Población es la Regional, Nacional, Latinoamericana y Mundial con la migración vivida con la Pandemia del Covid-19 y lo realizado a través de la Web con centenares de sexólogos en el Programa Sexólogos del mundo a tu alcance y publicaciones diversas. Salir.

**Discusión y recomendaciones:** Se responden preguntas y oyen recomendaciones para enriquecer la construcción de la Sexología Política Colaborativa Yayes.

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

## Sexual Health and Mental Health of Paraguayan Elderly People During Total Quarantine for COVID19

Ariel Gonzalez Galeano

ECIS—Education, Clinic and Research In Sexuality, Asuncion, Paraguay

**Introduction and objectives:** The study was conducted by the team of ECIS, with former students as data collectors; the aim was to know how elderly people were going with their mental and sexual health during the total quarantine for COVID19.

**Method and sample:** Data were collected through a sample survey, administering a series of questions, via phone call, about mental health and sexual health during quarantine.

The survey sample consisted of 47 people, who voluntarily and confidentially agreed to answer the survey; of which 40 were female and 7 were male; ages 55 and older. Of the total sample ( $N=47$ ), 15.2% report being single; 37% married; 13% de facto union; 10.9% with a partner (but living in different places); 19% divorced; 15.2% widowed.

**Results:** The majority of participants were older adult women, from the capital and central department; heterosexual, going through the quarantine with other people; with the self-perception of a very good or good mental and sexual health; with fear and sadness being the most experienced feelings during quarantine.

Hypertension was the disease most mentioned as already diagnosed. Most without sexual intercourse and masturbatory behaviors. Among those who had sexual intercourse, no person used a method of protection. Also, the majority already had a Psychology or Psychiatry consultation. Finally, the majority expressed their wish to receive more information about Mental Health and Sexual Health.

**Conclusions and recommendations:** News regarding this population during severe quarantine in Paraguay were about their death, their health conditions or how their life should be limited only at their houses, forgetting to address how they are feeling about everything, and how they could continue living their sexual life even during the pandemic. Asking them and showing how they are experiencing the situation should be done periodically. Phone calls worked better than other ways of collecting data.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Validación de Una Escala Para Evaluar la Prevalencia de Micromachismos en Las Parejas Masculinas de Una Muestra de Mujeres Mexicanas

Paulina Millán and Irma Patricia Pérez

Mexican Institute of Sexology, Mexico City, Mexico

**Introduction:** El término “micromachismos” fue propuesto por Luis Bonino para definir aquellos actos de violencia que son “casi imperceptibles controles y abusos de poder cuasi normalizados que los varones ejecutan permanentemente” y que son “hábilis artes de dominio, maniobras y estrategias que restringen y violentan insidiosamente y reiteradamente el poder personal, la autonomía y el equilibrio psíquico de las mujeres.”

**Method and sample:** El objetivo del presente estudio fue crear, a partir de la definición operacional de este concepto, un instrumento válido y confiable para

la evaluación de estas conductas en parejas masculinas de mujeres mexicanas. Se buscó también correlacionar este variable con el índice de función sexual femenina (IFSF) y sus 6 factores (deseo, excitación, lubricación, orgasmo, satisfacción y dolor). Participaron 1590 mujeres (todas con pareja masculina al momento de la investigación) de 18 a 65 años de toda la República Mexicana.

**Results:** La versión final de inventario está compuesta por 36 reactivos agrupados en 4 factores y con formato de respuesta tipo Likert de 5 opciones.

Se obtuvo la validez de constructo mediante análisis factorial de componentes principales que explican el 56.4% de la varianza (prueba KMO = 0.978,  $p = 0.00$ ). La consistencia interna tiene un valor alfa de Cronbach de 0.964.

Destaca el hallazgo de una correlación significativa [ $r(1588) = -.411$ ,  $p = .000$ ] entre la prevalencia de conductas machistas y cada uno de los factores que mide el IFSF, y donde a mayor prevalencia de conductas micromachistas en la pareja, menor índice de función

sexual, mayor presencia de dolor, y menores niveles de deseo, excitación, lubricación, orgasmo, satisfacción.

**Conclusion:** El presente estudio concluye sobre la validez y confiabilidad del inventario para la evaluación de conductas micromachistas y sobre la necesidad de seguir explorando el papel que tiene la violencia de género en la función sexual femenina.

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

## Women's Perception of the Impact of Confinement and Social Distancing on Their Romantic Relationships

Paulina Millán and Robertha Medina

Mexican Institute of Sexology, Mexico City, Mexico

**Introduction:** Some of the early studies on COVID-19 pandemic and its consequent stay-at-home and social distancing directives have been observed to impact personal relationships. However, the impact of these changes on the quality of cohabiting and non-cohabitating couples has not been thoroughly explored from a qualitative approach.

**Method And Sample:** The present study analyzes the experiences of 920 women and their perceptions of how their romantic relationships were changed or affected as a result of COVID-19 confinement and social distancing.

**Results:** The discourse analysis shows that some of the reasons that drew some of these women's relationships closer, were some of the same reasons that other women felt had drawn them apart from their partners (increased time spent together, having to communicate more, new relationship dynamics, etc.).

For some women, the stress brought about by losing their jobs (or their partners' job), by the occurrence of illnesses and deaths of family members, by

the perceived loss of intimacy (having their children home all day, having to share their living space with members of their extended families), or by the need to social distance from their partners, was a primary cause of emotional distress and, in many cases, of separation.

For women that felt their romantic relationships had improved, "increased communication," "spending more time together," "having more sex" and "experimenting new (sexual) things," were reported as the main causes of a perceived improvement in their relationships.

**Conclusion:** The findings of this study show that research on the repercussions of the Covid-19 pandemic on relationships, can benefit from a qualitative approach that considers the diversity of human experiences and perceptions.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Life Modifications With the Covid-19 Pandemic: General Results of the International I-Share Study Among Mexican Participants

Eusebio Rubio-Aurioles, José de Jesús González, Veronica Delgado-Parra, Karla Minguela-Fernández, Georgina García-Rodríguez, Araceli García-Gasca and Gema Fimbres-Nuñez

Asociación Mexicana Para La Salud Sexual, A.c., Alcaldía De Tlalpan, Mexico

**Introduction and objectives:** To evaluate the impact of the COVID-19 Pandemic on sexual and reproductive health, the Mexican team joined the international study I-SHARE (International Sexual Health And REproductive Health Survey).

**Methods and sample:** A survey was conducted with the collaborative work of the central research team (University of Ghent, Belgium) and the research teams from 33 countries. The survey was applied from October 13, 2020, to January 6, 2021. 1672 people participated, with an average age of 38.47 years. 23% report male sex and 77% female. The majority (82.1%) lived in the city. 65.15% with a significant interpersonal relationship. The majority of participants (86%) said they were complying with social distancing. The statistical package IBM SPSS Statistics version 26 was used.

**Results:** The economic situation of the households of participants worsened in 34.35%, 46.47% reported a total or partial loss of income. 11.4% of participants ended their relationship and 39.7% think that the confinement precipitated the end of the relationship. An

important percentage reports an increase in tension in their partner and with their children (37.85 and 31.54% respectively), although 40.9% report an increase in emotional support from the partner

Sexual satisfaction decreased significantly with the pandemic ( $p < .00001$ ), sexual problems increased significantly as well ( $p < .00001$ ). Emotional changes from confinement reveal increased ease of anger, general frustration, boredom, and concern about the financial situation. The majority (53.32%) reported increased food consumption with confinement

**Conclusions and recommendations:** The effects of the pandemic and confinement show themselves in many areas of life. The affectation is not the same in the entire sample studied, so identifying protective and risk factors is necessary. The results provide guidance, but caution must be exercised in their generalization. Sexual and reproductive health has had an impact on the pandemic and the resulting lockdown.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Vivencias de Sexualidad y Estilos de Aprendizaje en Estudiantes Universitarios de México

Ligia Vera-Gamboa, Andres Santana-Carvajal and Yolanda Oliva Peña

Universidad Autónoma de Yucatán, Merida, México

Actualmente se puede observar que las y los jóvenes universitarios tienen problemas en cómo viven y ejercen su sexualidad, a pesar de los cambios y las oportunidades que tienen las problemáticas biológicas, psicológicas, económicas, sociales presentes. El objetivo de estudio fue relacionar las vivencias de la sexualidad y los estilos de aprendizaje en las y los jóvenes universitarios de Yucatán, México.

**Metodología:** Investigación cuantitativa de corte transversal, para el análisis correlacional de la

información. La muestra se conformó por 122 estudiantes universitarios de la licenciatura de enfermería en una escuela privada de la ciudad de Mérida. La aplicación del cuestionario fue por autocontestación; se les explicó la temática y el tipo de ítems que conforman el cuestionario; 133 preguntas organizadas en tres ejes: sexualidad, cultura sexo-genérica y modos de aprendizaje, el alfa Crombach .956. Se informó a las autoridades escolares y se solicitó su consentimiento informado, y se garantizó la confidencialidad.

**Resultados y análisis:** La participación tuvo una participación de mujeres en 66.4% y los hombres en un 32.8, y en otro género un .8%. La edad fluctuó entre los 18 y 33 años;; la media y la mediana estuvieron en los 22 años, y la moda en 21 años . Las vivencias sexuales con mayor proporción fueron la heterosexual, la monogamia, y el heteroerotismo aunque variaron en orden. Se presentó una correlación significativa al 0.01 con estilos de aprendizaje con la gerontofilia, monogamia y diversidad sexual.

**Conclusiones:** Las medias de los participantes indican un predominio de vivencias de la heterosexualidad, monogamia, y ser multisensitivo. Existió correlación con los tipos de vivencia y los estilos de aprendizaje. La vigencia de la monogamia se relaciona con el estilo realista y sensorio-corporal, la vivencia de la diversidad con estilos de aprendizaje: teórico, experimentador, tecnológico, estructurado y sensorio-corporal.

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

## Autoimagen Corporal y Prácticas Sexuales en Personas Con Obesidad de Una Comunidad Rural de Yucatán, México

Ligia Vera-Gamboa, Efrain Miranda-Trejo and Nina Valadez.González

Universidad Autonoma De Yucatán, Merida, Mexico

**Introducción:** Las repercusiones de la obesidad van más allá de la enfermedad como tal, trayendo consigo afectaciones psicológicas y sociales incluyendo la percepción de la autoimagen. La obesidad contribuye al desarrollo de disfunciones sexuales tanto masculinas como femeninas. La Encuesta Nacional Francesa sobre sexualidad mostró que el IMC se encuentra relacionado con el comportamiento sexual, y por ende con resultados adversos en la salud sexual.

**Material y Métodos:** El objetivo del presente trabajo fue describir las prácticas sexuales y auto-percepción de la imagen corporal en personas con obesidad que recibían atención primaria en Julio de 2019. El estudio fue exploratorio, observacional, prospectivo, transversal utilizando el paradigma cuantitativo. Se calculó el tamaño de muestra (43 personas con obesidad). Previo consentimiento informado por escrito se aplicó una encuesta de 19 reactivos y la prueba del Standard Figural Stimuli (SFS).

**Resultados:** Al final de incluyó a 61 participantes con un rango de edad de 20 a 65 años, de ellos 47

(77%) se consideraban obesos. Del total 38 no se consideraban atractivos sexualmente y la mitad de ellos lo atribuyó a la obesidad. El 16.4%(10/61) haber sentido rechazo por ser obeso; 29,5% refirió tener fantasías sexuales. La frecuencia de relaciones sexuales en el 62% del grupo fue de una a más veces por semana, siendo la posición del misionero la más recurrida. En relación a las disfunciones sexuales las refirieron el 13%.

**Conclusiones:** La obesidad no parece ser una limitante en cuanto a la frecuencia de las relaciones sexuales. Las prácticas sexuales realizadas con mayor frecuencia fueron la masturbación, sexo oral y sexo anal. No hubo aparente relación entre obesidad y la presencia de disfunciones sexuales. Están presentes las fantasías sexuales en la tercera parte de las personas participantes.

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

## Placer y Bienestar Sexual en Las Estrategias de Prevención Del Vih y Otras Its

Francisco Javier López Lozada<sup>a</sup> and Guillermo Egremy<sup>b</sup>

<sup>a</sup>Karuna, Salud Y Desarrollo, A.C., Ciudad De México, Mexico; <sup>b</sup>Federación Mexicana De Educación Sexual Y Sexología, A.C., Femess, Ciudad De México, México

**Introducción:** Promover acciones de comunicación y educación para el cambio de comportamiento que fomenten la reducción de prácticas de riesgo y el ejercicio de técnicas de autocuidado ante el VIH y otras ITS, mediante la implementación de una Estrategia de Prevención Focalizada desde el enfoque de prevención combinada, que contemple el reconocimiento del derechos al placer y el bienestar sexuales, representa una herramienta efectiva para fomentar el intereses entre las poblaciones clave como lo son los hombres que tienen sexo con hombres (HSH) en aprender y practicar estas formas de autocuidado.

**Justificación:** El incremento de nuevas infecciones por VIH, surge principalmente por la falta de percepción del riesgo e inconsistencia del uso correcto del condón externo (condón masculino) y el lubricante a base de agua en las prácticas sexuales en las que hay penetración anal con sus parejas fijas u ocasionales, basándose en fundamentos subjetivos como la fidelidad, la apariencia o la confianza y por el reforzamiento de estereotipos de género en los roles sexuales.

**Discusión:** Se requiere facilitar la información científica y contextualizada acerca del VIH y otras ITS entre las poblaciones clave, sobre los servicios de salud especializados para el diagnóstico temprano, paralelamente de información y técnicas que ayuden a erradicar el estigma y la discriminación por orientación y prácticas sexuales, desde un enfoque de placer, aceptación y autocuidado en el manejo de grupos de apoyo y/o de servicios psicológicos, que abonen en el incremento de la autoestima.

**Recomendaciones:** Por lo que la educación entre pares en espacios de construcción de habilidades de autocuidado y fomentar la participación de actores sociales estratégicos para el mayor acercamiento a los servicios de salud especializados, se perfila como la una estrategia eficaz apoyándose en acciones de alcance comunitario y tecnologías de la información para facilitar la dinámica de educación acción.

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

## Psychedelics and Sexual Health

Yochi Ress

Attuned Consulting

Psychedelic-assisted psychotherapy research has exploded from the grinding halt in the '70s when legitimate research was banned. These fascinating and safe compounds show unparalleled therapeutic potential in all mental illnesses and can promote personal mastery and optimal emotional, psychological, and spiritual wellness.

This presentation covers a high-level overview of the history of psychedelics, two profiles of pioneering modern researchers, as well as how these tools function on neurological and psychological levels. I focus on MDMA and Psilocybin, the two most researched agents and furthest along the path in phase three

clinical (FDA) trials for use by trained mental health professionals. I look at how these tools can be optimally used, and the paradigm shift of an “inside-out” healing approach, versus the more typically “outside-in” approach of western medicine.

I mention several prestigious medical institutes around the world currently involved in cutting-edge research, and how brain image studies reveal the remarkable ability of psychedelics to promote the formation of new neural pathways.

This is immensely significant, given how mental illness (across the board) can be seen to be underpinned

by cognitive rigidity. In addition to the research focusing on the treatment of depression, anxiety, palliative care, and addiction, I focus on the plethora of studies on treating trauma. Psychologically, trauma is an experience of disconnection with self and others (especially emotionally), and these agents can help restore emotional connection remarkably.

I then focus on possible therapeutic applications in the domain of intimacy and relationships (including some possible applications in enhancing sensuality)

and end with introducing the key elements of safe and optimized use, as well as noting which risks and contraindications are important to keep in mind.

In conclusion, psychedelics possess unique and unparalleled healing qualities that are likely to be of great benefit within a sexual health and healing context as well.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 3: CLINICAL SCIENCES AND THERAPIES

### Embodiment in BdsM Eroticism: How Dominants Experience Pleasure in Montreal Dungeons?

Gabrielle Petrucci and Denise Medico

University of Quebec in Montreal, Montreal, Canada

**Introduction:** The experience of pleasure in BDSM has been mainly studied through the eroticisms of submission and bodywork/pain. But how is pleasure lived when someone's body isn't the one being touched? How can these pleasurable experiences contribute to the construction of identity within a subculture? To better understand the embodiment of pleasure, we studied the experience of pleasure from the Dominants' perspective.

**Method:** We conducted semi-directed interviews using Interpretative Phenomenological Analysis (IPA) with eight community members who practice Dominance in Montreal dungeons. Participants were recruited with convenience sampling on social media and within dungeons, as well as snowball sampling in collaboration with members of the BDSM community. Interviews focused on their discovery of BDSM, their history in the community, the bodily sensations during pleasurable erotic experiences, and the meaning Dominance has for them. Embodiment was explored using genderless figures on which participants identified body parts where they felt pleasure while

practicing Dominance and explaining how it felt. We used Nvivo to do a thematic analysis and we wrote case studies for each participant.

**Findings and discussion:** Up to 29 bodily sensations seem to embody pleasure in the eroticism of Dominance, for instance, pleasure felt in the brain/head, sexual arousal or muscular relaxation. Results showed these sensations were embodied through the whole body and not only in specific parts like genitals. Furthermore, 40 different feelings and psychological states of mind were used to describe highly pleasurable experiences, like pride, fun or euphoria.

**Recommendations:** We concluded that pleasure is a global experience that is composed of multiple dimensions that are not only sexual but also emotional, psychological, relational and physical. Finally, we discussed that the construction of identity through pleasure is similar to a sedimentation process that marks the body on its surface and in its core.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Housework Burnout and Sexual Satisfaction in Housewives

Karla Minguela<sup>a</sup> and José de Jesús González-Salazar<sup>b</sup>

<sup>a</sup>Universidad Autónoma de Baja California, Tijuana, Mexico; <sup>b</sup>Universidad Nexum de México, Tijuana, México

**Introduction and objectives:** In Mexico, housework is a job unequally charged to women throughout their lives. Despite the huge burden that it represents, its effects on women's health have been poorly investigated, particularly in the area of sexual health. The main aim of this study was to assess the association between Housework Burnout and sexual satisfaction, in a population of housewives from Tijuana, Baja California, México.

**Method(s) and sample:** Cross-sectional design with convenience sampling. The data was collected through an online survey, announced via Facebook. Participants were 164 housewives, aged between 18 and 60 years old, from whom 90 had paid work and 74 did not. A battery of questionnaires on housework burnout, sexual satisfaction, sexual desire, sexual function, and sociodemographic factors were administered. Multiple linear regressions were carried out to establish prediction models of sexual satisfaction.

**Results:** The prediction model resulted in a model where housework burnout, sexual desire and sexual

function predicted sexual satisfaction in housewives ( $R^2 = .591$ ,  $F(3,160) = 77.152$ ,  $p = .001$ ). Perceived health, satisfaction with paid work, help received, and education did not predict sexual satisfaction. For housewives with paid work sexual satisfaction was predicted by sexual function and housework burnout; while for those without paid work sexual satisfaction was predicted by sexual function and sexual desire.

**Conclusion and recommendations:** Housework burnout was associated with sexual satisfaction in housewives, mostly in those with paid work, possibly due to the double burden they have. Clinically, when working with housewives and their sexual health, taking into account the effects of housework and promoting a more equal distribution in housework chores, as well as work-family reconciliation policies is probably beneficial.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Randomized Trial Comparing Mindfulness to Sex Education for the Treatment of Sexual Interest/Arousal Disorder

Lori Brotto

University Of British Columbia, Vancouver, Canada

**Introduction and Objectives:** Symptoms of sexual interest/arousal disorder (SIAD) are the most common sexual concerns expressed by women. There is preliminary evidence that mindfulness-based approaches significantly improve low sexual desire and arousal and sexual distress, but large clinical trials are lacking. The goal of this study was to compare group mindfulness-based cognitive therapy (MBCT) plus sex education with group sex education alone for women with SIAD.

**Method and sample:** Both eight-session treatments were delivered weekly and participants completed online measures of sexual desire, sexual distress, global impressions of change, relationship satisfaction, and

rumination at baseline, immediately post-treatment, and at 6- and 12-month follow-up. Data from all participants who completed baseline measures were analyzed with intent-to-treat analyses controlling for years since SIAD diagnosis.

**Results:** Of 148 women who provided consent, 78 were randomized to the sex education group (mean age  $37.9 \pm 12.2$  yrs), and 70 to the MBCT group (mean age  $39.3 \pm 13.2$  yrs). Sexual distress improved at each post-treatment time point with large effect sizes, and with significantly greater reductions in sexual distress with MBCT relative to STEP. Sexual desire also significantly improved at each time point relative to baseline, with

large effect sizes, and no significant differences between MBCT and STEP. Similar to sexual distress, relationship satisfaction significantly improved at each post-treatment time point, with greater improvements seen in the MBCT arm. Rumination about sex also improved significantly, and with medium effect sizes, in both treatment arms, with significantly greater improvements in rumination after MBCT.

**Conclusion and recommendation:** These data support the efficacy of group MBCT for improving

symptoms in women with SIAD with retention of improvements a year later. MBCT should be recommended as a therapeutic option for women seeking treatment for SIAD.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## South African Psychologists' Constructions of Polyamorous Clients

Avri Spilka

Southern African Sexual Health Association, Randburg, South Africa

Polyamory is a relationship practice or orientation rooted in the belief that it is possible to pursue and maintain romantic, sexual, and/or emotional partnerships with more than one person simultaneously. Polyamory forms part of an increasing tendency in contemporary societies to question and challenge dominant bodies of knowledge, including seemingly inalienable "truths" about what can be considered a legitimate expression of intimacy. Since monogamy is seen as "normal" polyamorists often find that their relationships are problematised in the therapy room.

There is a growing body of academic research on polyamory that delves into these tensions however there is an absence of research on polyamory in the South African context. This 2018 study aimed to explore how South African Psychologists construct polyamory and the implications for clinical psychotherapy. This research made use of semi-structured interviews with six practicing South African Psychologists obtained through purposeful and snowball sampling. The interviews were analysed using Foucauldian informed critical discourse analysis.

The analysis revealed that Psychologists construct polyamorous people as traumatised, primitive, and infantile. Polyamorous relationships are fashioned as risky, complicated arrangements that break up families and oppress women. The pervasive discourse of damage justifies and motivates an approach in therapy that focuses on damage control. However, Psychologists also construct polyamory as a celebration that expands the possibilities for human intimacy.

The findings of this study signal the need for therapists to cultivate a critical awareness of how monogamy is reinstated as normative in the therapeutic context and to engage with seemingly inalienable truths about what constitutes a healthy relationship. This is a call to psychologists to interrogate their personal, professional, and theoretical assumptions about relationship configurations, so these assumptions can be brought into view for examination.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sensory Processing Dysfunction in Women With Genito-Pelvic Pain/ Penetration Disorder

Elsie Labuschagne<sup>a</sup> and Matty Van Niekerk<sup>a,b</sup>

<sup>a</sup>Elsie Labuschagne Incorporated—Occupational Therapist, Dundee, South Africa; <sup>b</sup>Department of Occupational Therapy, School of Therapeutic Sciences, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

**Introduction and objectives:** Conventional multi-disciplinary interventions for female sexual dysfunction can activate the sympathetic nervous system (SNS), resulting in fight-or-flight-or-freeze reactions and sensory overload, rendering the intervention ineffective or worsening the condition in a person with sensory processing dysfunction (SPD). However, literature investigating SPD and genito-pelvic pain/penetration disorder (GPPPD) is scant. Therefore the aim of this study is to describe the sensory processing of women diagnosed with GPPPD and to explore the presence of anxiety when both GPPPD and SPD are present.

**Methods:** A quantitative, non-experimental cross-sectional descriptive study was conducted, using the Adult/Adolescent Sensory History (ASH) and Hospital Anxiety Scales (HADS-A) to obtain categorical data. Purposive sampling, with snowballing, was used to recruit “hard-to-reach” participants via healthcare practitioners (HCPs). Forty-four women who met inclusion criteria completed both questionnaires online.

**Results:** The majority (79.5%;  $n = 35$ ) of participants presented with SPD requiring further investigation and/or intervention for SPD. Tactile processing was most (79.5%;  $n = 35$ ) affected. Significantly, 77.3%

( $n = 34$ ) of participants had an atypical pain response and 68.2% ( $n = 30$ ) presented with aggressive/impulsive behaviour. Results of the HADS-A indicated 68.1% ( $n = 30$ ) of participants experienced anxiety.

**Conclusion and recommendations:** This small pioneering study identifies SPD as a possible alternative factor in women with GPPPD and has noteworthy implications for the assessment and treatment of women diagnosed with GPPPD. Tactile, auditory, proprioceptive and vestibular senses are most affected, resulting in functional problems and social-emotional difficulties that could have an impact on sexual function, sexuality and intimacy. However, a larger confirmatory study is required.

These results could improve HCPs’ understanding of GPPPD to better assist these patients and improve understanding of the role of occupational therapy in sexuality. Occupational therapy, based on a sensory integrative approach, provides an additional, non-invasive, non-pharmacological intervention option and should be considered in the current holistic treatment approach for GPPPD.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Male Sexuality: Six Sex Short Stories

Domenico Trotta, Tatiana Strepetova, Raffaele Calabrese, Giuseppe Lauriello and Pasquale Naddeo

ISA ACTS Institute of Sexology and Sexual Dynamics, Scuola Italiana di Sessuologia, Salerno, Italy

**Introduction and objectives:** Male sexuality, usually characterized by pleasure and joy, is sometimes associated with sexual problems. Clinical symptoms may range from mild to severe and can occur even in healthy patients with no underlying medical conditions. The aim of this study is to explore the “lived experience” of a small group of men with sexual difficulties. The patients were followed in our clinics dedicated to the study and therapy of male problems.

**Method(s) and sample:** Six men talk about their sexual problems. Their verbal narrative is supplemented and expanded by drawings made by the patients at the request of the sex therapist.

**Findings and discussion:** Our combined approach allows a good understanding of the disorders as well as the forces behind them. As with Maurizio, a 55-year-old man, unable to comply with a capricious erection, Rocco, a 33-year-old, focused on a normal penis that he considers too small, Sisyphus, in his

fifties, suffering with delayed ejaculation, Dario, a stubborn smoker and a dysmetabolic and cardiopathic patient, willing to risk his life in order to get a full erection, Velino, an effeminate young homosexual, eager to have sex with women, Attilio, a 23-year-old man, who, in order to get rid of an unaccepted sexuality, asks to get rid (cut) of his testicles.

In all the cases reported, a distance is highlighted between the desired sexuality and one that is actually acted out and experienced.

**Recommendations:** This study sheds light on the need to consider patients not only as an example to be included in a diagnostic nosography but as people who are the result of unique and unrepeatably life experiences. A clinical approach based on a combined narrative such as the one reported above can be of help in this regard.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Satisfacción Con la Capacidad Orgásmica en Población Gay: Variables Asociadas

Pablo Mangas, Laura Elvira Muñoz-García, Ana Álvarez-Muelas, Oscar Cervilla and Juan Carlos Sierra

Centro de Investigación Mente, Cerebro y Comportamiento (Universidad de Granada, Granada, España), Granada, Spain

**Introducción y objetivos:** La experiencia subjetiva del orgasmo hace alusión a su percepción, valoración y/o sensación a nivel psicológico. El presente estudio examina, en población gay, la percepción de satisfacción con la capacidad orgásmica a partir de la edad, las actitudes sexuales, la propensión a excitarse/inhibirse sexualmente y la intensidad con la que se experimenta.

**Método y muestra:** Participaron 800 adultos gais españoles (mitad hombres y mitad mujeres) de 18 a 62 años ( $M = 30,80$ ;  $DT = 8,79$ ), cuya puntuación en la Escala Kinsey fue de 6 y 7, todos cisgénero y con experiencias de orgasmo recientes en el contexto de las relaciones sexuales. Respondieron escalas para evaluar el funcionamiento sexual, erotofilia, actitud positiva hacia las fantasías sexuales, propensión a excitarse/inhibirse sexualmente y experiencia subjetiva del orgasmo.

**Resultados:** En hombres gais, la actitud hacia las fantasías sexuales ( $\beta = -0,198$ ;  $p < 0,001$ ), la inhibición

sexual por miedo al rendimiento/ejecución sexual ( $\beta = 0,206$ ;  $p < 0,001$ ), y la dimensión afectiva de la experiencia subjetiva del orgasmo ( $\beta = -0,282$ ;  $p < 0,001$ ) explicaron un 19,40% de la varianza de la satisfacción con el orgasmo. En lesbianas, las dimensiones afectiva ( $\beta = -0,140$ ;  $p < 0,05$ ) y sensorial ( $\beta = -0,220$ ;  $p < 0,001$ ) explicaron el 12% de la varianza.

**Conclusión:** En hombres gais la satisfacción con el orgasmo está asociada a una actitud positiva hacia las fantasías sexuales, a una baja inhibición sexual por miedo al rendimiento y a una elevada intensidad orgásmica en su dimensión afectiva. En lesbianas, se asocia únicamente a la intensidad orgásmica, en sus dimensiones afectiva y sensorial.

**Fuente de financiación:** Ministerio de Ciencia, Innovación y Universidades, a través de un contrato FPU19/00369.

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

## Experiences From a Non-Monogamies Group for Mental Health Professionals in South Africa

Jonathan Bosworth, Avri Spilka, Casey Blake and Chantelle Malan

Southern African Sexual Health Association, Johannesburg, South Africa

Four mental health practitioners reflect on their experiences of starting the first known South African continued professional development (CPD) group for psychologists and counsellors working with consensual non-monogamies (CNM). CNMs is an umbrella term for polyamory, swinging, open relationships and various other relationship arrangements, and are practiced by a significant portion of the population.

Yet health care professionals typically have no theoretical or practical training in working with CNMs. As such CNMs are often produced as problematic in the therapy room. Towards the creation of a more just psychotherapeutic praxis, the authors meet monthly to share academic articles, clinical cases and personal introspection on their work with CNM clients.

The group sits with and holds the tensions and challenges of conducting clinical psychotherapy whilst simultaneously drawing on bodies of critical theory,

including Queer theories and Critical Community Psychology. The group acknowledges that CNM experiences and identities are complex, fluid, and diverse in terms of the mental health providers who work with CNMs as well as the CNM clients they care for.

The four distinct clinical practices of the authors offer unique opportunities to critically engage with the possibilities and limitations of CNM in ways that are attendant to the intersectional identities of the authors and their clients. The authors highlight the importance of ongoing dialogue that includes theoretical engagement, personal reflection and clinical peer supervision in constructing meaningful psychotherapy for consensual non-monogamous clients in South Africa.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Psicología y Salud Sexual: Varones Peruanos Durante la Pandemia

Christian Martínez Monge

Asociación Peruana De Sexología Y Educación Sexual - Apses/Pontificia Universidad Católica Del Perú, Lima, Peru

En Perú se declara Estado de emergencia por el COVID-19 el 11 de marzo del 2020, suspendiéndose las actividades académicas, laborales y recreativas a nivel nacional. Mediante el Decreto de Urgencia, se obliga que toda la población implemente trabajo remoto desde su domicilio o lugar de aislamiento social, utilizando cualquier mecanismo que haga posible realizar las labores fuera del centro de trabajo. Esta medida buscaba evitar la propagación del COVID-19 y la conservación del empleo, mientras el Estado buscaba estrategias sanitarias adecuadas.

El modelo Biomédico deja de lado aspectos psicológicos y socioculturales que afectan la salud mental.

Por lo mencionado, muchos varones, tuvieron que reorganizarse a nivel familiar, en convivencias

forzadas, labores domésticas y del cuidado; además de amenazas a su rol de proveedor. Todo ello, sumaron como determinantes de la salud colocaban a los varones en probables situaciones de vulnerabilidad emocional, producto de la construcción social de su masculinidad y las limitadas estrategias de afrontamiento psicológico (Martínez Monge, 2015; Wilkinson y Marmot, 2004)

El presente estudio cualitativo, recoge la participación de 25 hombres peruanos, edades entre 31 a 63 años de edad, que llegan a consulta psicológica entre mayo del 2020 y febrero del 2021 preocupados por disminución del bienestar sexual en pandemia. Desde los cuidados éticos se firmó consentimiento informado.

Objetivos: conocer y analizar, desde un enfoque de género y psicología de la salud, aquellos factores sobre la base del motivo de consulta.

Los resultados señalan el considerar el enfoque de género y psicología de la salud permitieron a los varones a comprender, procesar y generar afrontes

adecuados al problema. Se recomienda manejar enfoques de género en los abordajes de salud sexual.

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

## Can Epilepsy Have an Impact on Female Sexual Function?

Maha Bejar<sup>a,b,c</sup>, Amira Maamri<sup>a,b,c,d</sup>, Ahlem Hajri<sup>a,b,c,d</sup>, Amira Tajmout<sup>a,b,c,d</sup>, Heykel Gueffrache<sup>a,b,c</sup> and Haifa Zalila<sup>a,b,c,d</sup>

<sup>a</sup>External Consultations and Psychiatric Emergency of Razi Hospital, La Manouba, Tunisia; <sup>b</sup>Tunis El-Manar University, Tunis, Tunisia; <sup>c</sup>Razi University Hospital, Mannouba, Tunisie; <sup>d</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia

**Introduction and objectives:** Several reports have demonstrated an increased frequency of sexual dysfunction in men and women. This can be due to either epilepsy itself or the use of antiepileptic drugs. The objective of this study was to evaluate sexual function in epileptic patients compared to healthy controls.

**Methods and sample:** It was a cross-sectional, analytical case-control study carried out in patients followed for generalized epilepsy at external consultations of the National Institute of Neurology in Tunisia.

Controls consisted of accompanying the patients in the external consultations service of the Razi hospital. They were matched by age with the cases.

Sexual function has been compared using the Female Sexual Function Index (FSFI).

**Results:** Our sample included 40 patients and 40 controls. The number of pregnancy interruptions was

significantly higher in epileptic women compared to controls ( $p = .032$ ). We noticed that cases had more sexual dysfunction than witnesses ( $p = .03$ ) and had a lower total FSFI score as well as significantly lower scores in subgroups of desire ( $p = .009$ ), orgasm ( $p = .026$ ), satisfaction ( $p < .001$ ) and pain ( $p = .015$ ).

**Conclusion and recommendations:** This investigation confirms that women with epilepsy have an increased frequency of sexual dysfunction. Thus, besides the treatment of epilepsy, it belongs to the health care team to pay more attention to these sexual disorders.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Validated Tool for a Holistic Assessment of Dynamics Within a Coupledness-Relationship Panoramic Inventory

Sara Nasserzadeh and Pejman Azarmina

Relationship Panoramic Inc., Los Angeles, USA

Relationship Panoramic Inventory (RPI), is a self-administered assessment with 94 items organized in four domains with the purpose of providing the therapist or counselor a panoramic view of a couple's intimate long-term relationship. It is the only Inventory that considers all genders, sexuality and relationship orientations to date. It is a valuable tool for

providers who would like to have an evidence-informed and systematic approach to their work with couples.

159 US couples were recruited through Amazon's Turk Prime service in August 2019. They completed the original RPI with 200+ items in addition to other scales for criterion-related validation, namely Couple

Satisfaction Index (CSI), Revised Dyadic Adjustment Scale (RDAS) and Love Attitude Scale. Confirmatory factor analysis was used to establish test validity and Cronbach's alpha for test reliability. This US representative sample was also inclusive of diverse sexual and relationship orientations.

After factor analysis, items were reduced to 94 with the following domains and subdomains: (A) Relationship Outcome (B) Interpersonal Dynamics (C) Dyadic Fundamental and (D) Individual Fundamentals. In this particular abstract, we will present the Relationship Outcome domain of RPI. Using 5 items to assess global satisfaction, sense of thriving and fit, 75% and 69% of the total variance was explained using the Initial Eigenvalues and Extraction Sums of Squared

Loadings, respectively. Cronbach's alpha in the reliability analysis was 0.916. These three relationship outcomes were highly correlated with couple satisfaction as measured by CSI ( $r=0.804$ ,  $p < .001$ ), dyadic adjustment as measured by RDAS ( $r=0.728$ ,  $p < .001$ ), Eros and Agape types of love ( $r=0.665$  and  $0.386$  with  $p < .001$ , respectively).

Relationship Panoramic Inventory has strong psychometric properties for couples. It provides utility for therapists and counselors working with couples who aspire to learn more about areas of strengths and conflict within their intimate relationships.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “No One Could Help Me”: Unhelpful Professional Support in Vaginismus

Sofia Sousa<sup>a</sup>, Gabriela Moita<sup>b</sup> and Pedro Nobre<sup>c</sup>

<sup>a</sup>CES and FPCEUP, Porto, Portugal; <sup>b</sup>CLISSIS, Lisboa, Portugal; <sup>c</sup>FPCEUP and CPUP, Porto, Portugal

Although much of the literature does not approach the topic, clinical data shows that professional support in vaginismus can be sometimes perceived as unhelpful and disturbing by women. The aim of the article is to discuss and explore what dimensions can explain that.

We analyze 62 excerpts written by women, with lifelong vaginismus, aged between 19 and 40.

The thematic analysis enabled the identification of three themes: unhelpful support offered by (i) gynecologists, (ii) psychologists and (iii) general physicians, and the identification of twelve sub-themes. Each sub-theme was grounded and developed from the discourse of the women themselves. By describing and interpreting the twelve sub-themes, we began to better understand the ways in which professional support can be unhelpful in cases of vaginismus.

We could also identify some of the best practices if we want to offer adequate professional support for women with vaginismus. In this sense we recommend that women with vaginismus should be received in an

emphatic and supportive interdisciplinary setting, promoting validation and normalization of vaginismus as a sexual concern that causes significant distress and not as “nothing,” something that is “all in their heads” or linked to a “simple lack of relaxation.”

More specifically, we developed recommendations such as (i) the avoidance of proposals such as alcohol and drugs as a “treatment” for vaginismus, (ii) being critically aware of any statement that can humiliate, embarrass, demean and abash women, (iii) informing that the success rates of treatment can be as high as 80–100%, (iv) referring to specific professionals such as sex therapists and physiotherapists and (vi) deconstruct vaginal penetration as the only and/or best way to have sexual intimacy with a partner.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Evaluation of the Causes and Result of the Surgical Treatment for Penile Fracture in Vietnam

Quang Nguyen and Tuan Cao Dac

Vietnam-Germany University Hospital, Ha Noi, Viet Nam

**Introduction and objective:** Penile fracture is an uncommon urological emergency but greatly affects the quality of a patient's sex life. Its causes are somewhat different depending on culture, region, etc. This study aimed to investigate the cause and evaluate the surgical outcome of penile fracture.

**Methods and sample:** The study was conducted as a combined retrospective and prospective cohort one, by a convenient sampling of 55 patients who were treated for penile fracture at the Center for Andrology and Sexual Medicine, Vietnam-Germany University Hospital from January 2017 to June 2020.

**Results:** The mean age was  $36.53 \pm 11.27$  years (range: 19–69 years) and the average follow-up was 21 months (range: 3–40 months). The mean time from the onset to the operation was  $31.51 \pm 35.60$  h (range: 5–168 h). The most common cause was penile manipulation (61.8%), followed by sexual intercourse (23.7%) and penile trauma 14.5%.

The mean day of hospitalization was  $5.98 \pm 1.74$  days (range: 3–14 days). There were 98.18% of patients classified as having good postoperative outcomes. The most common complications were erectile dysfunction and penile curvature (equally 14.5%), but the severity was mild and did not require any further interventions. There were no cases that appeared with post-op hemorrhage, infection and urination disorder complication. The time from the onset to surgery and the size of the injury were two factors that affected the surgical outcomes.

**Conclusion:** In our series, penile manipulation is the most common cause of penile fracture. To date, the optimal treatment is early surgical intervention.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## What About Asexuality in the Context of Sex Therapy? A Qualitative Study in a Spanish Sample

Laura Esteban-García and Marta Casas-Martin

Universidad Loyola Andalucía, Sevilla, Spain

**Introduction and objectives:** There is an emerging body of evidence suggesting that individuals who belong to sexual minority groups or non-normative sexual and gender identity groups face barriers in accessing appropriate health care (Shields et al., 2012; Davy & Siriwardena, 2012; Dahl et al., 2012). People who identify as asexual belong to these minority groups and have similar experiences (Conger, 2016; Decker, 2015; Gray, 2015; Keeley, 2015; Foster & Scherrer, 2014) due in part to a lack of knowledge about their sexual orientation (Pinto, 2013).

The aim of the present study is to obtain a complete vision of the knowledge about asexuality that professionals in the context of sex therapy have.

**Method(s) and sample:** A semi-structured written interview was used to examine the special competencies, clinical practices, and distinctive abilities, in addition to the conceptualization and concrete characteristics, necessary to work with the asexual community in a Spanish sample of psychologists specialized in sexology (or marital and sexual therapists or psychosexual therapists) ( $n = 34$ ;  $Mage = 42.5$ ;  $SD = 16.5$ ).



**Findings and discussion:** The results show that, although most of the participants did not have direct clinical experience with asexual people, the fundamental key concepts were known to them. This knowledge came from their particular interest. However, when asked about specific terms and concepts, for instance, desire and sexual attraction, participants confuse them. Finally, the knowledge presented by most of the

participants is far from the cliché found in the general population.

**Recommendations:** Implications for the health care practice, both in individual therapy and in sexual and/or couples' therapy are discussed.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## New Technique to Treat Men With Delayed Ejaculation

Jaqueline Brendler

WAS, Porto Alegre, Brazil

**Introduction and objectives:** Delayed ejaculation has a multifactorial etiology, which is neurological, endocrine, psychological and sexual. Today there is no approved effective medication for Delayed Ejaculation. Cognitive behavioral psychotherapy, which uses sexual therapy techniques, is an effective treatment for most factors of a psychological and sexual nature. I propose a technique for men with Delayed Ejaculation within the Behavioral Cognitive Line.

**Methods and sample:** For 32 heterosexual men with Delayed Ejaculation complaints a new technique was proposed. The patients gave their consent. It was used as the last technique when the man has, with help of other techniques, already removed non-sexual distractions and can be involved with the erotic climate of intercourse.

So, it will only be used after a man makes progress with other techniques already known in the literature. The Technique consists of “contract the lower limbs

and glutes and extend the foot”; this task will move the man up the curve of sexual arousal as it mimics the physiology of advanced pre-ejaculatory sexual arousal, in order to facilitate the ejaculatory process.

**Results:** The rescue of delayed ejaculation between was 16–24 weeks. The technique of the easy to execute. Men who lived in more repressive groups took more time with the other techniques present in literature, delaying the use of this new technique that involves the contraction of different muscle groups. The technique already existed to treat women with anorgasmia in women.

**Conclusion and recommendations:** The technique can be used for men with delayed ejaculation and larger quantitative research should be conducted to prove the effectiveness.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Predictors of Self-Perception of Mental Health During the Social Distancing Produced by COVID-19

Veronica Delgado-Parra<sup>a</sup>, Eusebio Rubio-Aurioles<sup>a,b</sup>, José de Jesús González<sup>a,b</sup>, Karla Minguela-Fernández<sup>a,b</sup>, Gerogina García-Rodríguez<sup>a,b</sup>, Araceli García-Gasca<sup>a,b</sup> and Gema Fimbres-Nuñez<sup>a,b</sup>

<sup>a</sup>Asociación Mexicana Para La Salud Sexual A.C., Tlalpan, Mexico; <sup>b</sup>Universidad Nacional Autónoma de Mexico, Mexico City, Mexico

**Introduction and objectives:** To identify the variables associated with the personal perception of the level of mental health during the measures of social distancing

by COVID-19, in Mexico, among Mexican participants in the ISHARE Survey (International Sexual Health and Reproductive Health).

**Methods and sample:** As part of an international effort, an online survey was applied between October 2020 and January 2021, 1,280 women and 392 men participated, with a mean age of 38.47 years and a standard deviation of 12.97. Conceptually, variables were identified that could be related to self-perception of mental health and dimensions of sexual life and as a couple. Bivariate correlations were calculated and a multiple regression analysis was performed. The statistical package IBM SPSS version 26 was used.

**Results:** A multiple regression equation was calculated using the stepwise method. The final model explains 10.6% of the variance with a  $p = .007$ , the model is significant according to the ANOVA ( $F = 19.224$ ,  $p < .001$ ) and included as predictive variables of self-perception of mental health: Sexual satisfaction during confinement (standardized beta = .175,  $p < .001$ ), frequency of stress with daughters and sons

before COVID-19 (standardized beta = 0.207,  $p < .001$ ) and having hugged, held hands, snuggled the stable partner (standardized beta = .130,  $p = .007$ ).

**Conclusions and recommendations:** The results show the relationship of the perception of mental health with various expressions of sexual life, in the multiple regression analysis it can be observed the relevance of the perception of mental health in sexual satisfaction, stress management and expressions of effect. There are limitations due to the sample selection method and the use of single-item measures, but the results report important relationships.

Recommendations for clinical practice include the need for awareness of these relationships.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 4: BASIC SCIENCE

### Abusive Sexualities in School Adolescents in the City of Buenos Aires

Marcelo Della Mora

Universidad Kennedy, Buenos Aires, Argentina

In the present work, it is analyzed whether there is any relationship between sexual information and violent sexual behavior, in adolescents aged 13–19, enrolled in school, from the City of Buenos Aires, in the context of other intervening variables.

**Hypothesis:** in adolescents from 13 to 19 years old, in school, from the City of Buenos Aires, the less sexual information received, the greater the violent sexual behavior.

**Methodology:** Design: ex post facto. Subjects: adolescents from 13 to 19 years of school, with residence

in the City of Buenos Aires. Sampling: probabilistic. Instrument for data collection: Self-administered structured survey of 52 items, with some open questions.

The variables are grouped into two dimensions: (1) sexual information and (2) violent sexual behavior.

**Results:** Abusive sexual behaviors are related to the sexual information received.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Sexual Satisfaction in Multiple Sclerosis: The Forgotten Dimension

María Olivares-Marqués and Laura Esteban-García

Universidad Loyola Andalucía, Sevilla, Spain

**Introduction:** Multiple Sclerosis (MS) is a chronic, inflammatory and demyelination disorder of the Central Nervous System (CNS) with symptoms that affect the person at a cognitive, physical and sexual

level. The disease onset is placed between 20 and 40 years of age, appearing at a stage when sexual development is an important aspect.

Research on sexual satisfaction in MS and this associated variable is limited and that is why research that focuses on sexual satisfaction in MS, as a human sexuality determinant, is essential to begin to look into a forgotten but important aspect of patients' lives that can improve their quality of life. Therefore, this study aims to investigate the sexual satisfaction of people with MS in comparison with a sample of healthy people.

**Methods:** The sample was formed by 95 participants divided into two groups: (a) Experimental Group (EG,  $n=35$ ) composed of people diagnosed with MS and (b) Control Group (CG,  $n=60$ ) composed of healthy people. The tools used were filled by the sample through an online survey containing Index of Sexual Satisfaction (ISS), Multiple Sclerosis Quality of Life-54 (MSQOL-54), Body Shape Questionnaire

(BSQ) and Rosenberg Self Esteem Scale. Results: Correlations were found between ISS and the rest of the questionnaires in the survey ( $\rho$ ). It was also found that CG has higher sexual satisfaction than EG.

**Discussion:** People with MS have lower sexual satisfaction than people without MS and it has been influenced by self-esteem, quality of life and sexual dysfunction associated with MS. It is necessary to continue studying sexual aspects related to MS to improve not only evaluation but also improve treatment in the future. Sexual satisfaction is a determinant factor in sexual health, a sexual right, the last phase of the sexual response cycle and an important aspect in relationship quality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Analysis of Patients With Sexual Complaints After Treatment of Cervical Cancer

Gustavo Maximiliano Dutra Da Silva, Nelson Gonçalves, Nicole Mayumi, Vânia Bressani, Larissa Fazzi, Ana Paula Lopes Lima, Cynthia Ventura Sanga and Quetie Mariano

CRSM Hospital Pérola Byington, São Paulo, Brazil

**Introduction:** The treatment of cervical cancer results in significant adverse effects on sexual health in a number of ways, such as vaginal shortening and reduced lubrication, which can result in pain when attempting penetration sex (dyspareunia).

**Objectives:** To analyze the influence of cervical cancer diagnosis and treatment on sexual function.

**Methods and sample:** A retrospective study was carried out through the analysis of medical records of women treated at the Sexology Sector of the CRSM Pérola Byington Hospital from 2015 to 2021 due to sexual complaints after treatment for cervical cancer. All women attended are submitted to a standardized semi-structured questionnaire from the service to assess sexual complaints, populational characteristics and psychosocial history. The evaluation and application of the questionnaire are carried out by professional sexologists with experience and trained in the diagnosis of Sexual Dysfunction. The diagnosis was based on the DSM-IV-TR. The research was

authorized by the institution's ethics and research on human beings committee.

**Results:** The most prevalent complaint among patients was dyspareunia (81.5%) and the least frequent were orgasm and vaginismus (37% each). Pain was significantly associated with smoking. The complaint of excitement/lubrication did not present a statistically significant association with any of the population characteristics evaluated in patients with cervical cancer ( $p > .05$ ). Women who treated cervical cancer and complained of dyspareunia also reported significant difficulty in orgasm compared to patients without pain. Women with cervical cancer and married women complained more about anorgasmia after treatment than single women ( $p = .002$ ).

**Conclusions and recommendations** As the focus of cancer treatment is life itself, the surviving patients, in this case very young and sexually active, end up being neglected by the health systems in relation to guidelines regarding the resumption of their sexual life,

which we deem extremely necessary for their quality of life.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 5: SEXUAL MEDICINE

### Sexuality of Japanese Women During Pregnancy and Postpartum Within the COVID-19 Pandemic

Nami Tanaka<sup>a</sup> and Tomoko Saotome<sup>b</sup>

<sup>a</sup>Tsukuba Central Hospital, Ushiku, Japan; <sup>b</sup>Louis Pasteur Center for Medical Research, Kyoto, Japan

**Introduction and objectives:** Pregnancy and postpartum are important periods characterized by significant changes in women psychologically and physically, as well as their relationship with their partner. In addition, the coronavirus disease (COVID-19) pandemic, since February 2020, has forced changes in working styles, incomes, and lifestyles, which can affect couple intimacy.

**Method(s) and sample:** This was a descriptive, questionnaire-based, cross-sectional study of 245 mothers studied immediately after childbirth at two birth units and 237 mothers surveyed during 18 months-old health checkups conducted at a health institution. The questionnaire included information on the mode of delivery, infant feeding pattern, changes in sexual desire, sexual intercourse frequency during pregnancy and postpartum, contraceptive methods and the Female Sexual Function Index (FSFI) during pregnancy and postpartum.

**Results:** During pregnancy, 45.6% were sexually active and 67.8% had some pleasure. 62.4% used condoms during pregnancy due to concern about infection. More than half (53.6%) were sexually inactive during

pregnancy, and the major reasons were concern about the adverse effects on pregnancy and no libido. 25.6%, 51.1%, 55.6% and 72.4% of women had resumed sexual intercourse at 3,6,12 and 22 months postpartum.

There was no significant difference in the resumption timeline of sexual intercourse and the mode of delivery. The partial breastfeeding group were the lowest sexual activity at 6 and 12 months. The current use of contraceptives at 22 months postpartum was 29.6% among women who had resumed sexual activity, and the major method was condoms (76.6%). The sexual function, evaluated by FSFI and reported in a previous study in Japan, was lower compared to other countries.

**Conclusion and recommendations:** Health care providers need to understand the current regional state of perinatal sexuality so that they can provide appropriate information about sexual health issues for couples during the perineal period. Further comprehensive research on sexuality, including male sexuality during the perineal period is required.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Sexuality in Breast Cancer Survivors: Sexual Experiences, Emotions, and Cognition in a Group of Women Under Hormonal Therapy

Filippo Maria Nimbi<sup>a</sup>, Stefano Magno<sup>b</sup>, Laura Agostini<sup>b</sup>, Bianca De Cesaris<sup>b</sup> and Roberta Rossi<sup>c</sup>

<sup>a</sup>Department of Dynamic and Clinical Psychology, and Health Studies Sapienza University of Rome, Roma, Italy; <sup>b</sup>University Hospital Foundation A Gemelli IRCCS, Rome, Italy, ROMA, Italia; <sup>c</sup>Institute of Clinical Sexology, Rome, Italy, Roma, Italia

**Introduction and objectives:** Earlier diagnosis and improved treatments have led to better outcomes and prolonged survival in breast cancer, making the quality

of life a key issue. Sexuality represents a pillar of quality of life, although it is often neglected in cancer. The aim of the current study was to explore differences in

mental health, sexual experience and related cognitive-emotional outcomes between breast cancer survivors under hormonal treatment and a matched control group.

**Method(s) and sample:** Seventy-nine women (ranged between 24–69 years) in hormonal therapy for breast cancer and 103 women extracted from a general population database completed a self-reported protocol exploring sexual functioning (FSFI) and distress (FSDS), psychopathological symptoms (SCL-90-R), emotions (PANAS, TAS-20), and cognition over sexuality (SMQ, SBDQ, and QCSASC).

**Results:** The current study showed impaired sexuality in breast cancer patients compared to controls. Patients under hormonal treatment were characterized by diminished or absent sexual activity ( $\chi^2 = 36.16$ ;  $p < .001$ ), lower level of sexual functioning in all areas except for pain ( $F(1,180) = 8.1$ ;  $p < .01$ ), higher sexual ( $F(1,180) = 10.08$ ;  $p < .001$ ) and psychological distress

( $F(1,180) = 6.23$ ;  $p < .05$ ), higher scores in Difficulties in Identifying Feelings ( $F(1,180) = 7.31$ ;  $p < .01$ ) and Externally Oriented Thinking ( $F(1,180) = 6.64$ ;  $p < .05$ ), higher level of negative emotions related to sexuality ( $F(1,180) = 11.13$ ;  $p < .001$ ), and more rigid cognitions towards peculiar aspects of sexuality such as Failure Disengagement Thoughts ( $F(1,180) = 22.01$ ;  $p < .001$ ) and Age-related Beliefs ( $F(1,180) = 5.7$ ;  $p < .05$ ).

**Conclusion and recommendations:** Anticancer treatments often imply a tremendous toll on women, including early menopause induced by antioestrogens therapies. Healthcare providers should consider the sexual needs of their patients in their routine practice, striving to improve tailored treatments for breast cancer considering general and sexual health and being able to improve the quality of life.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Construction, Validation, and Standardization of the Sexual S-On Application

Cristian Delcea

'Iuliu Haieganu' University Of Medicine And Pharmacy, Cluj-*napoca*, Romania

**Objective:** The aim of this research was to build, validate and standardize a software tool for assessing male and female sexual dysfunctions. S-ON is an application that can be used on your computer, tablet, or mobile phone.

**Methods:** Out of all the participants ( $N = 244$ ),  $N = 122$  met the criteria for sexual dysfunction (experimental/clinical group), and  $N = 120$  had no sexual dysfunction (control/nonclinical group). Both groups were 50% men and 50% women. Patients in the clinical group had sexual disorders, such as premature ejaculation, erectile dysfunction, decreased sexual desire, orgasm problems, arousal problems, and dyspareunia. The average age for both groups was 33 years, and the average level of education was 12 grades. The participants came from different countries and were from different ethnic groups.

**Results:** The fidelity of the nine scales of the application on the Cronbach's alpha (0.970), the correlation

coefficient of the Spearman rank (0.981) and the Guttman scale (0.960) reached the maximum threshold, were significant in terms of test-retest reliability and reached an average alpha Cronbach of 0.85 for the entire questionnaire. For the test scales, results from 0.74 to 0.95 were obtained and a significant correlation was shown with other questionnaires. The Kaiser—Meyer—Olkin test result for adequate sampling of participants was 0.937. Analysis of variance indicated the following significance:  $p < .001$ . The correlation with similar questionnaires showed significant validity.

**Conclusions:** The results of this research suggest that the S-ON application can discriminate between clinical and non-clinical sexual dysfunction and can be used to test and evaluate sexual dysfunctions in women and men as well.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Diagnostic Manual of Sexology, a Logical Consequence of Medical Sexology As a New Specialty in the Medicine Field. Iv Edition

Fernando Bianco

Cippsv, Caracas, Venezuela, Bolivarian Republic of Venezuela

**Objectives:** To present a Diagnostic Manual in Sexology. IV Edition

**Background:** The study, since the seventies, of the disorders at the level of the Sex Development Process and Sexual Function Process leads to a Diagnostic Manual that become a must in the development of Medical Sexology as a new Specialty in the field of Medicine.

**Materials and methods:** The conceptualization of sexology as the branch of knowledge that studies the process of sex development and the process of sexual function allowed classifying the clinical cases of people who had been assisted by presenting some type of sexual alteration. Its application in the last 30 years, from

its first publication, using specialized questionnaires, has allowed refining the classificatory elements

**Results and conclusion:** The Diagnostic Manual contains 117 clinical syndromes to which a Code was assigned:

Nineteen codes belong to the Sex Development Process. Seventy-two codes belong to the Process of Sexual Function. Twenty-six codes belong to others Suggested Diagnoses (conditions) in Sexology

This is his IV edition. MDS IV [fjbiancoc@gmail.com](mailto:fjbiancoc@gmail.com)

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Evaluation of Sexual Dysfunction and Some Related Factors After Partial Penectomy for Penile Cancer

Quang Nguyen, Quang Bui Van, Giang Trinh Hoang and Tuan Cao Dac

Vietnam-Germany University Hospital, Ha Noi, Viet Nam

**Objectives:** To evaluate sexual dysfunction conditions and some related factors after partial penectomy for penile cancer.

**Methods and sample:** A retrospective study was carried out on 17 patients who had partial penectomy for penile cancer and were evaluated for sexual dysfunction at the Center for Andrology and Sexual Medicine (Vietnam-Germany University Hospital, Hanoi, Vietnam) from January 2016 to December 2019.

**Results:** The mean age of the patients was  $50.27 \pm 11.65$  years (range: 29–67 years). Sexual intercourse resumed in 13/17 patients, accounting for 76.5%. Older age affected the ability to have sex after surgery: 2/4 of patients who do not have sex after surgery were over 60 years old. Age-related to ED: 2 patients with ED after surgery were over 45 years old. The frequency of sexual intercourse decreased from  $7.59 \pm 2.21$  times per month preoperatively to  $3.38 \pm 2.21$  times per month postoperatively ( $p < .01$ ).

Among 13 patients, 2 patients (15.38%) experienced premature ejaculation, 1 patient (7.69%) complained

about delayed ejaculation. Eleven out of 17 patients reported a loss of libido.

Most of the patients' partners were not satisfied with their sexual relationship and their sex life, with 13 out of 17 patients (76.47%), 9 out of 13 patients' partners avoided having sex (69.23%). Quality of life (QoL): 15/17 patients had an average level, accounting for 88.24%, only 2 patients were reported with good quality of life (11.76%). Comorbidities can be one of the factors that affect the ability to get an erection, in 2 patients with ED: 1 patient has hypertension, 1 patient has diabetes.

**Conclusion:** There are many appearances of sexual dysfunction after partial penectomy in patients with penile cancer, which results in consequences to their quality of life. Some factors such as age, chronic disease may play a role in affecting sexual dysfunction in these patients.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Sexuality of Health Professionals Involved in the Treatment of COVID-19

Gustavo Maximiliano Dutra Da Silva, Nelson Gonçalves, Vânia Bressani, Larissa Fazzi, Ana Paula Lopes Lima, Cynthia Ventura Sanga, Quetie Mariano Monteiro and Nelson Gonçalves

CRSM Hospital Pérola Byington, São Paulo, Brazil

**Introduction:** Health professionals are the main workers involved in welcoming and caring for people to fight the pandemic, with physical and mental exhaustion and consequent sexual dysfunctions.

**Objective:** Conduct a literature review relating the keywords health professionals, sexuality and COVID-19.

**Results:** According to Culha et al, 2020, in a survey conducted online analyzing 185 health professionals to assess sexual functions through the IIFE and FSFI questionnaires, anxiety and depression, demonstrated that sexual desire, the number of sexual intercourse/weekly masturbation, the time of foreplay, time of intercourse decreased compared to the time Pre-COVID-19. In addition, participants prefer less foreplay, less oral and anal sex during the pandemic, and more non-face-to-face intercourse positions. Sexual dysfunction was significantly more common in men and alcohol users. De Rose et al, 2021, conducted a voluntary anonymous online survey among healthcare professionals using the IIEF and FSFI questionnaires and sharing the survey link with their relatives and

friends. Health professionals had a higher proportion of low sexual desire. Low sexual desire was associated with being female, being a health professional, having children at home, living with a partner and having low sexual satisfaction. Bulut et al, 2021 analyzed how Erectile Dysfunction is seen among health professionals during the pandemic. The IES-R and IIEF 5 questionnaires were applied to 159 male health professionals working in COVID-19 units and a control group of 200 people. Erectile Dysfunction was observed at higher rates in professionals working in the field of patients diagnosed with COVID-19. The median IIEF-5 scores of nurses, married individuals and those working in the area of patients diagnosed with the disease were considered higher.

**Conclusion and recommendations:** Health professionals need to note the importance of the healthy exercise of sexuality in times of stress for quality of life.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Impact of Intravesical Bcg Immunotherapy on the Sexuality of Men With Bladder Cancer

Ons Kaabia<sup>a,b</sup>, Khaled Ben Ahmed<sup>a,b</sup>, Kamel Ktari<sup>a,b</sup>, Yousri El Kissi<sup>a,b</sup> and Hamadi Saada<sup>c</sup>

<sup>a</sup>Tunisian Society of Clinical Sexology, Sousse, Tunisia; <sup>b</sup>Université de Sousse, Faculté de Médecine de Sousse, Hopital Farhat Hached, LR12ES03; <sup>c</sup>department of urology, Fattouma Bourguiba university Hospital, Monastir, Tunisia

**Introduction and objectives:** Bladder cancer is relatively common among men and the majority of the tumors (70–80%) do not infiltrate the muscularis (NMIBC). The standard treatment is intravesical BCG immunotherapy. For men, sexual dysfunction, specifically erectile dysfunction is an important issue that alters their image, mental health, and quality of life. However, there are very few studies on the impact of non-surgical therapy in early-stage bladder cancer on male patients' sexual function. Therefore the aim of this study is to evaluate the sexual function in patients

during intravesical BCG therapy after mini-invasive surgery for NMIBC.

**Method(s) and sample:** This is a cross-sectional study including thirty male patients receiving intravesical instillation of BCG immunotherapy for NMIBC after mini-invasive surgery. The Arabic translated version of the International Index of Erectile Function IIEF 15 measured male sexual function.

**Results:** With regard to sexual function before the disease, an erectile disorder was noted in 10 patients

(33.3% of patients) and premature ejaculation in one patient. After the endoscopic tumor resection, the prevalence of sexual dysfunction was 43.3%. After the BCG immunotherapy, 87% of the patients reported Desire dysfunction, 77% erectile dysfunction and 97% reported non-satisfactory sexual intercourses.

**Conclusion and recommendations:** Our results show a marked increase in male sexual dysfunction

during BCG immunotherapy after endoscopic resection of NMIBC. Sexual intercourse dissatisfaction and a decrease in desire were the main sexual dysfunctions found. We recommend informing patients of these possible effects prior to therapy.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## How to Implement a Clinical Sexology Consultation Protocol?—A Portuguese Tertiary Hospital Example

Joao Paulo Rema, Tiago Queirós, Rodrigo Santos, Carla Ferreira, Diana Ribeiro, Ana Rebelo, Patrícia Frade and Marta Croca

Centro Hospitalar Lisboa Norte/Faculdade De Medicina Da Universidade De Lisboa, Lisbon, Portugal

**Intro:** Clinical sexology teams and consultations in Portugal are not widespread throughout the country. With only 14 public consultations available at state facilities, several parts of the country currently have limited access to sexual medicine care.

**Project:** Bearing in mind this reality, the authors present an example of a Clinical Sexology Consultation Protocol from a tertiary hospital in Lisbon, in a step by step overview. The referral is not limited by the area of residence and settles a collaboration between several departments of the hospital. Difficulties regarding the implementation and current following of the protocol are also discussed.

**Outcomes:** The sexology team from the Psychiatry and Mental Health Department is composed of three attending psychiatrists, three resident psychiatrists, one psychotherapist (psychologist) and one neuropsychologist. The protocol comprises the liaison with several departments from the hospital (Endocrinology; Pediatrics; Child and Adolescent psychiatry; Gynecology; Fertility; Urology; Plastic Surgery; Ear, Nose and Throat Surgery, Infectology and Genetics)

and other sexology teams in Lisbon as well as collaboration with LGBTQ NGOs. Three main diagnostic pathways are highlighted: disturbances of sexual preference (e.g.: paraphilia), disturbances related to gender identity (e.g., gender incongruence) and sexual dysfunctions. Specific therapeutic groups for transgender patients and their families were developed

**Discussion and Recommendations:** A multifold approach is precious in a sexual medicine setting. Analyzing already settled protocols from different facilities plays an important role in developing a tailored protocol. Referral to this consultation must be made present to other clinicians. Clarifying a sexology consultation protocol is aimed at encouraging other teams/facilities to start their consultation as well. Training for sexual medicine should be provided to a wide variety of healthcare professionals when addressing this population of patients.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Geosocial Networking Apps Impact on the Sexual and Mental Health of Men Who Have Sex With Men

Joao Paulo Rema<sup>a,b</sup>, Tiago Queirós<sup>a</sup> and Tânia Cavaco<sup>a</sup>

<sup>a</sup>Centro Hospitalar Lisboa Norte, Lisbon, Portugal; <sup>b</sup>Faculty of Medicine, University of Lisbon, Lisbon, Portugal

**Intro:** Geosocial networking apps (GNAs) provide a platform where men who have sex with men (MSM) can socialize and seek sexual partners. As the number of users continuously grows, the impact of these apps on mental and sexual health becomes a point of interest.

**Methods:** A comprehensive narrative review was conducted on the databases ResearchGate, PubMed, ScienceDirect, and GoogleScholar using the key works “MSM,” “men who have sex with men” “gay men,” “geosocial networking apps” “sexual health” and “mental health.”

**Findings:** Main research findings are related to HIV and STI prevention, PrEP use, and risky sexual behavior. MSM users of GNAs were more likely to have risky sexual behavior and to use recreational drugs and are at greater risk for STIs, including HIV. However, recent findings highlight the interplay between NGA and mental health topics such as weight stigma, sexual objectification, and social comparison.

Another recent study revealed that attachment anxiety was associated with maladaptive motivations for

using GNAs, which were associated with a greater risk for depression and problematic use of these apps. An association between GNAs use and compulsive sexual behavior disorder has recently been established. MSM using the most downloaded GNA of MSM also presented high percentages of regret (77%) after using the app.

**Discussion and Recommendations:** The impact of the NGAs is fastly becoming a pressing matter for MSM in the current digital era. NGAs present a remarkable opportunity for HIV and STI prevention as well as for mental and other sexual health interventions. Further studies are needed to assess changes in sexual behavior and associations with distress or psychopathology in NGAs users. Comprehensive sexual medicine consultations should address NGAs use with patients.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Chemsex And the Barriers to Care

Aoife Drury

Drury Therapy

Chemsex is a topic that is growing exponentially in the sexual health discourse. To date the research has been primarily carried out by public health services, resulting in the dominant narrative of chemsex being one of danger, promiscuity and problematization.

In this presentation, the research is drawn upon to demonstrate how this can cause issues in supporting clients ethically. The definition of chemsex is explored and the different factors as to why it may be on the rise. It touches on how the motivations to engage with sexualised drug use are broad and multifaceted, and how to be aware of the importance of these variations.

It discusses the challenges with the polarisation and pathologizing of labelling and how a more balanced approach is needed. It draws on the various treatment methods and raises how we need to open up to various modalities, but equally be aware of the person-centred approach for those seeking support.

It reflects on how most academic work has addressed the phenomenon from an epidemiological perspective and negates the phenomenological aspects, and how this knowledge gap can further cause harm in supporting clients holistically. It considers how perception, bias and assumptions can influence treatment.

It looks at the various ways by which we can shift these narratives and encourage listeners to do the same, both on an organisational level but equally on a personal one too.

Ultimately, this presentation outlines how we need to move away from the hegemonic understandings of

sexualized drug use to a more balanced approach. Allowing us to be better informed and equipped clinicians for our clients.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 6: PUBLIC HEALTH AND PUBLIC POLICIES

### Prep en Chile: Percepciones, Experiencias y Recomendaciones de Usuarios de Prep en El Sistema Público

Jaime Romani<sup>a</sup>, Stephanie Otth<sup>b</sup>, Rocío Saavedra<sup>b</sup> and Diego Flores<sup>b</sup>

<sup>a</sup>Fundación Chile Positivo, Santiago, Chile; <sup>b</sup>Corporación Miles, Santiago, Chile

La PrEP es una medida de prevención de la infección del VIH que fue introducida en Chile el año 2019. En ese entonces, el Ministerio de Salud de Chile fijó una meta de 5.000 usuarios/as inscritos/as en el programa. No obstante, a abril del 2020, sólo habían 342 usuarios/as inscritos/as.

El objetivo de este estudio cualitativo y exploratorio fue conocer la percepción y experiencia de los usuarios que participan en el programa PrEP distribuido en los centros de infectología y UNACESS en Chile. Se realizaron entrevistas en profundidad a 6 usuarios de PrEP que fueron seleccionados mediante un muestreo intencional mediante llamados por redes sociales. A sí mismo, se entrevistó a Antón Castellanos Usigli, salubrista y ex director de la unidad de prevención del VIH y otras ITS del Wyckoff Heights Medical Center en Nueva York. Se llevó a cabo un análisis basado en la Teoría Fundamentada mediante el software Atlas.ti.

Resultados: Los usuarios de PrEP conciben la medida como una forma de autocuidado y una manera de

aliviar la ansiedad y angustia de exponerse a la infección del VIH. Sin embargo, los usuarios se enfrentan a diversas barreras y dificultades para acceder y tomar la PrEP de forma continua. El programa tiene grandes problemas de difusión y los profesionales de salud de los servicios no cuentan con toda la información sobre la PrEP y tienen dificultades comunicando la información sobre los efectos adversos.

Asimismo, el programa se percibe como muy rígido y burocrático y los usuarios perciben mucho estigma (desde la comunidad y profesionales de salud) que deviene en situaciones de discriminación sobre ellos. Se recomienda entender la PrEP como un derecho sexual de las personas, mejorar la difusión para reducir el estigma y discriminación sobre usuarios de PrEP y capacitar continuamente al equipo de salud.

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

### Accessing Sexual Health Services Within Perth, Western Australia: The Lived Experience of Female International Students From East and Southeast Asia

Hiromi Takahashi and Jacqui Hendriks

Diversity Focus, Perth, Australia

**Introduction and objectives:** Previous studies highlight increasing sexually transmitted infections, blood-borne viruses, and unplanned pregnancies

amongst international students (IS) in Australia, and correspond with lower usage of local health services. This study sought to understand the factors that

enabled or prevented female East Asian and Southeast Asian IS from accessing sexual health services in Perth, Western Australia.

**Method(s) and sample:** A qualitative research method was employed, informed by principles of phenomenology. Data were collected by semi-structured in-depth interviews with cisgender females aged 19–35 years. All were IS, originally from an East Asian or Southeast Asian country, and currently residing in Perth, Western Australia. Thematic analysis was used to uncover recurrent themes.

**Findings and discussion:** Fourteen participants voluntarily consented to be interviewed. Not all were currently sexually active. Overall, the experience of sexual health services varied, and several intrapersonal and structural barriers were identified. Intrapersonal barriers included attitudes, beliefs, the conceptualisation of health service access, and language difficulties. When participants acknowledged various sexual health

issues, they were able to seek further help. However, most participants revealed limited understanding of various emotional, psychological, and social issues related to their sexual health. This impacted their ability to navigate help-seeking pathways. Structural barriers included quality of care, difficulty in navigating the Australian health system, and transparency of the Overseas Student Health Care process.

**Recommendations:** This study highlights the necessity of IS-friendly sexual health information platforms and quality post-arrival education. IS voices highlighted room for improved sexual health support in health care settings and via tertiary institutions. Regardless of their sexual status, participants want to receive quality sexual health information and health care and be fully informed about their sexual rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Pleasure Propaganda: Introducing the Pleasure Project “Pleasure Fellow Scheme”

Jessica Mccrone

The Pleasure Project, Bath, United Kingdom

Despite recognition that pleasure is a key motivator and element of sexual relations and sexual behaviour (Arrington-Sanders et al., 2015), it is a subject rarely, if ever, discussed with sexual and reproductive health and rights (SRHR) professional groups or sexuality education. The dominant narrative is sex-negative and fear-based, and the key reasons people have sex: pleasure, love, and desire are still largely ignored. Since 2004, The Pleasure Project (TPP) has sought to tackle this aversion to the discussion of pleasure, advocating for a pleasure-based approach to sexuality education. However, TPP believes we need more people within the SRHR world advocating for pleasure in a variety of settings: within their organisations, at conferences, within CSE (amongst others).

To bring this elephant into the room, TPP has launched “The Pleasure Fellow Scheme” in partnership with DKT International. We have recruited 12 pleasure fellows from a variety of roles, jobs, backgrounds, and geographies who will attend eight training sessions. Providing knowledge on the TPP’s mission, best practices, and how to navigate numerous advocacy

scenarios. Ending with 12 confident pleasure propagandists, promoting the “pleasure question” as expert system “disruptors.” Providing insight and lessons for the sexual health community on how to integrate a pleasure inclusive approach.

On completion of training, the fellows will be given the opportunity to apply for a small amount of funding which they can use for a range of activities from launching their own sex-positive blog to introducing a pleasure-based approach to their own organisation.

This scheme will contribute to amplifying the mission of spreading the need for pleasure inclusion in SRHR work, education and promotion. Post-scheme write-ups will highlight success and insight into the impact of pleasure inclusion on various backgrounds. Ultimately, creating more pleasure voices and creating excitement around the pleasure approach that challenges the medical orthodoxy.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Advancing Screening for Oropharyngeal Cancer in Gay and Bisexual Men

Sarah L. Bennis<sup>a</sup>, Michael Ross<sup>c</sup>, Mx. I. Niles Zoschke<sup>b</sup>, J. Michael Wilkerson<sup>b</sup> and Simon Rosser<sup>a</sup>

<sup>a</sup>University of Minnesota School of Public Health, Minneapolis, USA; <sup>b</sup>University of Texas Health Science Center at Houston, Houston, USA; <sup>c</sup>University of Minnesota School of Medicine, Minneapolis, USA

**Introduction and objectives:** Human papillomavirus (HPV)-associated oropharyngeal cancer has significantly increased in men over the past decade, but it is an under-researched area. Gay and bisexual men (GBM) are at disproportionate risk, given multiple oral sex partners, heavy nicotine and alcohol use, and lower HPV vaccination rates compared to the general population. To identify providers best positioned to address this growing epidemic, we interviewed healthcare practitioners to document current screening practices, challenges, and recommendations for oropharyngeal cancer screening and preventative education.

**Methods and sample:** In Minneapolis-St. Paul, we conducted a tailored search to identify healthcare providers with a significant proportion of GBM patients. Using a stratified sampling design, 16 physicians, physician assistants, nurses, dentists, and dental hygienists participated in individual qualitative interviews via Zoom. Thematic analysis of the interviews was completed using Atlas.ti.

**Findings and discussion:** Four important themes emerged from the interviews. First, most healthcare providers interviewed stated that they do not tailor their patient care, including cancer screenings, for

GBM. The exception to this was providers within HIV clinics serving mostly sexual and gender minority patients who were asking about sexual orientation and tailored care were routine.

Second, among all healthcare providers, there was a consistent conflation of oral cancer screening and oropharyngeal cancer screening.

Third, dental professionals appeared best-positioned to screen for HPV-associated cancers of the mouth and throat, given the frequency of oral inspections.

Fourth, despite awareness of the association between sexual partner number and HPV-associated oropharyngeal cancer, dental professionals expressed reservations about discussing sexual behavior-related risk factors with patients.

**Recommendations:** Dental professionals could play a critical role in the prevention of HPV-associated cancers of the mouth and throat. However, they likely will need additional training to adequately assess sexual risk factors, to provide patient education regarding risk behavior, and to recommend HPV vaccinations (as per national guidelines).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Report About the Creation of the National (Brazilian) Coordination of Protection and Care of LGBTI + Children, Teenagers and Families

Fernanda Bonato<sup>a</sup>, Thamirys Nunes<sup>b</sup> and Thaís Ferreira Assis Assunção<sup>b</sup>

<sup>a</sup>UFPR, Curitiba, Brazil; <sup>b</sup>Coordenação de Proteção e Acolhimento a Crianças, Adolescentes e Famílias LGBTI+, Curitiba, Brazil

**Introduction and rationale:** The unprecedented work led by Spirizzi et al. (2021) entitled “Proportion of people identified as transgender and non-binary gender in Brazil” estimated that around 1.090.200 million Brazilians may identify as transgender and 1.880.200 of Brazilians may identify as non-binary.

However, until the year 2020, there were no non-governmental organizations to guide a specific work from/by/to children, teenagers and families that experience juvenile transgender issues.

**Action and population group concerned:** Aiming to heal this gap at a national level, started by a family that experience their daughter’s transgender condition, the Coordination of Protection and Shelter to LGBTI + Children, Teenager and Families was created. The coordination is conducted by two mothers of two transgender children and a Psychopedagogy and Human Sexuality specialist psychologist, bound to the greatest Brazilian LGBTI + non-governmental organization, the National LGBTI + Alliance.

**Outcome:** Since its creation, in August 2020, the Coordination has guided and referred 157 families experiencing juvenile transgender issues from children and teenagers between 4 and 17 years old to legal, medical and psychological assistance, offering a support network between families.

Furthermore, it has been producing educational and health-focused projects, becoming a reference to families with LGBTI+ children, mostly transgender. As well as a reference to healthcare professionals, that, unfortunately, doesn't have training courses focusing on LGBTI+ people assistance.

**Discussion and recommendation:** According to data from Trans Murder Monitoring, for 12

consecutive years, Brazil heads the ranking as the most violent country to the transgender population. On the other hand, the online information about juvenile transgender in our country are minimum, initiatives like this are essential to family sheltering and creation of civil projects, social and educational, as well to mobilize the Brazilian State to produce and execute public policies aiming protection and sheltering of LGBTI+ children and teenagers.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Narrative Enquiry of Sexual Justice for Informal Settlement Communities

Ellenore Meyer, Rebaone Madzivhandila, Marion Beeforth and Mulalo Mukwevho

University of Pretoria, Pretoria, South Africa

**Introduction and rationale:** Informal settlements pose health risks particularly to vulnerable populations such as women, children and the elderly, and are likely to aggravate gender-related inequalities. Person-centric care for vulnerable groups should expand beyond free primary care services to support and enable within the community; education, nutrition and skills development that empower women to make decisions about their bodies, health and lifestyle reflecting the social development goals for equality and social justice.

**Action and population group concerned:** The University of Pretoria, Community Orientated Primary Care research unit, deployed an Informal Settlement Health program within four communities in Gauteng, South Africa to address social justice rights linked to access to care for populations in displacement. This includes an essential comprehensive maternal and child primary care program supported by local leadership, stakeholders and non-profit organisations. The holistic health posts include the development of a clinic, kitchen and training centre from converted containers. It employs community health workers from the respective communities. Regular contact with women at the clinic during growth monitoring, breastfeeding promotion, nutrition education and family

planning activities provide opportunities for empowerment, education and care.

**Outcome:** The interdisciplinary approach has improved the lives of thousands of people and has contributed to sexual health education and empowerment that is both relevant to our current context and responsive in addressing individual and collective needs.

The qualitative findings presented as a narrative series will analyse the accounts of patients within informal settlements faced with sexual justice issues pertaining to sex work, displaced people, human trafficking, adolescent sexuality, gender-based violence and contraception.

**Discussion and recommendations:** Working with vulnerable women and children within their communities enable health professionals and policymakers to see first-hand what patient's experience; informing a better understanding of how to support patients in a holistic fashion and implement interdisciplinary social justice solutions.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Trans Men Experiences in Public Healthcare in Brazil and Portugal

Fernanda Heinzmann, L. Rodrigues, Conceição Nogueira and Ianni Scarcelli

1301378894, Lisboa, Portugal

**Introduction and objectives:** Transgender men (trans men) have specific needs in healthcare when gender transitioning. Those may include gynecological care and hormonal therapy. This study aimed to investigate transgender men's experiences when gender transitioning in Brazil and Portugal and how those experiences can contribute to the proposition and reformulation of healthcare policies for trans men. The participants were selected based on indications by people from the LGBT community in both countries and contacted through social media.

**Method(s) and sample:** The gender transition processes of two Brazilian trans men and two Portuguese trans men were investigated, considering their experiences as users of the public health system in their countries. In order to thoroughly identify these experiences, interviews were conducted in Brazil, and semi-structured interviews were conducted in Portugal. Also, documents such as legislation, rulings, and health policies that mentioned or had trans people as its focus were gathered. The data collected was analyzed by document and content analysis.

**Findings and discussion:** The interviews showed similarities in the experiences of the interlocutors, such as the care they received in the public health system, pointing out the need for constant training of the people who work in it. And they also revealed the difficulty of the interlocutors in having their own identification respected and legitimized. The interlocutors' trajectories also demonstrated the importance of effective networks for exchanging information, and better elaborating the issues they experience.

**Recommendations:** When we consider each interlocutor's nationality, we notice some differences, mainly in regard to each country's society, how it relates to the interlocutors, and how the interlocutors relate to the society itself. The experiences of trans men in Brazil and Portugal are constituted from the possibilities of what being a trans man represents in these countries.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Effect of Personal Social Support Network Characteristics on Receipt of HIV Testing and Antiretroviral Medication Adherence Behaviors

Maya Luetke<sup>a</sup>, Kate Eddens<sup>b</sup> and Molly Rosenberg<sup>b</sup>

<sup>a</sup>University of Minnesota Institute for Social Research and Data Innovation, Minneapolis, USA; <sup>b</sup>Indiana University School of Public Health, Bloomington, USA

**Background:** Social support may underpin many of the pathways to positive HIV care and treatment outcomes. Yet, existing evidence of the relationship between personal social support networks on HIV testing uptake and anti-retroviral therapy (ART) adherence is limited.

**Methods:** Using data from the Health and Aging in Africa: a Longitudinal Study of an IN-DEPTH community study ( $N = 5,059$ ), we assessed the relationship between personal social network support and (1) HIV testing and, among those living with HIV ( $N = 1,048$ ),

(2) biologically evidenced antiretroviral therapy (BE-ART) adherence. Using egocentric network analysis methods, we created several social support network measures, including (1) network size, (2) connectedness, and (3) constraint; (4) frequency of contact; (5) frequency of provision of multiple types of social support; and (6) presence of marital and family support. We then constructed log-binomial models to assess the relationships between these social support network characteristics and our two outcomes.

**Results:** We found that individuals with larger social support networks (i.e., more self-reported social contacts) were more than 2 times as likely to report receipt of HIV testing, and among already HIV-positive participants, tended to be more BE-ART adherent compared to those with no social support network, though the latter was not statistically significant. Compared to those with no social contact, those that had some frequency of social contact were between 2 and 3 times more likely to report receipt of HIV testing. We did not observe the same significant associations between these social contact frequency measures and BE-ART adherence among those living with HIV.

**Conclusion:** We found that some degree of social network support and social contact were significantly associated with increased HIV testing engagement compared to those without such social support. These findings indicate that social support interventions may be effective in both combating stigma and improving engagement in HIV prevention behaviors.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Experiences of Parent-Child Sexuality Communication: A Qualitative Study Employing Participatory Methods Among Parents in Rural South Western Uganda

Dorcus Achen<sup>a</sup>, Viola Nyakato<sup>b</sup>, Kristien Michielsen<sup>b</sup>, Cecilia Akatukwasa Akatukwasa<sup>b</sup>, Elizabeth Kemigisha<sup>c</sup>, Wendo Mlahagwa<sup>c</sup>, Ruth Kaziga<sup>c</sup>, Gad Ruzaaza<sup>d</sup>, Godfrey Rukundo<sup>f</sup>, Stella Neema<sup>e</sup> and Gily Coene<sup>a</sup>

<sup>a</sup>Centre of Expertise on Gender, Diversity and Intersectionality, Vrije Universiteit Brussels, Brussels, Belgium; <sup>b</sup>International Center for Reproductive Health, Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium; <sup>c</sup>Faculty of Interdisciplinary Studies, Mbarara University of Science and Technology, Mbarara, Uganda; <sup>d</sup>Department of Community Health, Faculty of Medicine, Mbarara University of Science and Technology, Mbarara, Uganda; <sup>e</sup>College of Humanities, Makerere University, Kampala, Uganda; <sup>f</sup>Department of Psychiatry, Faculty of Medicine, Mbarara University of Science and Technology, Mbarara, Uganda

**Introduction:** Open and positive parent-child sexuality communication is known to reduce negative SRH outcomes for young people. However, personal and cultural barriers inhibit meaningful sexual communication between parents and their children. This paper explains the barriers and facilitators of parent-child sexuality communication in rural south western Uganda. It brings to the fore challenges parents face in their attempts to execute sexuality communication. It also points to the individual, family and community facilitators of parent-child sexuality communication. The paper provides cross-sectional perspectives and experiences on sexuality communication generated from interactive data collection gathering sessions with parents themselves and community leaders.

**Aim:** the main aim of this study was to critically examine the experiences of parents using gender and intersectional approach. **Methods:** The study adopted a community-based participatory approach using community stakeholder engagement meetings, interactive

in-depth interviews and focus group discussions with parents. Analysis was done using NVIVO.

**Results:** the facilitators of parent-child sexuality communication included sexuality communication through community structures like church and school and the impact of HIV/AIDS on sexuality communication and the barriers to communication include the dilution of culture, poverty, lack of knowledge, and gender inequality. **Discussion:** In the discussion, the paper interrogates the gender and intersectional issues impacting parent-child sexuality as well as the pros and cons of employing a community-based participatory approach. **Conclusion:** Parent-child sexuality communication is limited by deeply rooted cultural and gender barriers making it difficult for parents to have open and positive sexuality communication with their children.

**Recommendation:** There is a need for community-based interventions that actively involve communities from the beginning to the end so as to improve

parent-child sexuality communication because of the deeply rooted cultural and gender contexts embedded in rural south western Uganda.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 7: EDUCATION

### Tashra's Core Competencies: The Development and Introduction of Clinical Competencies for the Treatment of the Kink Populations

Stephen Ratcliff and Zita Nickeson

TASHRA, Albuquerque, USA

Kink practitioners face mainstream stigma (Newmahr, 2010; Silva, 2015) and pathologizing (Moser, 2016, 2018; Weinberg, 2006) and stigma from health providers (Hoff & Sprott, 2009; Kolmes, Stock, & Moser, 2006; Kolmes & Witherspoon, 2012). These experiences of discrimination contribute to health disparities and poor clinical outcomes for kinksters (Sprott & Randall, 2017; Sprott et al., 2017; Waldura et al., 2016).

Because cultural competence guidelines help clinicians prevent this discrimination (Beach et al., 2005; Butler et al., 2016), The Alternative Sexualities Health Research Alliance (TASHRA) created cultural competence guidelines for clinicians serving kink populations. This presentation will briefly present these guidelines and their foundations, including preliminary findings from the ongoing 2021 International Kink Health Survey (IKHS). To our knowledge, these are the first cultural competence guidelines developed specifically for working with kink populations that are grounded in both extensive clinical experience and research.

These guidelines are built from five primary data sets. First, the Kink Health Project was a qualitative study conducted in 2015 ( $n = 115$ ) that identified injuries and health concerns of kink individuals (Waldura et al., 2016). Second, the 2016 Kink Health Survey studied kink-involved US adults ( $n = 1,118$ ) and found that past negative experiences with providers increased the odds 4x of delaying or avoiding health interventions (Sprott & Randall, 2017; Sprott et al., 2021). Third, the 2019 Clinical Practice Guidelines (Moser et al., 2019) was developed based upon community and professional feedback and illuminates initial best practices in working with kink populations. Fourth, the preliminary results from the ongoing 2021 IKHS continue to be utilized in refining these cultural competency standards. This mixed-methods survey studies an international audience of 2,000+ participants on a wide array of topics in kink healthcare. Finally, these guidelines emerged from decades of direct clinical work with kink populations.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Discursive Constructions of Gender and Sexuality in the Materials of the "Auntie Stella" Sexuality Education Intervention

Chantelle Malan and Mary Van Der Riet

University of Kwazulu-natal, Johannesburg, South Africa

One of the major challenges for sexuality education in South Africa has been the way in which interventions have largely reproduced, rather than challenged

existing gender roles and hierarchies in society. The "Auntie Stella: Teenagers talk about sex, life and relationships" intervention, developed by the Training



and Research Support Center (TARSC) in Zimbabwe has experienced success in encouraging adolescent participation and engagement with their sexual and reproductive health. The materials of the intervention comprise forty-two question and answer cards in agony aunt format. However, to date, no research has undertaken a discursive analysis of the ways in which gender and sexuality are constructed in the materials. Given its widespread use across southern Africa, this study set out to explore the constructions of gender and sexuality within the materials.

Using Foucauldian discourse analysis, the research identified that the materials were largely constructed within a context of risk and responsibility which served to regulate adolescent sexuality in powerful ways. Additionally, dominant discourses of gender and sexuality were prevalent throughout the materials. For instance, biological essentialism, gender difference and heteronormativity were produced as natural and normal.

Despite overwhelming constructions of victimhood and vulnerability, young women were contradictorily expected to be responsible for regulating men's desire.

This uneven burden experienced by women in the materials represents a central conflict in the ways in which women's agency was constructed and negotiated. On the whole, the materials largely reproduced gender inequalities and offered limited discursive resources for adolescents to fashion their sexual subjectivities in complex and creative ways. Recommendations include the need to encourage more adolescent engagement, to create more positive constructions of sexuality, to create more room for sexual and gender diversity, and to expand the focus on condom use, abstinence and delaying sexual debut.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Learner Experiences of Teacher Gender: Associations Among Gender and Comfort in the Sexuality Education Classroom

Rachael Gibson

NYCSA Consulting, Surfside, USA

**Introduction and objectives:** If sexuality education is a place where learners are able to build their knowledge, attitudes, and skills for promoting sexual health behaviors, teachers must be trained to meet the perceptions of learners and modify pedagogy to create an inclusive, affirming, and socially just learning experience. The study aimed to answer the overarching question: How is teachers' perceived gender associated with learner attitudes about their sexuality education experiences? The purpose of this study was to examine the dynamics of demographics, specific to gender and gender norms, and how they may be associated with learner attitudes within the sexuality education classroom.

**Methods and sample:** In a convenience sample of 88 young adults, a series of ANCOVAs were used to analyze survey data that examined relationships among gender and gender attitudes in sexuality education. The results indicate that, although gender alone is not a significant factor in student and teacher comfort in sexuality education classes, students who hold traditional

gender norms perceive women teachers as having higher comfort in teaching sexuality education. In addition, people of color identify higher levels of comfort for themselves and their teachers in their sexuality education courses.

**Conclusion and recommendations:** An intersectional teacher training approach that addresses both gender and race in its pedagogical strategy building will be most effective for increasing students' experiences and attitudes in sexuality education classes. Widespread sexuality education teacher training that is grounded in both the affective domain, culturally responsive and sustaining principles, and evaluating gender-role attitudes must be coupled with standards-based professional development in addition to policy and legislative change.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “Consent? Yeah, We Learnt About Rape” Does School-Based Sexuality Education Prepare South African Youth for Informed Sexuality Decisions?

Casey Blake

Southern African Sexual Health Association, Johannesburg, South Africa

In South Africa, Sexuality Education has been incorporated into the Life Orientation (LO) curriculum, a compulsory subject required to graduate from High School. However, taboos against speaking openly about sex and sexuality have resulted in each school determining what content will be taught in this subject.

This research sought to explore what messages youth received in their school-based sexuality education and how this impacted their ability to make informed decisions as sexual agents. Qualitative data was collected through five focus group discussions with 18 South African university students who matriculated the previous year. Transcripts were analysed using thematic analysis in the framework of Social Representations Theory. Analysis of messages revealed eight themes: Sex (i) belongs within a heterosexual marriage (ii), has consequences for value, (iii) is

the penetration of a penis into a vagina, (iv) is a taboo topic, (v) is unsafe, (vi) is dangerous, (vii) is gendered, and (viii) consent is about rape.

The current taboo around open sexual discussion in Sexuality Education prevents the accurate transfer of sexual health information vital to combating HIV and other STI infections, and unsupportable pregnancy amongst South African youth. Further, the sexuality education received by these participants perpetuates harmful gender stereotypes which inform gender inequality and violence more broadly. The implementation of Sexuality Education requires re-evaluation and adjustment at a national level, as it currently fails to empower youth as informed sexual agents.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Implementing Sex Education: Discrepancies Between Intention and Practice. The Case of Burundi

Judith Westeneng

Rutgers, Utrecht, The Netherlands

**Introduction and objectives:** To empower young people, the Burundian government validated a manual for sex education in schools. This study’s objective was to generate in-depth knowledge on the quality of delivery and to translate these findings into strategies strengthening current interventions.

**Methods and sample:** In 15 intervention schools across three provinces, Focus Group Discussions were held with pupils (104 pupils in total), interviews conducted with teachers, school principals and peer educators. Moreover, in five schools one session was observed, in 6 schools a self-evaluation form was completed by teachers and in five schools an assessment form was completed by pupils.

**Findings and discussion:** The sex education sessions were organized as a voluntary school club activity after hours. In terms of the adherence to lesson

dose (number of pupils participating and session duration) and adherence to lesson content (e.g., the number of sessions and exercises per session completed), we found strong variation between schools. Several (practical) factors have been found to be of influence. Teachers were also found to struggle with applying essential participatory approaches and skills and talking about sexuality. Teachers considered their training good, but insufficient; they lacked coaching and follow-up visits by their master trainers. As a result, whereas the manual was intended as being as comprehensive as possible, participatory and using positive communication, most teaching was characterized as fear-based and abstinence-only.

**Recommendations:** It is important to invest in the coaching and follow-up of educators. Moreover, in training, more attention should be focused on positive

communication. By organizing visits to a health centre, health staff could support educators to answer the more medically oriented questions, while simultaneously lowering the barrier for young people to visit a health centre for SRH services. The Burundian

government should further integrate the topic in the teacher colleges and consider time-tabling the subject.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Review of the Role of Holistic Medicine in Sexual Health

Daniela Steyn<sup>a,b,c,d</sup>

<sup>a</sup>McMaster University, Hamilton, Canada; <sup>b</sup>Oakville Trafalgar Memorial Hospital, Oakville, Canada; <sup>c</sup>College of Family Physicians of Canada, Oakville, Canada; <sup>d</sup>Wellness MD, Oakville, Canada

Sexual health and vitality go hand in hand. Acute illness, chronic medical conditions, mental health, and poor nutrition can cause decreased libido and decreased sexual satisfaction. When a patient presents with sexual health-related concerns, the Healthcare provider must address the whole person. Addressing general wellness focusing on physical wellbeing, nutrition, exercise, and herbal therapy may play a role in sexual health. We should not rely solely on a single area of focus. Health care providers should consider medical illness and lifestyle before prescribing pharmaceuticals.

The most common sexual questions and concerns from patients presented to Primary Care providers consist of two broad categories. Firstly, concerns regarding sexual drive, desire, libido, ability, and satisfaction. Secondly, fertility concerns.

Infection alters the microflora and pH of the vagina. Addressing this will guide treatment options. Atrophic vaginitis is a typical post-menopausal concern for which there are natural remedies to alleviate the symptoms. Erectile dysfunction incidence increased along with the increase in cardiovascular and metabolic chronic diseases. Addressing vascular insufficiency,

substance use and addressing hormonal imbalances all play a role in alleviating this condition.

In addressing fertility, we address both partners: Obesity is a significant cause of decreased sperm count, hormonal imbalance, and erectile dysfunction due to disrupted hormonal health. Nutrition is paramount for sperm production and reproduction. We will look at vitamins and supplements that have been shown to increase spermatogenesis and drugs that harm fertility.

Botanicals play a role in sexual desire and fertility. Commercially available FDA-approved and traditionally used botanicals such as Ginseng, Tribulus, Maca, Yohimbe, Ginkgo Biloba, Ashwagandha may improve patient outcomes. Vitamins, minerals and phytonutrients all play a role in vitality and sexual health.

This lecture aims to look at the role lifestyle, nutrition, and botanicals play in optimizing health. We recommend a whole-body approach when addressing common sexual health concerns.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Strengthening the Role of Educators in Imparting Adolescent Reproductive and Sexual Health Information

Tejwinder S. Anand, Dipa Nag Chowdhury and Rizwan Shaikh

Population Foundation of India, New Delhi, India

Population Foundation of India's work with young people in India recognises the importance of

strengthening the skills and knowledge of educators in imparting age-appropriate Adolescent Reproductive

and Sexual Health (ARSH) education to students; teachers have an influential role in their students' lives and are well-positioned to help them transition from adolescence to adulthood.

With the aim to address this need, Population Foundation launched Educately.org in August 2020—a digital resource portal for information on adolescent health and well-being. A key component of the portal is an online teacher-training programme—ARSH for You.

ARSH for You is designed to train educators to transact a curriculum on ARSH. The online curriculum comprises four modules: Gender and Identity; Growth and Change; Relationships; Conception and Contraception. Each module includes reading materials; multimedia resources; and interactive learning tools. Educately received more than 100,000 visits and 1600+ enrolments until May 2021.

In April–May 2021, Population Foundation conducted a pilot with 956 teachers covering 72 schools in partnership with the Department of Education,

Government of Bihar, India. 73% of the enrolments were in Hindi. The pilot had a completion rate of 55% with over 500 teachers successfully completing the programme within four weeks of enrolment. A vast majority of the educators have favourably reviewed ARSH for You programme. A scale-up of the pilot to other districts in Bihar and other states is being explored.

The oral presentation will explore the findings of the pilot with a focus on (1) user experiences of educators enrolled in the ARSH for You programme; (2) challenges faced in delivering an online curriculum with new users of technology; (3) solutions to mitigate the challenges with a view to scaling up the delivery; and (4) lessons for others exploring digital learning programmes in similar settings in other countries.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Gender-Expansive Sexuality Education: The Challenge of Puberty and Reproduction

Kerrin Bradfield

Open Book Project, Gold Coast, Australia

**Introduction and rationale:** Gender Expansive Sexuality Education should fully integrate diversity into lessons, moving away from the simple inclusion of “others” to a reconstruction of social norms. Perhaps the hardest lessons to implement expansiveness into are the teaching of puberty and reproduction, lessons which are deeply grounded in assumptions of heterosexuality and cisgenderism. With puberty being a significant time of challenge for many trans and gender diverse students it also represents an important discussion to provide support and mitigate harm. Rather than provide token acknowledgment of diversity, this presentation will show one approach to presenting an expansive discussion of anatomy, function, and the biopsychosocial experiences of sexual development for everyone.

**Population and settings:** Puberty and Reproduction lessons are most commonly delivered to students aged between 8 and 12 years in Australia. The presentation will provide age-appropriate examples and scripts suitable for use in Grades 3 to 7 in a school setting.

**Outcomes:** Participants will explore supportive lesson elements and strategies for gender-expansive and transgender children and young people. They will also reflect on barriers to developing and delivering gender-expansive programming in a school context.

**Discussion:** Providers of Relationships and Sexuality Education play an important role in the formation of the learner's attitudes towards diversity. The inclusion of diversity should be seen as a first step with the goal to be an expansive practice that reshapes language and norms. Educators who recognise that gender and identity are infinite spectrums of expression and personal experience and are capable of expanding these concepts for classroom Sexuality Education to be accepting of everyone will be in high demand in the future.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Acceptability, Feasibility and Effectiveness of Consent Workshops for Irish Secondary Schools

Siobhán O'higgins, Pádraig Macneela, Charlotte Mcivor, Theresa O'rourke and Maureen D'eath

Active\* Consent, NUI Galway, Galway, Ireland

**Introduction and objective:** This paper explores the impact evaluation of Active\* Consent secondary school workshop pilot with Irish adolescents, parents and teachers. It is vital to work with the whole school community to ensure support for and sustainably of the programme.

**Method and sample:** Teachers attended training, parents attended a webinar and adolescents participated in an hour and a half workshop, either virtually or face-to-face. There were 29 Active\* Consent workshops across four counties within nine secondary schools for 860 students; 717 students completed the pre and post-workshop evaluation survey. Parents of pupils in all the schools were invited to an evening webinar, which 353 attended. Of the eight schools, three were able to release 15 teachers who trained to facilitate the workshop themselves or with support from the Active\* Consent team. In the other 5 schools, the Active\* Consent team facilitated the workshops. In all instances feedback from adolescents and parents was gathered using Slido.com and from teachers in interviews or focus groups. Quantitative data were

analysed in SPSS, while content analysis and inter-rater reliability was applied to all the qualitative feedback.

**Findings and discussion:** Parents expressed being more informed and competent to talk to their children about sexual consent and sexual media. Teachers highly valued the format and the credible content of the workshops and expressed their confidence to deliver the workshop. Quantitative results demonstrated a significant increase in the adolescents' consent preparedness; and students found the content informative, relevant, and engaging and expressed how inclusive the workshop was. Overall the pilot demonstrates the acceptability, feasibility and effectiveness of the workshop.

**Recommendations:** Following the overall positive reactions from the whole school community to the pilot, the aim is to work with teachers to develop the scaffolding necessary to embed the workshop within the curriculum of Relationships and Sexuality Education programme (RSE).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sex Education Workshops for Parents, Giving Language to the Unspeakable

Casey Blake

Southern African Sexual Health Association, Johannesburg, South Africa

Parents often do not know what kinds of information about sexuality is appropriate for their children to know. Erring on the side of caution, parents often follow societal traditions of silence when it comes to topics that may be associated with sex or sexuality. In addition, parents were unlikely to have received accurate sexuality and relationship education themselves.

To bridge the gap in parents' knowledge and comfort levels for having these conversations with their children, a series of workshops have been developed, as well as an online course. Since 2014, these workshops have provided psycho-education for parents and

caregivers. The focus has been on parents having foundational conversations with their children about being a person in the world, so that eventual conversations about sex and sexuality make sense.

Following the guidelines set out by the WHO and UNESCO, these workshops enable parents to have age-appropriate conversations about bodies, boundaries, sexuality and sex with their children. The workshops unpack the different societal messages parents unknowingly perpetuate about bodily autonomy and consent, heterosexuality, gender stereotypes and love among other things. As well as providing language for

parents to start conversations that allow children to speak about their bodies as complete entities—including their genitals; puberty and social interactions where children might feel uncomfortable or unsafe.

The workshops focus on ways to start conversations with children, by inviting children's knowledge into the conversation, rather than "telling" them about the facts of life. Helping them build foundational social

skills for navigating the multiple relationships in their world, including with friends, family and community members. These skills provide children with the tools to better navigate sexual and romantic situations when they occur in their lives.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## In Brazil, Are the Psychology Professionals Prepared to Assist Trans People?

Fernanda Bonato<sup>a</sup>, Adriane Mussi<sup>a,b,c</sup>, Grazielle Tagliamento<sup>a,b,c</sup>, Thamirys Nunes<sup>a,b,c</sup> and Thaís Ferreira Assis Assunção<sup>a,b,c</sup>

<sup>a</sup>UFPR, Curitiba, Brasil; <sup>b</sup>Universidade Positivo, Curitiba, Brasil; <sup>c</sup>Coordenação de Proteção e Acolhimento a Criança, Adolescente e Família LGBTI, Curitiba, Brasil

**Introduction and objectives:** According to the regulations of the Ministry of Education, Higher Education of the National Council of Education and the Law of Guidelines and Bases for National Education, undergraduate courses in Psychology must offer students a basis of psychological knowledge that enables them to act in different contexts that demand investigation, analysis, evaluation, prevention and performance in psychological and psychosocial processes, always promoting the quality of life of those who seek the service of Psychology. However, are the psychologists equipped to assist trans people?

**Method(s) and sample:** This qualitative study aimed to investigate if the information on the topic of transsexuality was transmitted in the academic

education of Brazilian psychologists. For this, between September and October 2020, an online questionnaire was applied with 133 (one hundred and thirty-three) volunteer psychologists from the five regions of the country. Results: The study results demonstrated that not enough information is addressed on the topic of transsexuality in Psychology courses.

**Recommendations:** Although in recent years these undergraduate courses have provided more opportunities for the transmission and acquisition of knowledge related to the themes of sexualities, genders and transsexuality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Evaluating Knowledge, Skills and Attitudes When Taking Patient Sexual Histories at a South African University

Heidi Van Deventer

Stellenbosch University, Cape Town, South Africa

**Introduction and objectives:** Sexual medicine is an important part of health and wellness. The WHO guidelines emphasize the provision of sexual health care to all. This skill is required at primary care level. Sexuality, including anatomy, physiology, psychosocial aspects and dysfunction, is hardly discussed in medical school. Stellenbosch University is developing a Positive

Sexology course to be implemented throughout the medical curriculum.

The focus of the course is to enable students to be fluent in using sexual medical language and terminology, taking a sexual history, recognizing healthy sexual function, and identifying dysfunction. Using the bio-psycho-social approach, students will be

encouraged to have an open mind and a positive attitude towards patients of sexual orientation that differs from their own.

To measure the impact of the course, the knowledge, skills, and attitudes of the students, before and after the introduction of the new course, will be evaluated by means of the validated Sexual Health for Professionals Scale (SHEPS).

**Method and sample:** All medical students will complete the SHEPS—the baseline measurement being before the first Positive Sexology lecture—and an annual questionnaire until their sixth year. This will enable the researchers to evaluate the course yearly, allowing for adjustments to the course as it progresses. The SHEPS questions are answered using a Likert-type scale.

Statistical analysis will be done by matching students and using t-tests to measure statistical significance

**Results:** The protocol was submitted to the Health Research Ethics Committee and data collection will start after approval.

**Conclusion and recommendations:** By using the SHEPS, we will measure the impact of the Positive Sexology course on the knowledge, skills and attitudes of medical students. We aim to encourage doctors to understand the importance of asking about their patient's sexual health in the primary setting—and to treat or refer appropriately.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sex Education Via Instagram During the COVID-19 Era

Katrine Rose Andryushchenko

Private Practice, Rostov-on-Don, Russian Federation

The world has changed a lot over the past year, most educational programs are online now, even our Congress is virtualized now. I have excellent experience in this area in terms of sexuality education—for the last 4 years, I have been conducting educational programs through Instagram.

About 70% of women in Russia struggle with coital anorgasmia, and the sexual education of children is essentially prohibited in Russia (it can only be carried out by the parents themselves), my programs are aimed at solving these issues).

There are three programs:

1. “Your Orgasm”—a basic 10-day program that introduces women to the psychology of sexuality, physiology of orgasm and orgasm-oriented partner sex techniques.
2. “Masturbation and sexual fantasy marathon”—17 day follow-up program to open up the world of masturbation and sexual fantasies to women.
3. Cycle of webinars for parents “Sex-positive parenting”—covering the age of children from 0 to 19.

1,115 Russian speaking women aged 20–59 from all over the world have completed these programs during the past two years.

All participants noted that it was a very rewarding experience: 92.8% of participants indicated an increase in knowledge.

87% said that now they feel confident as parents.

71.4% noted significant improvements in their sex life.

And 52% said that improvements were radical, «life-changing».

Participation in Instagram training is convenient, can be completely anonymous and possible from anywhere in the world, including regions where sexuality education is not available.

In connection with COVID-19 changes, more and more people began to perceive online education positively.

Social media has enormous reach and influence these days, making it a great modern way to address sexuality issues and spread sex education.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Instagram Training As the Method of Treatment for Coital Anorgasmia in Russia

Katrine Rose Andryushchenko

Private Practice, Rostov-on-Don, Russian Federation

Russia is a country where there is no sex education, which leads to problems in the field of sexuality, in particular, 70% of women experience coital anorgasmia.

To help women solve this problem, I am conducting a scientifically based Instagram online training “Your Orgasm” Questionnaire. Before starting the program I question each participant in order to understand exactly their situation and to adapt the training according to their request.

Training lasts 10 days and includes three live video sessions with me:

1. Psychology of female sexuality, where we work on beliefs that block sexuality, on issues of shame, normalize a woman’s right to pleasure, and determine the sexual context.
2. Physiology of orgasm, where I explain the anatomy of the genitals, introduce the participants to the clitoris, explain exercises for self-exploration, give recommendations on changing masturbation techniques.
3. Orgasm-oriented partner sex techniques, where we construct sexual scenarios of partner sex, normalize clitoral stimulation,

analyze positions in which it is more likely to have an orgasm, learn to build sexual communication with partners.

The training also includes 15 exercises that the participants perform independently and share the results of their implementation with me.

**Results:** 482 Russian speaking women aged 21–57 from all over the world have completed the training during the past 2 years.

83% were extremely satisfied and noted an improvement in their sexual life—experienced their first orgasm in life or had their first orgasm in partner sex, others significantly improved partner sex or reached multi-orgasm.

Participation in Instagram training is convenient, can be completely anonymous and possible from anywhere in the world, including regions where sexuality education is not available.

Social media has enormous reach and influence these days, making it a great modern way to address sexuality issues and spread sex education.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Pleasure Checklist: A Tool to Gauge Pleasure Positivity for Practitioners

Lindsay Van Clief<sup>a</sup>, Doortje Braeken<sup>a</sup>, Charlotte Petty<sup>b</sup> and Maeva A. Bonjour<sup>c</sup>

<sup>a</sup>Simavi, Amsterdam, The Netherlands; <sup>b</sup>RNW Media, Hilversum, The Netherlands; <sup>c</sup>Rutgers, Utrecht, The Netherlands

The Community of Practice on Sexual Pleasure from the Dutch-based Share-Net Sexual Health and Reproductive Rights (SRHR) network has developed a checklist for professionals to reflect on their own SRHR programmes, activities, or curricula. The aim is to stimulate reflection and spark discussions on how sexual pleasure and wellbeing can be (further) integrated into SRHR programmes.

The self-assessment questions of the checklist form a matrix, applying the three themes of sexual rights, gender equality, and sexual positivity to three programmatic areas: programme content, programme delivery, and programme implementation. When using the checklist, it is recommended to bring together diverse actors involved in the programme/activities, including staff, volunteers, and beneficiaries. As a



group, they can then jointly reflect on the questions and discuss why certain aspects are, or are not, sufficiently addressed within their programme and think about it and how this could be rectified.

The final goal when using the checklist is not the score itself, but the process users go through to reach a consensus on the scores within their programme or context. The most important outcome of using the checklist is the discussions that arise when going through the questions together, and the ideas that may surface to improve the integration of sexual pleasure.

The checklist is a first step in improving SRH policies and programmes by assessing how far sexual

pleasure and wellbeing are integrated and addressed, and highlighting if there are any major gaps. It allows for individuals or teams to reflect on their work and create an action plan for improvement. The checklist is an interactive online tool that generates visual results per the programmatic area of how far sexual pleasure has been integrated into the programme. An offline option is also available.

<https://share-net.nl/sexual-pleasure-checklist/>

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Big Sis South Africa: The AI-Powered Chatbot for Adolescent Girls to Learn About Sex and Relationships

Elizabeth Ascroft

Girl Effect, London, United Kingdom

Globally, girls face barriers to accessing youth-friendly spaces for trusted, non-judgemental advice about sex and relationships. In 2018 Girl Effect created Big Sis in South Africa, an AI-powered chatbot answering girls' questions instantly and privately. Big Sis meets girls where they are—online and on social media—WhatsApp, Messenger and Telegram. By using mobile technology, we're facilitating new platforms for girls to enquire, learn and take charge of their sexual health. In this session, Girl Effect will talk about how we created Big Sis and the unique value of the chatbot model in the delivery of SRHR information.

We've shaped the Big Sis platform with girls in South Africa and evolved our content based on their curiosities about sex and relationships. In 2 years girls sent 1.2 million messages to our chatbots asking questions like: "Big Sis, how do you know it's the right time to have sex?" or "Big Sis, is HIV easily transferred?" or "Big Sis, can I become pregnant if I have

sex during my period?" Our innovative use of digital tech is helping provide a forum for girls to get answers to the questions they feel they can't ask anyone else.

As a result, we know that girls who engage with Big Sis know more about modern contraceptives and express intention to use them when enjoying sex. Furthermore, after chatting to Big Sis, 76% of users intend to access a health service before engaging in a new physical sexual relationship which is 12% higher than before using the chatbot.

Talking directly to girls through their mobiles puts us in a unique space to support their engagement with SRHR education. Based on our successes in South Africa, we recommend the upscaling of digital AI products such as chatbots in youth-facing CSE programme delivery.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Using Tech to Make Evaluation of Sexual Reproductive Health Programmes More Engaging and Exciting for Respondents

Alice Alden

Girl Effect, London, United Kingdom

To know that we are running a successful and engaging SRH product we need to research and evaluate its performance with our target audience. However, evaluation can be dry, boring and at worst extractive for respondents; by using tech to make evaluation methods more engaging and exciting for respondents we have been able to get fantastic results and recommendations for our digital SRH products. In this talk we will run through some engaging research methods we have developed for Big Sis; Girl Effect's SRH chatbot served in South Africa to create a safe space for girls to enquire, learn and take charge of their sexual health.

In order to evaluate any shifts in knowledge and attitudes from BigSis content, we use an innovative quiz built into the chatbot experience, delivered before and after content exposure. Comparing these results allows us to measure change. Our quizzes have received over 17,000 responses and numbers are growing!

In order to cross-compare our evaluation results and to combine them with girls' product feedback, we use online communities. 100 13–19-year-old girls across Johannesburg and Cape Town joined our latest online community. They were initially served a pre-survey, then were given two weeks and tasks to explore the BigSis chatbot, and then were served an identical post-survey at the end of the experience.

Through these tech-enabled evaluation methods, we have been able to understand where our product is really making a difference, why and where we need to improve our efforts and identify new content areas that our girls most value. And all of this, in a way that is entertaining and enjoyable for our respondents.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Saúde Sexual E Reprodutiva Para Todos: Contributos Junto de Populações Jovens Institucionalizados

Filomena De Aguiar<sup>a</sup>, Paula Cristina de Almeida Costa<sup>a</sup>, Eunice Figueiroa<sup>b</sup>, João Brás<sup>c</sup>, Rita Silva<sup>c</sup>, Cristina Viegas<sup>c</sup>, Vera Lima<sup>c</sup>, Dina Paulino<sup>d</sup>, Marisa Carvalho<sup>d</sup>, Sónia Guerreiro<sup>d</sup>, Susana Guerra<sup>d</sup>, Teresa Palmela<sup>d</sup> and Amélia Rosa<sup>e</sup>

<sup>a</sup>Fundação Portuguesa A Comunidade Contra A Sida, Lisboa, Portugal; <sup>b</sup>Centro de Aconselhamento e Orientação de Jovens do Porto, Porto, Portugal; <sup>c</sup>Centro de Aconselhamento e Orientação de Jovens de Coimbra, Coimbra, Portugal; <sup>d</sup>Centro de Aconselhamento e Orientação de Jovens de Lisboa, Lisboa, Portugal; <sup>e</sup>Centro de Aconselhamento e Orientação de Jovens do Porto/ Centro de Aconselhamento e Orientação de Jovens de Setúbal, Setúbal, Portugal

A Saúde Sexual e Reprodutiva configura-se como um estado de bem-estar físico, emocional, social e mental em relação à sexualidade que deve ser fomentada desde idades precoces sem que se deixe ninguém para trás. Em Portugal, a sua inclusão nos Currículos Escolares, embora longe de ser ideal, acontece desde os primeiros anos de escolaridade. Contudo, nem todas as crianças e jovens se encontram em situação regular face à frequência da escola e, alguns, devido a vários fatores, são institucionalizados em Centros Educativos.

Este resumo objetiva apresentar o trabalho desenvolvido entre outubro de 2020 e junho de 2021 com jovens institucionalizados (N=68), maioritariamente rapazes (78%) com idades entre os 14 e os 18 anos de idade, em seis Centros Educativos (CE). Sob a designação de “Mais Formação Melhor Prevenção” o projeto incide nas áreas da Saúde, Sexualidade, VIH/SIDA e Prevenção de comportamentos de risco. Habitualmente é implementado por voluntários – Pares Educadores (N=8) com idades próximas e formação adequada sob a supervisão de formadores da

nossa ONG (N=10). Estruturadas de 50 a 120 minutos as sessões (entre 4 e 12) são planejadas com base nas necessidades apontadas pelos jovens e pelos responsáveis do CE, aplicando-se metodologias ativas e participativas como dinâmicas grupais.

Os beneficiários participam com interesse e entusiasmo e avaliam as sessões através de questionários (resposta aberta), salientando a mais-valia do projeto e apontando outros temas que gostariam de ver abordados. Aspectos como «poder falar à vontade sobre tudo»; «não houve nada que não gostasse porque acho estas

sessões importantes»; «Gostei bastante, foi uma iniciativa e uma oportunidade de mostrarem que se preocupam. Agradeço por isso» reforçam a importância deste projeto na vida destes jovens e a sua continuidade nestes contextos pois além dos aspetos de formação conceptual permitem melhorar relações pessoais e sociais muitas vezes negligenciadas no seu quotidiano.

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

## Prazer Em Saber: Uma Proposta de Intervenção E Educação Em Sexualidade a Partir Da Utilização Dos Aplicativos Instagram E Spotify

Fernanda Bonato

UFPR, Curitiba, Brazil

**Introdução e justificativa:** A época em que profissionais de saúde eram fonte de saber inquestionáveis ficou restrita a memórias do século passado. Com o advento da internet e maior acesso a informação, pacientes chegam a consultórios cheios de informações, questionando, muitas vezes, condutas e orientações profissionais oferecidas por aqueles(as) que estudaram com base na ciência. Constata-se que nem sempre estes questionamentos são pautados em conhecimentos científicos de qualidade, uma vez que na internet também pode-se encontrar informações ultrapassadas, errôneas, preconceituosas, marginalizantes e estigmatizantes. **Projeto/População e configuração:** Visando oferecer um espaço de compartilhamento de informações pautados na ciência da sexologia foi criado um canal de comunicação e de educação em sexualidade intitulado Prazer em Saber, acessível a todos(as/es) aqueles(as) que utilizam das plataformas Instagram e Spotify, atingindo mais de 17.000 pessoas.

**Resultados:** Ocupar espaços na Internet, principalmente utilizando de aplicativos que tem alto índice de alcance a população, possibilita o compartilhamento de informações sobre sexualidade, saúde sexual e

reprodutiva de qualidade a muitos(as/es) que sentem-se envergonhados(as/es) de fazê-lo de outra maneira, bem como assegura processos de educação em sexualidade democráticos, pulverizados e cotidianos. **Discussão e recomendação:** A sexualidade ainda é permeada por mitos e tabus. Nem todos(as/es) sentem-se seguros(as/es) para conversar sobre as curiosidades, prazeres e angústias que envolvem a sexualidade, seja com seus pares, seja com os(as/es) profissionais de saúde com quem realizam acompanhamento. A descrição e o anonimato da Internet favorecem que pessoas busquem respostas para suas queixas e curiosidade envolvendo a sexualidade, sendo fundamental que profissionais de saúde ocupem estes espaço não só para concorrer com o acesso e proliferação de informações inadequadas e/ou ultrapassadas, mas principalmente oferecer um serviço de educação em sexualidade e saúde pública, principalmente em países em que são ínfimas as políticas públicas voltadas para os direitos sexuais e reprodutivos.

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

## Irish Adolescents' Attitudes Towards Sexual Consent, Sexual Activities, and Consent Communication

Theresa O'rourke, Siobhán O'higgins, Lisa Achteresch, Lorraine Burke, Sinéad Mcgrath and Pádraig Macneela

National University Of Ireland, Galway, Ireland

**Introduction and objectives:** The Active\* Consent team uses research data to create resources that are effective, relevant and engaging. Moving from third-level students, this study aimed to understand Irish adolescents' attitudes towards sexual consent and comfort levels intimately engaging with others to form the basis of a secondary school consent intervention.

**Method(s) and sample:** The cross-sectional survey used participatory approaches to questionnaire development working with Irish secondary school students ensuring appropriate language and tone. The survey included three vignettes; young heterosexual hook up, gender nonspecific relationship and female on male non-consensual intimacy—all exposed the nuances of consent; explored personal norms and ideas on peers' attitudes on consent and; comfort levels engaging in sexual activities. Over 90% of parents gave consent, with 613 school students (15–17 years, 51.2% male) from five secondary schools across Ireland surveyed.

**Results:** Significant social norms differences between participants' views compared to ideas views of

their peers' beliefs. These differences may explain the fear and embarrassment that was identified by students as barriers to consent communication. 65% of boys stated they would not be comfortable having oral or penetrative sex with someone they just met. Boys viewed the non-consensual vignettes to be significantly more consensual than girls. Content analysis of the reasons for their vignette decisions illustrated how the boys more than girls relied on non-verbal cues of consent.

**Conclusion and recommendations:** Secondary school students exhibited similar findings to those in third-level. The survey data was translated—working with youth panels—into an 80-min workshop sharing these insights, to empower participants with new consent literacy skills. Those workshops, working with teachers and parents to scaffold their rollout to students, were piloted in Spring 2021.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Carers' Dilemma: How Carers Are Equipped to Deal With the Sexual Needs of People With Physical Disabilities

Etsuko Sakairi

The University of Auckland, Wixom, USA

How do carers respond to the sexual needs of people with physical disabilities in contemporary Japan? What kind of training is provided to carers, and in which situations do they experience a dilemma?

This presentation is from my doctoral study, in which 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: (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, or (3) via e-mail. For carers, an open-ended online questionnaire and face-to-face interviews were employed. By collecting responses from 27 people with physical disabilities and 50 usable responses from carers, differences and similarities in perspective between these two groups were highlighted. In this presentation, I focus on the experiences of carers, their training, and how

they respond to the sexual needs of people with disabilities. Some topics which emerged from my data are (1) lack of training (2) caregivers experiences of dilemmas in their practice, and (3) discrepancies in attitude toward these issues among caregivers.

My analysis finds that a lack of content regarding the sexuality of people with disabilities in the training curricula for caregivers might lead caregivers to experience difficulties in how to deal with certain situations, for example when they are asked questions on

sensitive topics by someone they provide care for. However, there is also a movement among some carers to change this situation, while others are reluctant to address it. I recommend that sexuality topics of people with disabilities need to be in the training curricula for health and social welfare professionals.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Teacher's Beliefs Towards Sexual and Gender Minority People in Australia

Hanna Saltis<sup>a,b,c</sup>, Sharyn Burns<sup>a,b,c</sup>, Jacqui Hendriks<sup>a,b,c</sup>, Matt Tilley<sup>a,b,c</sup>, Atefeh Abdolmanafi<sup>a,b,c</sup>, Catriona Davis-McCabe<sup>c</sup> and Sam Winter<sup>a,b,c</sup>

<sup>a</sup>Discipline of Health Promotion and Sexology, Curtin School of Population Health, Curtin University, Bentley, Australia; <sup>b</sup>Collaboration for Evidence, Research and Impact in Public Health, Curtin University, Bentley, Australia; <sup>c</sup>School of Population Health, Curtin University, Bentley, Australia

**Introduction and objectives:** Inclusion and connectedness to school community impact social and emotional health as well as educational outcomes. Young people who are same-sex attracted (SSA) and/or trans and gender diverse (TGD) have poorer outcomes in these areas. This paper describes Australian data from a broader study of teachers throughout the Asia-Pacific region and explores their beliefs towards, and comfort around, socialising with SSA and TGD people. School-based policy and whole-school strategies focusing on enhancing the wellbeing of these students, and views on the implementation of such inclusive policy and strategies were examined.

**Methods and sample:** This study utilised the Survey for Teaching Personnel on Inclusion and Diversity to assess teachers' beliefs, attitudes, and comfort with SSA and TGD people. Teachers from primary and secondary schools responded to the survey ( $n = 109$ ). Independent sample t-tests were utilised to compare primary and secondary schools, as well as differences between cisgender heterosexual and SSA/trans participants.

**Findings and discussion:** Overall, participants reported positive attitudes towards SSA and TGD people. They generally reported high levels of comfort in their role supporting SSA and TGD students; they were most comfortable dealing with homophobic name-calling, bullying and harassment. Secondary teachers in this study were more comfortable and confident in facilitating discussion around SSA and TGD than primary teachers. However, a small proportion of teachers in this study continue to hold negative views which are likely to impact their relationships with SSA and TGD students.

**Recommendations:** Inclusive curricula and mandatory gender-and-sexuality-focused pre-service training are required. In-service teachers need regular opportunities to engage in relevant professional development. Schools require support to develop inclusive policy and provide a safe space for SSA and TGD students, staff and family.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Correction: Bye, Bye Binaries: Education As Activism, Peer-Led Workshops, and Perspectives on Including Non-Binary and Bisexual Folks in the Workplace

Hanna Saltis<sup>a,b</sup> and Misty Farquhar<sup>a,b</sup>

<sup>a</sup>Discipline of Health Promotion and Sexology, Curtin School of Population Health, Curtin University, Bentley, Australia; <sup>b</sup>The Centre for Human Rights Education, Curtin University, Bentley, Australia

**Introduction and rationale:** Bisexual and non-binary folk comprise the largest groups of sexual and gender minorities, respectively. However, both groups experience disproportionately poorer mental health than the general population and other sexual and gender minorities. Both non-binary and bisexual-focused research is scarce, and what does exist is typically siloed in an intra-community echo chamber. This contributes to the lack of awareness and inclusion of such individuals within society, including workplaces.

**Project/Population and settings:** The Bye Bye Binaries educational project was born of necessity. As non-binary and bisexual-identifying people, the education team experienced invisibility and erasure in the workplace—even those that purport to be LGBTQIA+-inclusive. In addition, both educators conducted research into the mental health of bisexual and/or non-binary issues and noticed knowledge translation was lacking. To remedy these issues, they created a 4-h, interactive workshop, for organisations wishing to become more inclusive of non-binary and bisexual folks. The workshop is targeted towards mental health-focused organisations in Australia and was

funded by a small community grant. It is delivered both online and in person.

**Outcome:** Preliminary evaluation suggests an overall positive response to the workshop, with most participants rating themselves as gaining knowledge, skills, and confidence to facilitate inclusive spaces for non-binary and bisexual individuals. Participants stated that the most valuable parts of the workshop are the lived experiences of the facilitators and the resources they offer.

**Discussion and recommendations:** The mental health focus is beneficial for knowledge translation as it reaches audiences who may not have been receptive to what are often considered “niche” or “taboo” workplace topics. The applications of the activities in this workshop mean these benefits may extend beyond the workplace and positively impact people’s attitudes and values. More workplace learning opportunities about inclusion and further research into these areas are needed.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Clinical Simulation Applied to Sexological Training in Undergraduate Students

Mauricio López<sup>a</sup>, Giselle Riquelme<sup>b</sup> and María Francisca Villalón<sup>a</sup>

<sup>a</sup>Carrera de Obstetricia/Facultad de Medicina/Clínica Alemana-Universidad Del Desarrollo, Las Condes/Santiago, Chile; <sup>b</sup>Carrera de Obstetricia y Carrera de Enfermería/Facultad de Medicina/Clínica Alemana-Universidad del Desarrollo, Las Condes/Santiago, Chile

**Introduction:** Clinical simulation allows the development of competencies that optimize the learning environment, preparing the student to face clinical environments where user characteristics are challenging, as happens in sexological care.

Under this premise, a methodological innovation project was developed in the Reproductive Health and

Clinical Sexology subject for undergraduate Obstetrics students from a Private University of Chile, whose objective was the application of clinical simulation settings for the teaching of clinical sexology.

**Methodology:** The project contemplated the design and application of two clinical simulation settings with a simulated patient. It was applied to a total of 59

students. Two settings were implemented that addressed: (1) the elements that make up the sexual semiology and (2) the care plan for the initial approach to the person with sexual dysfunction.

To know the student's satisfaction with the methodology, a survey was constructed with questions adapted from the DASH © instrument, whose data were analyzed with descriptive statistics.

**Results:** The project allowed the achievement of clinical simulation settings in clinical sexology, in accordance with the standards established by the University. Regarding student satisfaction, in the evaluated elements, the score 7 (DASCH ©) was obtained as mode, corresponding to extremely effective or

excellent; For their part, most of the students fully agreed that this methodology contributes to their learning.

**Discussion/Conclusions:** The use of clinical simulation made it possible to improve the understanding of the contents addressed. The results obtained agree with other studies that confirm that this methodology is a tool that improves the learning environment, especially for challenging content such as the teaching of clinical sexology, since it allows the training of competencies in a safe environment for the student.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Global Power Relations Shaping Sexuality Education Theory Production

Sinai Harel, Beverley Yamamoto and Rie Ogasawara

Osaka University, Suita, Japan

Sexuality Education (SE) is increasingly recognized not merely as a means to reduce related risks but to promote young people's sexual agency and health. International organizations and academics alike advocate particularly for rights-based comprehensive approaches to SE. While studies of program implementation abound, few interrogate SE's underlying assumptions. In this study, we aim to clarify the underlying power relations between the global North and the global South in SE theory production and consider possible implications for future research and program development.

We analyzed 70 theoretical and conceptual academic papers published between 1988 and 2020. To clarify the global context of theory production we synthesized authors' affiliations, publication context, primary data sources, and references, which enabled us to locate each case on a North to South continuum. Results were considered in relation to other relevant factors of knowledge production such as methods, reporting practices and critical perspective.

Our analysis makes visible the dominance of Northern contexts and perspectives in SE theory.

However, a gradual trend shows limited but growing inclusion of Southern contexts. We find a concerning lack of transparency and rigor in Northern theories, while research in the South tends to rely on qualitative empirical research. Notably, our analysis indicates that criticism of Northern dominance is not produced in the South, but in a middle space where North and South intermingle.

In the field of SE, the global South remains a context of implementation, but not a source of theoretical knowledge and ideas. This observation is not merely theoretical but has real-life implications on the inclusivity of program development and the nature of international collaborations that are essential in this field. Ultimately this affects young people's sexual health. We need to actively pursue a collaborative middle space that will allow both Southern and Northern knowledge to shape our policies.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Breaking the Silence Through Comprehensive Sexuality Education With Learners With Disabilities in South Africa

Jill Hanass-Hancock, Thandeka Bean, Rebecca Johns, Patsy De Lora, Mafikeni Andries Mnguni, Bradley Carpenter, Nomfundo Mthethwa and Maria Bakaroudis

SAMRC, Durban, South Africa

**Introduction:** Young people with disabilities have the same sexual and reproductive health rights (SRHR) as their peers without disabilities. They are at increased risk of sexual violence, HIV, and unintended pregnancies in South Africa, while lacking access to SRHR services and Comprehensive Sexuality Education (CSE). The Silence surrounding CSE for this group is built on negative attitudes towards CSE, misconceptions about disability and sexuality, and a lack of knowledge and skills to teach CSE in inclusive and accessible formats.

**Project:** We conducted several studies to understand the needs of educators and young people with disabilities to inform the development and piloting of the Breaking the Silence (BtS) approach to CSE. BtS is an evidence-based curriculum-implementation approach targeting the delivery of CSE for learners with disabilities in and out of schools through inclusive learning providing universal design and disability accessibility. BtS draws on social learning theory utilizing group-based learning, participatory methods, and a whole school approach to build capacity in poor or well-resourced settings.

**Outcomes:** The BtS approach to CSE enables educators to acquire needed skills and resources to provide accessible CSE in inclusive learning formats in line with South Africa's progressive policies and strategic plans. However, implementation is hampered by socio-cultural barriers including anti-CSE propaganda, exposure to sexual abuse of and negligence of the right to access information for people with disabilities. Therefore, BtS does not only provide skills and resources but focuses on changing attitudes and support systems. This enables educators to start talking about the needs for CSE enabling learners to claim their rights and address sexual violence against them.

**Discussion:** Increasing access to CSE needs educator training with inclusive CSE design and support to increase access to GBV and SRHR services. A whole school/organisation approach is needed to create a support system for educators and learners.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## 12 Years Progress of World Sexual Health Day in Tokyo

Masayoshi Yanagida<sup>a</sup> and Tomoko Saotome<sup>b</sup>

<sup>a</sup>Sexual Health Initiative, Kawasaki-city, Japan; <sup>b</sup>Ashigarakami hospital, Ashigarakami, Japan

**Introduction and rationale:** Since 2010, World Sexual Health Day has been celebrated in Tokyo by holding memorial events every year.

Tomoko Saotome, gynecologist, who belongs to the WAS Scientific Committee made efforts since the 1st event in 2010. Masayoshi Yanagida who is an ex-member of WAS Youth Initiative began to make efforts for the events in 2012. Action and Population group concerned: In Japan, there are many people who are learning and practicing support as sexologists.

On the other hand, there are many people who are not familiar with sexuality, even if they have national medical qualifications or work in the field of human services. Participating in such a wide-open opportunity

as WSHD events helped them to gain new insights. The booths by prominent organizations in Tokyo attracted people and invited them to the events.

And we held talk sessions based on the global themes presented by WAS. Various guests talked about the latest information. This was the opportunity to bring back new input.

**Outcome:** This event became:

- a networking opportunity for the organizations that exhibited at the events.
- chance for people who are embarrassed to learn about sexuality, much less go to the events, to open their eyes to sexuality.



- an opportunity for professionals to gain awareness and bring back new input about sexuality.

**Discussion and recommendations:** Sex education has suddenly become the focus of attention in the past few years, but sexology and sexual health have not.

We need to make further efforts to involve more people and provide them with opportunities to learn about the importance of sexology and sexual health as well.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Life Experiences of Teenage Mothers and the Impact of Such Experiences on Their Sexual Lives

Soonitee Rampersad

Goodlands, Mauritius

This research aimed to understand the life experiences of teenage mothers and assess the impact of such experiences on their sexual lives. The survey was created keeping in mind confidentiality about the participants and the information provided by the Drop-in Centre of the organisation. A total of 40 participants were used for this survey where 6 cases of teenage mothers (case studies), 24 face-to-face interviews and 10 telephone interviews were analysed. The result of this survey was that teenage pregnancy is a major concern that has a very deep impact not only on the life of the teens but on their environment be it, family, education, society as well as the economy of the country. It was also found that most of the partners of the teen disappeared from their lives.

Stopping stigmatisation and reintegrating them into society is the major key to helping teenage mothers. Statistics show the rising figures of teen

mothers. The result shows the growing need for further research as well as sensitisation of all the citizens of Mauritius about teenage mothers as it is not the concern of only a particular group of people but all of them.

Educating adults, youths, elders and children on the impacts and consequences of early motherhood is a must. Added to that, the importance of using contraception and not engaging in early sexual acts, are the very concerned topics that young people need to be informed and educated about. The importance of family counselling on a regular basis depending on the needs of teen mothers should always be a priority for their well-being and that of their children.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Incorporation of Active Methodologies for the Teaching of Clinical Sexology

Mauricio López<sup>a</sup> and Giselle Riquelme<sup>b</sup>

<sup>a</sup>Carrera de Obstetricia/Facultad de Medicina/Clínica Alemana-Universidad Del Desarrollo, Las Condes/Santiago, Chile; <sup>b</sup>Carrera de Obstetricia y Carrera de Enfermería/Facultad de Medicina/Clínica Alemana-Universidad del Desarrollo, Las Condes, Chile

**Introduction:** Changing teacher-centered methodologies to those capable of encouraging student motivation has become an imperative in higher education, with emphasis on challenging topics such as teaching clinical sexology. There is no consensus on the best methodology to use, but there is agreement that it

should provide opportunities and conditions that promote learning and that the best strategy would be the combination of different methodologies. Following these premises, a teaching innovation project was developed whose main objective was to implement active methodologies in the subject of Reproductive

Health and Clinical Sexology, for undergraduate students of a private university in Chile.

**Methodology:** The project was carried out with 59 students divided into working groups in workshop mode. The active methodologies selected were: a case study for the contents of sexual dysfunctions and sexuality in people with chronic pathology; video cells for sexuality in older adults; and infographics for sexual response and sexuality in people with oncological pathology. Student satisfaction was measured through the application of an 8-question structured survey.

**Results:** Three educational capsules, seven infographics and the analysis of two clinical cases were obtained as products. Regarding student satisfaction.

Most strongly agreed that the use of active methodologies had allowed the fulfillment of learning outcomes and that the use of these methodologies favored their learning in clinical sexology, in addition to recommending their use in other subjects.

**Discussion/Conclusions:** The use of active methodologies increases the level of student satisfaction with their learning process on the topics of clinical sexology, favoring the integration of theoretical and practical contents, the development of critical thinking, the ability to solve problems and collaborative learning.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Team Based Learning (TBL) As a Pedagogic Tool to Initiate Medical Students to Sexology

Ons Kaabia<sup>a,b</sup> and Yousri El Kissi<sup>a,b</sup>

<sup>a</sup>Tunisian Society of Clinical Sexology, Sousse, Tunisia; <sup>b</sup>Université de Sousse, Faculté de Médecine de Sousse, Hopital Farhat Hached, LR12ES03

**Introduction and rationale:** The evaluation of educational programs improves the quality of medical education and is an important step in recognizing student expectations and improving the quality of teaching. This is especially true when introducing medical students with sexology using a new work-frame: Team-Based Learning (TBL) defined as “an active learning and large group instructional strategy that provides students with opportunities to apply conceptual knowledge through a sequence of activities that includes individual work, teamwork, and immediate feedback.”

**Project/Population and settings:** Since 2018, we introduced in the Ibn El Jazzar Sousse Faculty of Medicine an introduction to clinical sexology for the 2nd year students. We opted for an innovative pedagogic scenario that is the TBL: a large group active animation technique. We evaluated the short-term impact of the session with an anonymous cross-sectional observational study including the 258 students.

**Outcome:** Our results suggest that the introduction to sexology during the 2nd year of medical studies has a positive impact mainly on the knowledge of learners in matters of normal sexuality and sexual health and couple-related complaints. It also positively impacts their attitudes towards the sexual practices of their patients and their colleagues. The TBL appears to be a teaching method favored by learners.

**Discussion and recommendations:** The use of Team-Based Learning is an effective tool to achieve very deep cognitive objectives in a very large group of students in one training session. It is suitable for initiation into sexology in medical students if it is well established in the curriculum, mainly in terms of concomitance with other assessments within the same block with mainly organizational constraints.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Experiencia de Formación Online en Sexualidad en Contexto de Pandemia

Magdalena Rivera<sup>a</sup>, Sergio Rivas<sup>a,b</sup>, Danilo Urbina<sup>a,b</sup>, Natalia Guerrero<sup>a,b</sup> and Constanza Bartolucci<sup>a,b</sup>

<sup>a</sup>Escuela Transdisciplinaria de Sexualidad, Santiago, Chile; <sup>b</sup>Universidad de Santiago de Chile, Santiago, Chile

**Introducción:** El diplomado en Sexualidad de la escuela transdisciplinaria de sexualidad se imparte desde el 2016 de manera presencial dirigido principalmente a profesionales de salud y educación. El 2020 en contexto de pandemia existió la necesidad de cambio de urgencia a modalidad online. Se buscó mantener un aprendizaje activo, participación grupal y desarrollo de habilidades de reflexión más allá de solo incorporación de contenidos lo que significó un gran desafío en un contexto de emergencia.

**Proyecto:** El cambio a modalidad online de las primeras sesiones fue pensado como algo temporal creyendo que las restricciones durarían menos, sin embargo nunca fue posible retomar la presencialidad. Para lograr mantener los objetivos del diplomado se incluyeron sesiones grabadas junto con espacios sincrónicos, tanto de preguntas como de actividades participativas. La planificación de estos espacios requirió la adaptación de las actividades al formato, manteniendo los objetivos fundamentales.

**Resultados:** Entre cada módulo se realizó una retroalimentación anónima por parte de los estudiantes y a

la vez una evaluación por parte del equipo docente considerando esa información para ajustes necesarios. Se lograron los objetivos de formación de manera similar a las versiones presenciales.

**Discusión:** Reestructurar y planificar el diplomado creando las actividades online en función de los objetivos fue fundamental para lograr una formación de calidad. Mantener actividades participativas, muchas de ellas en grupos pequeños, que fomentaran el análisis personal y el pensamiento crítico fue imprescindible. Si bien se realizaron actividades de integración grupal y se facilitó la creación de un whatsapp de participación voluntaria que permitieron mayor interacción, al ser online se perdió el espacio de socialización en vivo entre estudiantes que permite un formato presencial. Como ganancia no planificada estuvo la mayor facilidad de participación de quienes no vivían en la ciudad donde se realizaba.

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

## Diseño de Programas Estratégicos Organizacionales y Territoriales de Educación Sexual, Sustentables, Sostenibles y Efectivos

Cruz Yayas Barco

Orientación Y Capacitación Integral, Tucupé, Táriba, Venezuela

**Introducción y justificación:** La ponencia sobre el diseño de programas estratégicos organizacionales y territoriales de educación sexual, sustentables, sostenibles y efectivos se basa en un trabajo comenzado en abril de 1988 como orientador, pedagogo y terapeuta sexual hasta 1991 en un colegio católico parroquial dirigido una comunidad de religiosas en la ciudad de San Cristóbal, Estado Táchira, Venezuela.

Se llevó la experiencia a 16 Estados de Venezuela a más de dos centenares de instituciones públicas y privadas en todos los niveles del sistema educativo venezolano, desde preescolar a universidades hasta el año 2014 con cargos de orientador, maestro de aula y planificador. Se aplica en los entornos institucionales de

cualquier naturaleza: educativa, cultural, deportiva, empresas y en territorios comunales, municipal, regional o nacional.

**Se presenta los elementos a ser considerados en la planificación:**

1. Conocimiento y manejo de la Legislación Internacional, Nacional y Regional sobre el Derecho a la Educación Sexual y la Salud Sexual.
2. Conocimientos sobre Programas y Servicios de Educación Sexual existentes a nivel nacional, regional, municipal y en instituciones educativas.
4. Hacer investigación de los sistemas de creencias, principios, valores, actitudes, prejuicios, dogmas religiosos, mitos que se observan a nivel personal y grupal en los

territorios y organizaciones elegidas. 5. Identificar recursos profesionales de la sexología y otros profesionales a incorporar en la capacitación de profesionales involucrados. 6. Conocer sobre redes sociales, contenidos y publicaciones especializadas en educación y terapia sexual. 7. Capacitar a para la creación de un Equipo Transdisciplinario de gerencia, planificación y desarrollador de la Capacitación de la población

involucrada. 8 Manejo de la noción de Glocalidad y uso de todos los recursos del ambiente físico y virtual para el programa permanente. Discusión y recomendaciones. Sin salud sexual no hay educación sexual: es el principio a discutir.

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

## Experiencias y Necesidades en Educación Sexual Desde Las Voces de Adolescentes Madres y Padres en la Ciudad de Cuenca (Ecuador)

Jessica Castillo-Nuñez, Silvia López-Alvarado, Ana Cevallos-Neira, Nancy Arpi-Becerra and Elena Jerves-Hermida

University Of Cuenca, Cuenca, Ecuador

El embarazo adolescente es aquel que ocurre entre los 10 y los 19 años de edad. Por décadas ha sido un fenómeno de preocupación mundial tanto por su elevada prevalencia en algunos contextos, como por las consecuencias que acarrea, tales como la deserción escolar, la reproducción de la pobreza, y las implicaciones a nivel del proyecto de vida. La investigación científica ha encontrado que los factores asociados al embarazo adolescente son la mala calidad de educación sexual, la falta de acceso a métodos anticonceptivos, y la inequidad de género.

Así, en varios contextos culturales tales como Ecuador, se han generado políticas públicas centradas en proveer de educación sexual con miras a la prevención del embarazo. No obstante, este fenómeno prevalece, por lo que se ha visto necesario indagar desde otros enfoques y rescatar la voz de los adolescentes que han sido padres y madres para saber cuáles son los posibles vacíos y limitaciones en la provisión de educación sexual. El objetivo de este estudio fue

explorar las experiencias y necesidades en educación sexual en adolescentes que han sido madres y padres. Se llevó a cabo un estudio cualitativo con 19 adolescentes que han sido padres y madres en la cual se aplicó, a cada participante, una entrevista semiestructurada.

El Análisis Temático dio como resultado la generación de seis temas enfocados tanto a los elementos propios de la educación sexual recibida, tales como el rol del docente, las limitaciones derivadas de los contenidos y metodologías, así como a los elementos relacionados al desarrollo del adolescente y a las razones detrás de cada caso de embarazo. Los resultados dan cuenta de la necesidad de proveer educación sexual considerando las necesidades pertinentes de los adolescentes y a potenciar actitudes y habilidades en lugar de centrarse únicamente en contenidos de sexualidad.

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

## Como As Redes Sociais Virtuais Impactam Os Relacionamentos Na Adolescência? Um Estudo Qualitativo

Danielle Visentini and Aline Siqueira

Universidade Federal de Santa Maria, Santa Maria, Brasil

As redes sociais e aplicativos de relacionamento têm ganhado cada vez mais espaço na vida das pessoas, principalmente entre os adolescentes. A internet não é apenas uma fonte de conhecimento, mas também possibilita encontrar pessoas, criar vínculos e se relacionar afetivo-sexualmente, sobretudo nas redes sociais virtuais. Nesse sentido, o objetivo deste trabalho consiste em compreender o papel das redes sociais nos relacionamentos afetivo-sexuais na adolescência.

Participaram do estudo 29 adolescentes, sendo a maioria do sexo feminino estudantes do 9º ano do Ensino Fundamental e do Ensino de Jovens Adultos (EJA), de três escolas públicas do interior do estado do Rio Grande do Sul, Brasil. Os dados foram coletados a partir de grupo focal e analisados conforme a Teoria Fundamentada nos Dados. Os adolescentes relataram que usavam as redes sociais virtuais para manter contato com seus/suas amigos/amigas e conhecer novas pessoas. Geralmente, meninos e meninas costumavam

adicionar pessoas que lhe atraíam fisicamente a partir de uma análise feita pela foto do perfil.

Da mesma forma, aceitavam apenas pessoas que, segundo seus critérios, eram bonitas, ter algum amigo em comum na rede social também contribuía para aceitar/adicionar a pessoa. Depois disso, iniciava-se a conversa, um aspecto importante para que houvesse interesse era curtir e comentar nas publicações, especialmente as meninas valorizavam essa ação. Não receber “like” do(a) pretendente causava sentimento de baixa autoestima e ansiedade. Entende-se que há o desejo de ser desejado, as escolhas dos possíveis pares afetivo-sexuais são feitas através de fotos nas redes sociais virtuais. Se faz importante questionar que efeitos isso tem nas relações dos adolescentes bem como as marcas que ficarão impressas na sua história e subjetividade.

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

## Educación Sexual Integral Para la Vejez; Un Marcador de Salud

Margarita Medina Noriega

Instituto Mexicano de Sexología, Ciudad De México, Mexico

La sexualidad es inherente a la vida, beneficia la salud física y emocional, disfrutar de una vida sexual saludable y placentera repercute en una mejor calidad de vida, y esta no se limita a un rango de edad. La población mundial envejece rápidamente y existe una gran desinformación sobre la sexualidad en la vejez, enfrentan una gran cantidad de mitos, estereotipos y prejuicios, que limitan su expresión, el acceso a la salud y sus derechos. Actualmente la Educación Integral en Sexualidad (EIS) y los programas de prevención para las infecciones de transmisión sexual no consideran esta población, lo que les expone a riesgos de salud.

Se realizó un taller durante 6 meses en un grupo de terapia para adultos mayores, con 21 mujeres y dos

hombres entre los 72 y 89 años, con educación primaria a preparatoria, en el Estado de México. Se abordaron diversas temáticas como género, erotismo, derechos sexuales, pareja, autoerotismo, desnudes, entre otros y se consideraron los cambios de actitud en la percepción de su propia sexualidad.

Se observó al final un importante cambio en la percepción de la sexualidad, la cual, al principio estaba negada y a lo largo de los talleres la reconocieron como parte de su vida, se mejoró la relación corporal, la posibilidad del autoerotismo, las nuevas parejas y se resignifican diversas historias de vida. Se encontró una gran cantidad de desinformación, miedos y culpas.

La mayoría de los programas de EIS están dirigidos a niños y jóvenes e invisibiliza a las personas adultas

mayores, las cuales tienen necesidades y problemáticas que no son atendidas, hecho que favorece el estigma, daña su salud y limita sus derechos sexuales, lo que disminuye su calidad de vida. Se requiere desarrollar programas y espacios especializados, así como

capacitar al personal de salud para atender dicha población.

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

## Experiencia de Educación Sexual Integral en Argentina: Talleres a Padres

Maria Viviana Caruso

Argentina

**Introducción y Justificación:** La ley Nacional Nro. 26.150, de Educación Sexual Integral, fue sancionada en la República Argentina en el año 2006, con el objetivo de reducir la brecha de conocimientos en la Sociedad respecto a los alcances de la Educación Sexual.

La misma debe implementarse en todos los establecimientos educativos del país, articulando e integrando todos los aspectos del desarrollo sexual.

Expondremos acerca de la experiencia vivida como talleristas, representando a la sociedad científica que fuera convocada por autoridades nacionales para cumplir con los lineamientos de la Ley.

**Proyecto Población y Entornos:** La modalidad fue el dictado de talleres a padres cuyo objetivo es ampliar información, evacuar dudas y promover fortalecimiento de los vínculos interpersonales, de este modo vincula las escuelas con la familia. Asistimos a escuelas con diversas realidades socioculturales y económicas.

Salir: Fue una experiencia muy gratificante y enriquecedora, en la que pudimos aportar como sociedad

científica, información sólida y académica a diferentes estratos de la población.

**Discusión y Recomendaciones:** Sabemos que hay mucho camino por recorrer, pero ser parte de este proyecto, incluyendo la educación sexual en la población, es uno de los objetivos fundacionales de la Sociedad.

Nos enriquecimos mucho con esta experiencia a la vez que sentimos que aportamos al avance de la educación sexual como pilar de la salud integral, bienestar y calidad de vida de las personas.

La oportunidad de interactuar con diferentes realidades, derribando mitos y creencias, aporta al crecimiento y entendimiento de cada uno de nosotros como profesionales y como seres humanos.

Estamos agradecidos por esta gran oportunidad y queremos transmitirla y multiplicarla.

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

## Adela Alianza Por la Defensa Del Estado Laico

Romelia Hinojosa-Lujan

Grupo Feminista 8 De Marzo, Aldama, Mexico

Como reacción a las reformas constitucionales que en 2019 el Estado Mexicano impulsó sobre Educación Integral en Sexualidad (EIS), el bloque conservador no se hizo esperar. En algunas entidades del país, se impulsó en los congresos locales la figura del pin parental. Este aspecto fue importado de España y tiene el objetivo de que padres y madres de familia veten los contenidos de Educación Sexual que sus hijos e hijas

reciben en las escuelas. El pin parental se fundamenta en un supuesto “derecho preferente” de responsables de familia a evitar que sus pupilos/as asistan a la escuela cuando se trabajen temas relacionados con la educación sexual.

Gracias a la Alianza por la Defensa del Estado Laico (ADELA) el pin parental no se ha podido aprobar por nuestros/as congresistas en el estado de Chihuahua.

ADELA está conformado por una veintena de asociaciones civiles, redes, colectivos y personas de toda la entidad norteña que los une el interés de salvaguardar los derechos de niñas, niños y adolescentes y la preservación del Estado laico.

Las acciones que ha realizado se identifican por tener una gran presencia académica, por ser sistemáticas y por haber sido eficaces. Primero se organizó una serie de actividades académicas respaldadas por figuras emblemáticas de la EIS en nuestro país, posteriormente

se obligó a los y las legisladoras a realizar una jornada de mesas técnicas en la que la participación de integrantes de ADELA fue decisiva. Después de las mesas técnicas los y las diputadas mandaron “a la congresadora” la iniciativa.

La amenaza está latente, debido a que en el estado gana las elecciones la derecha más conservadora del país.

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

## Significado De la Histerectomía y Necesidades Educativas en Mujeres en El Periodo Perioperatorio

María Indira López Izurieta<sup>a</sup>, Alide Salazar<sup>b</sup> and Vivian Vilchez-Barboza<sup>c</sup>

<sup>a</sup>Universidad Central de Ecuador; <sup>b</sup>Universidad de Concepción; <sup>c</sup>Universidad de Costa Rica

**Introducción:** La extirpación del útero tiene gran significado para la mujer, por lo tanto, la información adecuada, correcta y el apoyo profesional, antes, durante y después de la intervención quirúrgica puede contribuir a abordar aspectos en la respuesta sexual, la vivencia emocional, secuelas psicológicas y sentimientos de pérdida. Es por tanto que la educación y apoyo es considerado básico para la recuperación.

**Objetivo:** Conocer el significado de la educación en el periodo perioperatorio, en mujeres sometidas a histerectomía.

**Método y muestra:** Estudio cualitativo con enfoque descriptivo. Muestreo intencional de 14 mujeres de 35-65 años, en el período perioperatorio de histerectomía, fueron realizadas entrevistas semi estructuradas individuales y posterior análisis del contenido.

**Hallazgos y discusión:** En relación a la subcategoría significado de la histerectomía se encontró que está en relación a los cambios en la salud, del cuerpo, de los órganos, considerándose además la pérdida de ser mujer, la feminidad, la reproducción, la vitalidad y la sexualidad

Hay además hay una búsqueda de resolución de la enfermedad y evitar complicaciones. En relación a la subcategoría conocimiento existen dudas en aspectos generales; causa de la enfermedad, características del acto quirúrgico, el procedimiento, la seguridad quirúrgica, vías de acceso, los cuidados perioperatorio y los efectos de la histerectomía, las posibles complicaciones, en relación a ser mujer, la pérdida de una parte del cuerpo y la edad. Surgiendo aspectos como la forma de entrega y las barreras de la educación y la espiritualidad.

Las mujeres histerectomizadas sufren cambios y el análisis de necesidades educativas, permite identificar la ejecución de intervenciones y el papel importante de la educación.

**Recomendaciones:** Los hallazgos aportan evidencia, para la atención de las mujeres basada en sus necesidades, proponiendo una intervención de enfermería educativa, administrada durante el periodo perioperatorio y prevenir trastornos postquirúrgicos.

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

## Traditional and Indigenous African Approaches to Sexual Health, Pleasure and Problems

Nceba Gqaleni<sup>a,b</sup>

<sup>a</sup>Africa Health Research Institute, University of KwaZulu-Natal, Durban, South Africa; <sup>b</sup>Durban University of Technology, Durban, South Africa

Good health (impilo) and wholeness of being are phenomena of paramount interest in African society. It includes the greatest possible harmony of all human faculties and energies. The paper will explore the seven spheres that correspond to an African realm of existence beyond the concept of mind, body and soul. This cosmological outlook impacts health-seeking behaviour.

The meaning of African sexual health is expressed in a variety of ways depending on the context. From “ukwabelana ngocansi” (to share a sleeping mat),

“ukubhebhana” (sexual intercourse) to expressions of various experiences. We will discuss unhealthy issues and perceptions such as; does size matter? Dysfunction, infertility and treatment options. The paper will conclude with a call for collaboration in research and interprofessional education.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## POSTER PRESENTATIONS

### TRACK 1: SEXUAL RIGHTS AND ETHICS

#### Apropiación Del Cuerpo: Autoerotismo y Machismo Sexual

Mariana Vilet<sup>a</sup> and Jaime F. Galán<sup>b</sup>

<sup>a</sup>Instituto Bateson de Psicoterapia Sistémica, San Luis Potosí, México; <sup>b</sup>Universidad Autónoma de San Luis Potosí, San Luis Potosí, México

Autoerotism as a self-managed possibility of individual pleasure is not limited to masturbation and also includes fantasies, dreams, explorations, excitations and desires. The objective of this research was to know the implications of autoerotism with gender mandates, identities and sexes. As well as assessing their relationship with sexual “machismo” and the possibility of enjoyment.

A cross-sectional, correlational and comparative analytical quantitative design was used in the method. The sample size was 277 participants, 62% were women, 37.1% men and 0.72% intersex with an average age of 25 D.E. 7.23. The obtained results allow us

to infer that autoeroticism and enjoyment (gaudibility) are associated, related to the identification with feminism. In turn, it lowers autoerotism and gaudibility in women. Significant differences between binary and non-binary people in enjoyment capacity. Significant correlations between body care, the sense of ownership and its negative relationship with having unwanted relationships. Autoerotism as appropriation of the body and liberation of patriarchal gender mandates.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

#### Pornography Use and Sexual Rights: Dale Una Vuelta Association

Alejandro Villena Moya<sup>a,b</sup>, Gabriel Serrano<sup>a,b</sup> and Carlos Chiclana-Actis<sup>a,c</sup>

<sup>a</sup>Unidad Sexología Clínica. Dr. Carlos Chiclana, Spain; <sup>b</sup>Dale Una Vuelta Association, Spain; <sup>c</sup>Instituto de Estudio de las Adicciones. Universidad San Pablo CEU, Spain

**Introduction and rationale:** the debate about the possible consequences of pornography consumption

remains unresolved. There are several pieces of research that warn about the harmful consequences in



some populations such as adolescents in the development of aggressive behavior, unrealistic expectations, sexual satisfaction or compulsive sexual behavior. However, other research affirms that the consequences of pornography consumption can be positive, neutral or mediated by other variables that must be taken into account to know in depth the impact. From the Dale Una Vuelta platform, we offer a critical and science-based approach that can answer these questions and learn how the use of pornography can affect sexual rights.

**Action and population group concerned:** the concern about the influence of pornography consumption in adolescents, the approach of families in this area, the action of schools and decision making at a political and social level will be presented. In addition, sexual rights will be related to the use of pornography today.

**Outcome:** the use of online pornography can affect sexual rights such as equity, the right to scientific information, sexual freedom, safety, discrimination and competes with their right to pleasure. In our team, we explore and work on how adolescents can develop a free, full, assertive, and empathetic sexuality, respecting sexual rights and overcoming the difficulties they may encounter on the Internet.

**Discussion and recommendations:** we propose sex education programs in schools, prevention workshops for parents, socio-political action measures and clinical criteria, so that young people can integrate sexuality in a healthy way within their unique and diverse life project.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Interpersonal Relationships in Sexually Abused Persons

Klara Zaplatova<sup>a</sup>, Hedvika Boukalova<sup>b</sup> and Petr Weiss<sup>b</sup>

<sup>a</sup>GAUK, Prague, Czech Republic; <sup>b</sup>Department of Psychology, Charles University, Prague, Czech Republic

**Introduction:** The purpose of this list is to identify specific themes of survivors of sexual abuse in adulthood and their relationships.

**Methods and sample:** The qualitative study includes 4 women and 1 man selected for interviews about their experiences in close relationships. Grounded theory and case studies are used to identify specific areas of interest in sexually abused persons.

**Findings and discussion:** The results show many areas of concern. The consequences of these experiences include difficulties in friendships, partnerships and also in working relationships. Feelings of shame, guilt, lack of sexual desire, hatred or inferiority are not surprising. There are difficulties in trusting others, self-hatred, deep feelings of despair, helplessness, no hope for a future life. Strongly negative experiences are mentioned as a result of psychotherapy, sexual abuse

during therapy in one particular case, impatience in others. Parental protection is very common, which is one of the reasons why survivors choose not to confide in anyone. The reactions of close family and friends are surprising. Some of them tend not to believe it happened, some express unexpected support.

**Recommendation:** Although this topic is widely discussed in the scientific field, there is still a need to understand everyone's history of sexual abuse and to find ways to recover from traumatic reactions. This comes through understanding each simple story and its duration. We need to listen, understand and be very patient to help survivors break the trauma cycle and find trust in others and themselves.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Impact of Pregnancy on the Couple's Sexuality

Nour Faouel, Rim Ben Soussia, Henda Sassi, Walid Bouali, Ahmed Hadj Mohamed and Lazhar Zarrouk

Psychiatry Department—Hospital of Mahdia, Mahdia, Tunisia

**Introduction:** Pregnancy is a period of reshuffle of the couple in several aspects in particular at the level of sexuality. Our objectives were to evaluate the impact of pregnancy on the couple's sexuality.

**Methods:** We carried out a cross-sectional descriptive study at the obstetric gynecology department at the EPS of Mahdia during a period of 6 months among pregnant women. We used a pre-established questionnaire exploring socio-demographic data and the couple's sex life using the FSFI scale.

**Results:** The average age of our patients was  $30.2 \pm 4.98$  years with extremes ranging from 19 to 43 years. The mean total FSFI score was  $25.3 \pm 2.8$ . More than 2/3 of patients (70%) had a score  $< 26.55$  indicating female sexual dysfunction. The frequency of SRs varied during pregnancy and between quarters with a significant difference ( $p = .001$ ). It significantly decreased during the 3 trimesters compared to before pregnancy; the decrease was especially during the 1st

trimester, then the 2nd trimester and finally the 3rd trimester.

There was a statistically significant relationship between the total FSFI score with desire and experience of pregnancy with  $p = .001$ : The more unwanted and well-lived the pregnancy, the higher the FSFI score, The prevalence of sexual dysfunction was associated with poor pregnancy experience with  $p = .001$ . Concerning the items of desire, orgasm, satisfaction and the FSFI total score with desire for pregnancy: patients whose pregnancy was desired had higher scores.

**Conclusion:** The sexuality of the couple depended on many factors especially psychological well-being during pregnancy. Psychological preparation for this transformation period is needed to minimize its negative impact on the couple's sexuality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## I'm Not Sure This Is Rape, But: An Exposition of the Stealthing Trend

Sumayya Ebrahim

University of Johannesburg, Johannesburg, South Africa

Upholding the sexual and reproductive rights of all women and girls has been flagged as a global priority. However, the hetero-patriarchal actions and systems within which female sexuality and reproduction is situated, not only disenfranchises women of these rights, it sometimes usurps these rights from them, without them knowing.

One such act is the practice of stealthing. This conceptual paper argues that the stealthing trend is a relevant construct in the human and social sciences because it has a detrimental impact on female sexuality

and gender-based sexual violence. Through both a conceptual scrutiny of the construct and through online narratives of stealthing, this paper not only establishes stealthing as a distinctive form of gender-based sexual violence, it also establishes it as a practise that deviously subjugates female sexuality and reproduction under the guise of sexual autonomy and sexual consent.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Foreskin Restorers: Preliminary Insights Into Motivations, Challenges and Experiences With Professionals

Tim Hammond

Global Survey of Circumcision Harm, Palm Springs, USA

**Introduction and objectives:** In July 2021 a 3-month online survey was begun to identify the long-term adverse consequences of penile circumcision customs upon the physical, sexual, emotional and psychological health of circumcision sufferers, to understand the motivations for beginning the process of foreskin restoration, and to estimate the amount of time, money and effort that restorers invest to “take back their bodies from the circumciser.” The concerns of this population are often ignored, ridiculed or dismissed and to date have not been the subject of any serious investigation.

**Methods:** An online survey consisting of 58 experiential questions related to circumcision and foreskin restoration, plus 10 demographic questions, was made available in English, Spanish, German and French. The survey also provided an opportunity for respondents to upload as many as five progress photos of their restoration process.

**Results:** This presentation reveals preliminary findings from the more than 1,500 international

respondents who took the survey in its first two weeks, including heterosexual, gay and bisexual men, intersex individuals and trans women who were subjected to non-therapeutic penile circumcision as a child and who are or were involved in foreskin restoration methods to regain their bodily integrity.

Respondents’ experiences with a variety of medical and mental health professionals, statistical findings, personal quotes (and possibly some explicit images submitted by respondents) will be reported by the presenter in a PowerPoint presentation via screen share.

**Recommendations:** It is hypothesized that these findings will help to inform the medical and mental health professions how to be more aware of—and better prepared to positively respond to—the distress experienced by circumcision sufferers and the concerns of foreskin restorers.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Assistência Sexual Aos Olhos de Pessoas Residentes Em Portugal

Ana R. Pinho<sup>a</sup>, João Manuel de Oliveira<sup>b</sup> and Conceição Nogueira<sup>a</sup>

<sup>a</sup>Faculdade de Psicologia e Ciências da Educação da Universidade do Porto, Porto, Portugal; <sup>b</sup>ISCTE—Instituto Universitário de Lisboa, Lisboa, Portugal

A sexualidade e o prazer sexual são direitos humanos (WAS 2014, 2019) que permanecem inalcançáveis para um conjunto de pessoas com diversidade funcional. Uma forma de expressão da sexualidade, que tem emergido em diversos países da europa, é a assistência sexual (Pinho, Oliveira, & Nogueira, 2020a). Estudos realizados em Portugal evidenciaram, por um lado, o interesse na criação da assistência sexual por parte de algumas pessoas com incapacidades físicas (Pereira, Teixeira, & Nobre, 2018) e, por outro lado, o reconhecimento da importância de formação, no sentido de melhorar o serviço prestado, por parte de trabalhadores/as do sexo que atendem clientes com diversidade funcional (Pinho, Oliveira, & Nogueira, 2020b). Apesar

disso, o tema continua sem ser abordado na esfera pública. Com o objetivo de perceber qual o conhecimento de pessoas residentes em Portugal acerca da assistência sexual, conduziu-se um estudo exploratório.

Através de uma pergunta aberta foram inquiridas 51 pessoas com idades compreendidas entre os 20 e os 82 anos, das quais 34 se autoidentificaram com o género feminino, 15 com o género masculino e 2 não responderam. Da análise temática, orientada pelo método proposto por Braun e Clarke (2006), destacam-se dois temas: concepções da assistência sexual, que expõem as diferentes visões dos/as participantes acerca do que é a assistência sexual; e colmatação de barreiras, que identifica obstáculos à vivência da

sexualidade de pessoas com diversidade funcional que os/as participantes consideram serem suprimidos através da assistência sexual. Os resultados denotam ainda que 12 participantes apresentam um desconhecimento completo do conceito de assistência sexual.

As conclusões deste estudo exploratório apontam para a importância de iniciar um debate público

aprofundado sobre assistência sexual e de delinear recomendações de políticas públicas relativamente à sexualidade de pessoas com diversidade funcional.

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

## Determinants of Sexual Negotiation Power Among Married Women in Nigeria

Yusuf Olushola Kareem, Zubaida Abubakar, Babatunde Adelekan, Karima Bungudu, Olawunmi Olaolu-Akande, Ulla Mueller and Erika Goldson

UNFPA, Abuja, Nigeria

Negotiating for safer sex is a sexual reproductive health right and the ability of a woman to determine the condition and timing of sex is a measure of women's autonomy. More so, the ability of a woman to negotiate for safer sex prevent contracting sexually transmitted diseases (STDs), unwanted pregnancy and the burden associated with large household size. This study aimed to explore the factors associated with sexual negotiation power among currently married women in Nigeria.

Sexual negotiation power was measured with two variables; if a woman can ask her partner to use a condom and can refuse sex. This study included 28,888 married women extracted from the 2018 Nigerian Demographic Health Survey (NDHS). A Poisson regression model with robust standard errors was explored for analyses at  $p$ -value  $<.05$  using Stata 15.0 (StataCorp LLC, College Station, Texas, USA).

The prevalence of sexual negotiation was 36.9% (95%CI 35.6–38.1), and 41.3% (95%CI 40.0–42.7) for

condom negotiation as well as 55.9% (95%CI 54.6–57.1) for sex refusal. Our analysis revealed that older women compared to adolescents, those who were married at age 20 or older, have at least a child, being aware of STI, have had STI in the last 12 months, had other sexual partners apart from the husband, had comprehensive knowledge about HIV, wealth, residing in urban areas, region, in a monogamous union, those whose husband had at least a primary education and other women empowerment measures including literacy, attitude towards wife-beating, health and household decision making were associated with a higher risk of sexual negotiation power.

Our finding reveals the importance of women empowerment, delayed age at marriage and knowledge about STDs as a factor for safer sex negotiation.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Violence and Its Associated Factors Among Currently Married Women in Nigeria

Yusuf Olushola Kareem, Zubaida Abubakar, Babatunde Adelekan, Karima Bungudu, Olawunmi Olaolu-Akande, Ulla Mueller and Erika Goldson

UNFPA, Abuja, Nigeria

According to the United Nations, gender-based violence is any act of violence that results in physical, sexual, or psychological harm or suffering to women, girls, men, and boys, as well as threats of such acts, coercion, or the arbitrary deprivation of liberty. Despite legislation to eliminate all forms of violence in Nigeria, there are several reports of spousal violence across the countries. This study intends to determine the factors associated with ever experienced any sexual violence by husband or partner.

This study used the domestic violence module from the 2018 Nigerian Demographic and Health Survey. Sexual violence was measured using three variables; physically forced to have sexual intercourse with a partner even when you did not want to, physically forced to perform any other sexual acts you did not want to, or partner forced you with threats or in any other way to perform sexual acts you did not want. Descriptive statistics and multivariable logistic regression models were performed using Stata 15.0

(StataCorp LLC, College Station, Texas, USA) at  $p$ -value  $<.05$ .

The prevalence of Spousal sexual violence was 6.6% (95%CI 5.9–7.4), and higher among adolescents ( $p = 8.4\%$ ; 95%CI 6.7–10.4) compared to older women. The prevalence of sexual violence was highest in Gombe ( $p = 46\%$ ; 95%CI 32.1–60.6), although there were no reported cases in Kebbi. A woman's age, STI status, number of sexual partners, ethnicity region, polygyny, health decision making, alcohol intake and exposure to parental violence were statistically significant factors associated with sexual violence.

This study shows there are regional and state differentials in reporting sexual violence. Programmes and Interventions that include extensive sexual and reproductive health rights and choices should be intensified taking into consideration all these factors.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Violencia Obstetrica ¿Falacia O Rutina?: Lo Que Dice la Evidencia

Candelaria Colon Iriarte

Universidad De Cartagena, Cartagena, Colombia

**Introducción:** La Violencia obstétrica es todo acto u omisión en la atención a la gestante que puede producir daño

**Metodología:** En la formación de enfermería se utiliza una estrategia como la observación participante, (1) se presenta el siguiente relato de un estudiante en Sala de parto, en Cartagena Colombia:

Durante el parto de una adolescente primípara observé gritos “así como vamos tu bebe va a nacer muerto” “comportante como la adulta que se supone que eres”. Sin amabilidad ante ella, violando su intimidad, desnuda a la vista de todos, el personal sanitario, contando chistes, hablando por celular, Los “héroes”

gritan y haciéndola sentir culpable de estar ahí en ese momento teniendo a su bebe ¿desde cuándo nuestro deber ha sido juzgar y culpar a nuestros pacientes? ¿Acaso no es más fácil animar, apoyar, guiar, acompañar en ese momento totalmente nuevo para ella?

Indignación y terror sentí al ver cómo realizaban la maniobra de Kristeller, durante varios minutos se turnaban, al tiempo que en sus miradas leía Ves acostumbrándote. (Diana, estudiante de enfermería)

**Resultados:** 280 mujeres que expresan sentir en relación a la atención recibida, miedo en un 66%, ansiedad un 65%, desamparo en un 69%. afirma que el tacto vaginal fue repetitivo y sin autorización previa,

al 62% le presionaron el abdomen y el 90% recibió gritos y ordenes de silencio. (2, 3, 4, 5)

**Discusión:** Aunque los prestadores de salud nieguen o disimulen esta situación la evidencia demuestra que las parturientas experimentan distintas formas de violencias lo que hace necesario la ley que vuelva punitivo este fenómeno. (6, 7)

**Conclusión:** La academia tiene la responsabilidad de generar un talento humano preparado para la

atención profesional digna, eficiente, respetuosa, cálida y comprometida en la visibilización de inequidad, desigualdad y garantía de derechos a las gestantes

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

## Heterosexism Harassment, Discrimination and Rejection Among LGBTQ+ Young Tunisians

Ahlem Mtiraoui<sup>a,b</sup>, Hayder Mahjoubi<sup>a</sup>, Menel Mellouli<sup>c</sup>, Thouraya Ajmi<sup>c</sup>, Jaafar Nakhli<sup>a,b</sup> and Selma Ben Nasr<sup>a</sup>

<sup>a</sup>Research Laboratory LR12ES04, Department of Psychiatry, Farhat Hached Hospital, Faculty of Medicine of Sousse, University of Sousse, Sousse, Tunisia; <sup>b</sup>Tunisian Society of Clinical Sexology, Tunisia; <sup>c</sup>Research Laboratory LR12ES03, Department of Familial and Community Medicine, Faculty of Medicine of Sousse, University of Sousse, Tunisia

**Introduction and objectives:** LGBTQ+ population, all over the world, is suffering from stigma, discrimination and rejection acts on a daily basis. Tunisia as a country belonging to the Arab-Muslim world is not an exception in its positioning towards homosexuality. Religious authorities consider homosexual relations to be a deadly sin and laws are enacted to condemn LGBTQ persons which further sustain negative societal attitudes towards them.

The aim of our study was to explore discrimination and rejection frequency among Tunisian LGBTQ persons.

**Method:** We conducted an analytical cross-sectional study. Participants were recruited using a snowball sampling technique via social media. Heterosexism Harassment, Discrimination and Rejection Scale (HHRDS) was used to assess LGBTQ victimization (frequency of heterosexist events in the past year, Harassment and rejection, workplace and school discrimination, other discrimination). It is a 14-item questionnaire on a 6-point Likert-type scale from 1 “never” to 6 “almost all the time.

**Results:** A total of 73 individuals agreed to participate in the current study. Their mean age was 23.0 4.3 years old. Fifty-five (75.4%) were cisgender male or female. Twenty-nine (39.7%) identified as gay and 17 (23.3%) as lesbian.

The general frequency of discrimination was around  $2.3 \pm 0.4$ . Participants endorsed items of the harassment and rejection subscale more frequently than the other two subscales ( $m_1 = 2.5$ ,  $m_2 = 1.8$ ,  $m_3 = 2.3$ ;  $p < 10^{-3}$ )

Those who came out experienced significantly higher discrimination and rejection than those who didn't perform their outness ( $2.7 \pm 0.4$  vs  $2.0 \pm 0.3$ ;  $p < 10^{-3}$ ).

**Conclusion and recommendations:** The results of our study pointed out the high proportion of harassment and rejection among young LGBTQ Tunisians. Further studies in larger and more heterogeneous samples are needed to confirm or redress these results.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Changing Tech Ad Policies to Support Health for Marginalized Genders

Jackie Rotman

Center For Intimacy Justice, San Francisco, USA

Facebook's algorithms and ad processes systemically ban ads on information supporting vaginal health—from menopause to fertility to wellness to pelvic pain—in addition to pregnancy and postpartum care. Facebook classifies many ads for many women, nonbinary, and LGBTQ people as “Adult Products,” flagging them as inappropriate—despite allowing mass ads for erectile dysfunction, including slogans like “get hard or get your money back.” The sexism and gender disparity in Facebook's ad censorship is far-reaching, and impacts access to health information, as well as conditions and equality for women and nonbinary entrepreneurs.

Many women and nonbinary individuals face a dearth of information to support their sexual health and wellness—it takes on average, 7–10 years for endometriosis to be diagnosed, while many suffer in the

meantime—and yet Internet censorship of sexual health further stifles access to information that can improve health for women and people of marginalized genders.

Jackie Rotman, the founder of Center for Intimacy Justice, will discuss advocacy strategies and partnerships being forged to rewrite the rules in technology to be equitable toward health and wellbeing for women and people of marginalized identities. This talk will also discuss supporting equitable rules in entrepreneurship and technology that advance innovation in sexual health and wellness—the role tech policies play in the innovation ecosystem for sexual health, and in many of our lives.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Self-Esteem Assessment And the Role of Gender

Paulina Millán

Mexican Institute of Sexology, Mexico City, Mexico

**Introduction:** Sexual self-esteem has been described as an individual's sense of self as a sexual being. This definition includes the value that individuals' place on their sexual identity and sexual acceptability. Even though available research on sexual self-esteem is scarce, some studies have shown that injury to someone's sexual self-esteem (by assault, harassment, shame or bullying) can have a considerably negative effect on their sexual well-being.

**Method and sample:** The aim of this study was to examine the psychometric characteristics of an inventory designed to assess sexual self-esteem in a sample of 2,320 people whose ages ranged from 18 to 65 years old. The final scale is composed of 15 items with Likert-type answer options. Construct validity was obtained through factor analysis of principal components with an orthogonal (varimax) rotation which accounts for 69.91% of the variance (KMO test = .918,  $p = .000$ ) and yields 4 factors. The total internal consistency has a Cronbach's alpha of .907.

**Results:** Results show significant differences [ $t(2,292) = 2.1, p = .030$ ] in the overall sexual self-esteem of men ( $M = 56.8, SD = 10.2$ ) and women ( $M = 55.8, SD = 10.4$ ). The analysis of individual factors show that women have higher scores for Factor 4 (perception of own sexual attractiveness) than men [ $t(2,292) = -5.9, p = .000$ ], while men show higher levels of Factor 3 (body satisfaction) than women [ $t(2,292) = 9.1, p = .000$ ]. Factor 1 (perceived sexual abilities) and Factor 2 (sexual satisfaction) show no links to gender.

**Conclusion:** The present scale proves to be a valid tool that can be used to explore sexual self-esteem in research and in educational and clinical contexts. Discussion of these findings also considers the role of sexual self-esteem in women's and men's sexual well-being.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Profesionalización en Sexología Desde la Perspectiva de Género y de Derechos Humanos

Norma A. González-Izaguirre

Pro Salud Sexual Y Reproductiva, A.C., Monterrey, Mexico

Es imprescindible que las y los profesionales que atienden a la población en servicios de salud sexual y educación integral en sexualidad, cuenten con formación en el tema de los derechos humanos (DH).

Así mismo la formación de profesionales en sexología debe incluir tanto la definición del perfil ético como de las competencias necesarias que les permitan ejercer en cualquiera de las ramas de la sexología, de manera respetuosa a toda la diversidad humana, así como alentar el ejercicio de los derechos sexuales de la población en cualquiera de las etapas de la vida.

Los Objetivos de Desarrollo Sostenible (ODS) en especial los objetivos 3. Salud y Bienestar; 4. Educación de calidad y 5. Igualdad de Género, están especialmente vinculados con el trabajo que realizan las y los profesionales de la sexología y por lo tanto deben de difundirse y concientizar de su importancia.

**Población:** Estudiantes de grado y posgrado; profesionales.

**Discusión y recomendaciones:** En el actual mundo globalizado se hace necesario promover la convivencia

pacífica y respetuosa de los derechos humanos entre las personas provenientes de diversas culturas y subculturas.

El informe Delors de la UNESCO, recomendó para la Educación Superior para el siglo XXI, centrarse en cuatro pilares: aprender a hacer, aprender a ser y aprender a convivir.

Los ODS 3, 4 y 5 especialmente con las metas correspondientes a la salud sexual y reproductiva y los derechos sexuales, brindan un claro panorama de la importancia del trabajo que se realiza en el campo de la sexología.

El presente trabajo busca brindar un panorama tanto de la necesidad de la profesionalización en sexología como de la necesidad de promover las perspectivas de género y de derechos humanos en las formaciones de posgrado y con profesionales que ejercen la sexología en las áreas de la salud y la educación.

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

## Autoeficacia Sexual y Prácticas Sexuales de Riesgo en Estudiantes Universitarios

Yenima Hernandez Rodriguez, Alex Montero and Carlos Román Collazo

Universidad Catolica De Cuenca, Cuenca, Ecuador

**Introducción y objetivos:** El uso no sistemático de preservativos, relaciones sexuales con parejas múltiples sin protección y/o bajo los efectos del alcohol u otras sustancias, exponen a los universitarios a actividades sexuales no deseadas y/o consentidas, así como consecuencias adversas para la salud sexual. Se estudia la autoeficacia sexual, como variable psicológica asociada a prácticas sexuales de riesgo y protección. El estudio se propone caracterizar el papel de la autoeficacia sexual en las prácticas sexuales de riesgo de universitarios ecuatorianos.

**Método (s) y muestra:** Diseño no experimental, cuantitativo, transversal, descriptivo-correlacional; muestra no probabilística, intencional, de estudiantes de una Universidad Privada del Ecuador. Se empleó el instrumento (SEA-27), previa adaptación cultural y validación en la población de estudio. Se utilizaron medidas de frecuencia, tendencia central, dispersión y estadísticos de correlación. Se dispuso de aprobación de comité de ética de la Investigación.

**Resultados:** Se identifica la presencia de prácticas sexuales de riesgo en hombres y mujeres. La



autoeficacia para preguntar a las parejas sobre conductas de riesgo y el uso del condón, son las dimensiones de la autoeficacia sexual con las mayores puntuaciones; el resto de las dimensiones reportan valores bajos de autoeficacia. La autoeficacia para el uso del condón se asocia con la edad de inicio de las relaciones sexuales, el número de parejas sexuales y el uso del condón.

**Conclusión y recomendaciones:** Las prácticas sexuales riesgosas constituyen un problema de salud en los universitarios ecuatorianos investigados, asociadas a la

autoeficacia sexual por lo que podría considerarse, en futuros estudios, el papel predictor de estas prácticas. Resulta significativo considerar en los programas universitarios de prevención de conductas sexuales de riesgo, aquellas dimensiones de la autoeficacia sexual que se relacionan a las prácticas sexuales riesgosas.

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

## TRACK 2: SOCIAL AND BEHAVIORAL SCIENCES

### Satisfacción Sexual y Variables Asociadas en Población Migrante Venezolana

Yenima Hernandez Rodriguez, Rolando Delgado, Carlos Román Collazo and Ana Serrano Patten

Universidad Catolica De Cuenca, Cuenca, Ecuador

**Introducción y objetivos:** La satisfacción sexual ha sido estudiada en su relación con variables de naturaleza psicológica, psicosocial, sociodemográficas. Entre ellas se encuentra la migración, con énfasis en poblaciones desplazadas por migraciones forzosas. El objetivo de la investigación fue analizar el papel de la depresión, el apoyo social y la autoestima en la satisfacción sexual de mujeres migrantes venezolanas.

**Método (s) y muestra:** estudio correccional analítico con una muestra no probabilística por voluntariado, integrada por 71 participantes. Los instrumentos que se utilizaron para recolectar la información fueron: el índice de Satisfacción Sexual de Hudson, la Escala Multidimensional del Apoyo Social Percibido (MSPSS), el Inventario de Depresión de Beck (BDI) y escala de Rosenberg para autoestima (ERA). Se emplearon métodos estadísticos y matemáticos para el procesamiento de los datos. Se obtuvo aprobación de comité de ética institucional.

**Resultados:** Las mujeres que formaron parte del estudio, reportaron niveles elevados de insatisfacción sexual. La satisfacción sexual se asoció a la depresión, el apoyo social percibido y el estatus laboral.

**Conclusión y recomendaciones:** Los resultados obtenidos aseveran el carácter complejo y plurideterminado de la variable satisfacción sexual, relacionada a factores intrapsíquicos, interpersonales, socioculturales y sociodemográficos. Las intervenciones futuras, dirigidas a esta población en situación de riesgo, debe sustentarse en evidencias empíricas que orienten la actuación de los profesionales y la construcción de políticas de salud a favor del buen vivir de las migrantes venezolanas.

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

### Born This Way: Fantasy Narratives of Effeminate Gay Bottoms on Tumblr

Richard Vytņiorgu

University of Exeter, Exeter, United Kingdom

“Bottom” gay men whose anal sex role (ASR) preference is receptive face proportionally more stigma than their “top” counterparts (Ravenhill and de Visser,

2017). While scholars have emphasized the existence of a distinct gay bottom identity (McGill and Collins, 2015; Hoppe, 2011), they also focus on the dominant

“power-bottom” subset of gay bottoms to the exclusion of bottoms who present as more effeminate and submissive (Brennan, 2016). This exclusion can be explained in part by a resistance to the stereotype of bottoms being effeminate, despite evidence suggesting that bottoms are more gender nonconforming than tops in both childhood and adulthood (Swift-Gallant, 2021). This presentation will highlight the existence and importance of online sexual fantasies which seek to validate effeminate bottomhood by eroticizing its biological aetiology.

A narrative approach is taken to analyse effeminate gay bottom fantasies as “life-histories,” which complicates a social-constructionist approach to anal sex role preference (Jurecic, 2012; Charon, 2006). Sources are taken from online adult Tumblr blogs in the public domain which circulate visual and written fantasies associated with gay “pussyboy,” “boy-wife,” and “femboy” sexual identities. As sources these blogs represent “DIY porn” and therefore emerge outside

mainstream studios which have received more scholarly attention, permitting personalized access to gay men’s sexual fantasy narratives (Mercer, 2017; Tziallas, 2015; Mowlabocus, 2010).

The presentation’s findings suggest that understanding the fantasies of effeminate gay bottoms may be enhanced by connecting their fantasy narratives of being “born this way” to scientific research on objectively different subsets of gay men (Swift-Gallant, 2021, 2019; Hunt et al., 2020; Blanchard, 2018; Cohen et al., 2009). The importance of these narratives for health-care practice lies in recommending tolerance and understanding for gay men who invoke biodevelopmental self-understandings of their sexual identity and fantasies that are largely at odds with social-constructionist understandings of ASR preference.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Factores Familiares Que Contribuyen A Un Embarazo Adolescente

Rosalva del Carmen Barbosa Martinez, Milton Carlos Guevara Valtier, Ana Elisa Castillo Pérez, Briseidy Rafaela Domínguez Villanueva, Yolanda Guadalupe López Mendoza, Liza Fernanda López Zavala and José Rafael Treviño Villarreal

Universidad Autónoma De Nuevo León, Facultad de Enfermería, Monterrey, Mexico

**Introducción:** Debido a que las adolescentes aún están en un periodo de crecimiento el riesgo de complicaciones en el embarazo es mucho mayor que el de una mujer adulta. El embarazo en adolescentes también afecta el bienestar físico, mental y social. La Organización Panamericana de la Salud menciona que las consecuencias poco estudiadas de embarazo en adolescentes incluyen la depresión, suicidio, baja estima, sexualidad traumática y violencia. **Objetivo:** Identificar los factores familiares que contribuyen a un embarazo adolescente.

**Métodos y muestra:** Diseño descriptivo transversal. Población son mujeres adolescentes embarazadas de 18 y 19 años, del área metropolitana de Monterrey, Nuevo León. La muestra son 50 participantes. Muestreo no probabilístico, por conveniencia. Los instrumentos utilizados son una cedula de datos socio-demográficos, formulario de entrevista y APGAR familiar. Se consideró lo establecido en el Reglamento

de la Ley General de Salud en Materia de Investigación para la Salud. Para el análisis de datos se utilizó el SPSS y se realizó estadística descriptiva. **Resultados:** 72% de las participantes pertenecen a una familia del tipo nuclear, el 48% refiere que la comunicación con el padre es buena, 78% no consultan al padre sobre sexualidad, el 56% tiene antecedentes de embarazo adolescente en la familia.

**Conclusiones:** Los principales factores familiares que contribuyen en el embarazo adolescente es el tipo de familia, el nivel educativo, la dinámica familiar y la poca comunicación con sus padres respecto a sexualidad. **Recomendaciones:** Replicar este estudio en adolescentes embarazadas de otro rango de edad y también en el nivel educativo medio básico y medio.

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

## The Role of Sexual Beliefs and Sexual Self-Esteem in Sexual Aggression

Bárbara Moreira, Joana Carvalho and Pedro Nobre

Fpceup, Porto, Portugal

**Introduction:** Sexual violence has been a topic of priority research in university populations. Considering previous literature on the psychological features characterizing sexual aggressors, sexual beliefs are of interest to this context. Dysfunctional sexual beliefs lead men to establish high expectations about sexual performances, enhancing their own vulnerability. Such vulnerability may increase the need to reinforce the individual's manhood, resulting in sexual aggression as a means to establish it. Additionally, there were reasons to believe that sexual self-esteem may be the bridge through which that association occurs.

**Objectives:** This study aimed to understand how the presence of sexual dysfunctional beliefs may be associated with both sexual self-esteem and sexually aggressive behavior; and, simultaneously, if there is an association between sexual self-esteem and sexually aggressive behaviors in college youth. Finally, this study aimed to test the potential mediating role of sexual self-esteem in the relationship between sexual beliefs and sexual aggression in university populations.

**Method and sample:** Three hundred sixty-four male participants submitted their answers to an online

questionnaire assessing sexual beliefs, sexual self-esteem, and aggressive sexual behavior. The inclusion criteria required all participants to be 18 years of age or older, attending college and reporting themselves as heterosexual. The statistical approach accounted for a mediation analysis.

**Results:** Findings revealed a significant relationship between sexual dysfunctional beliefs and sexual aggression, with models explaining between 14% and 27% of the variance of results. Despite that, the results didn't support the hypothesis of the mediating role of sexual self-esteem in that relationship.

**Conclusion:** The focus stands in the cognitive domain. Results suggest that young men's beliefs about sexuality have a great influence on sexual aggression. The present results should have great implications within prevention programs. Further research is needed to deepen the knowledge and understanding of such phenomena.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Factors Associated With Sexual Dysfunction in Pregnant Women

Nour Faouel, Rim Ben Soussia, Henda Sassi, Walid Bouali, Ahmed Hadj Mohamed and Lazhar Zarrouk

Psychiatry Department—Hospital of Mahdia, Mahdia, Tunisia

**Introduction and objectives:** Since sexual life is modulated by many environmental factors, and since pregnancy is a period of hypersensitivity towards these agents: our objectives were to evaluate the factors associated with sexual dysfunction in pregnant women.

**Methods:** We carried out an analytical study at the obstetric gynecology department at the EPS of Mahdia for a period of 6 months. Our study population was pregnant women followed in an outpatient prenatal consultation and women in the immediate postpartum period at the same hospital. We used a pre-established questionnaire exploring socio-demographic data and the couple's sex life using the FSFI scale.

**Results:** We enrolled 110 pregnant women. We found a statistically significant association between sexual dysfunction with residence: life in rural areas was a factor in sexual dysfunction ( $p = .04$ ). Regarding the evaluation of orgasm, satisfaction and FSFI total with age: young women aged between 19 and 25 years presented more orgasm, satisfaction and better sexual function with a ( $p < .005$ ). Regarding desire, excitement, and FSFI total with residency: Urban women exhibited more desire, arousal, and a higher FSFI score than rural women. For orgasm items, satisfaction and FSFI total with the type of patient accommodation: women with collective accommodation had higher

scores. About the FSFI Excitement items with educational level: Women with higher levels of education exhibited more excitement. Concerning the items of desire, arousal, orgasm, satisfaction, pain and the total score of FSFI with the professional situation: housewives presented more orgasm and pain while civil servants had more desire, excitement, satisfaction and the highest scores of the FSFI. For lubrication and pain items with monthly income: women of low

socioeconomic level (monthly income <200 dt) presented more pain and lubrication.

**Conclusion:** Knowing the predictor factors of sexual dysfunction in pregnant women, measurements can be taken to prevent this dysfunction.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Influence of Intimate Partner on the Association Between Body Image and Sexual Satisfaction: A Review of Current Research

Catarina Moura<sup>a</sup>, Patrícia Pascoal<sup>a,b,c</sup> and Pedro Nobre<sup>a</sup>

<sup>a</sup>Centre for Psychology at the University of Porto, Faculty of Psychology and Educational Sciences, University of Porto, Porto, Portugal; <sup>b</sup>Escola de Psicologia e Ciências da Vida, Universidade Lusófona de Humanidades e Tecnologias, Lisbon, Portugal; <sup>c</sup>CICPSI, Faculty of Psychology, Lisbon University, Lisbon, Portugal

**Introduction and objectives:** Cultural beliefs about body appearance and its association with success and personal recognition are transmitted socially. In regards to sexual well-being, an individual's satisfaction with their body is positively associated with their sexual satisfaction. In light of self-objectification theory, the internalization of such beliefs may increase body dissatisfaction and, in turn, have a negative impact on one's sexual well-being. Furthermore, members of a dyad may influence one another's experiences through their interactions. While one's beliefs about body appearance and dissatisfaction with one's body may influence the beliefs and body satisfaction and sexual satisfaction of their romantic partner, this association has remained largely unstudied.

**Method and sample:** In this review of literature, we analyze and integrate findings from seven published studies focused on the impact of one's partner on individuals' body image and its association with couples' sexual satisfaction.

**Findings and discussion:** A pattern of results emerged based on whether studies recruited both dyad members or only one dyad member. On one hand,

dyadic studies including both couple members mainly tested whether an individual's body image was a predictor of partners' sexual satisfaction yielded. Overall, these studies yielded nonsignificant results. On the other hand, studies that included only one dyad member linked individuals' predictions or perceptions of whether their partners were satisfied with individuals' bodies with individuals' body satisfaction. Overall, these studies yielded significant results linking these constructs. Thus, taken together, an individual's internal perceptions did not impact the partner's sexual satisfaction, but the perceived evaluation of the partner did.

**Recommendations:** The evaluation of body satisfaction is an important consideration when investigating the potential role of the intimate partner on the association between body satisfaction and sexual satisfaction. Future research should address dyadic processes such as communication about body appearance in couples.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Variables Psicológicas Asociadas Al Debut Sexual en Adolescentes Ecuatorianos

Yenima Hernandez Rodriguez, Lourdes Peralta Méndez, Carmen Castillo Siguencia, Carlos Román Collazo and Ana Serrano Patten

Universidad Católica De Cuenca, Cuenca, Ecuador

**Introducción y objetivos:** La Literatura reporta incremento del inicio temprano de actividades sexuales en adolescentes, que conduce a una mayor exposición a riesgos para la salud integral. El debut sexual temprano incrementa la probabilidad de adquirir una ITS. En Ecuador existe escasa información sobre el inicio sexual de los adolescentes por lo que el objetivo del estudio es identificar las características de la actividad sexual a temprana edad y determinar su relación con la autoestima, erotofilia y estilos parentales en una muestra de adolescentes ecuatorianos escolarizados.

**Método (s) y muestra:** Estudio cuantitativo, observacional, transversal, analítico y correlacional; muestra no probabilística intencional de 110 adolescentes con edades entre 12 - 18 años. El tamaño de la muestra se estimó considerando el efecto requerido para el análisis estadístico realizado. Como variables de estudio se consideró la edad de inicio de la actividad sexual, tipo de prácticas sexuales, características sociodemográficas, estilos de parentalidad, erotofilia y autoestima. Se emplearon medidas confiables y validas para medir los constructos. Se determinaron medidas

de frecuencia, tendencia central, dispersión y estadísticos de correlación. Se dispuso de aprobación de comité de ética de la Investigación Institucional.

**Resultados:** El inicio de actividades sexuales ocurre antes de los 14 años en el 66,4% de los investigados, predominando el sexo masculino. El 24,6% debutan con prácticas sexuales de riesgo. Predomina el estilo parental de comunicación, autonomía y control conductual, erotofilia y niveles bajos de autoestima; ésta se relaciona con las prácticas sexuales de riesgo de los investigados.

**Conclusión y recomendaciones:** El debut sexual se caracteriza por la presencia de prácticas sexuales de riesgo. Predomina la autoestima baja, por vivencias de insatisfacción personal y autoconcepto disminuido y se encuentra asociada al control conductual y psicológico ejercido por los padres. Los adolescentes con autoestima inadecuada exhiben mayor actividad sexual con riesgo.

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

## Conhecimentos, Comportamentos E Crenças Face Ao Vih E Sida de Uma População Cabo-Verdiana

Maria Eugénia Saraiva, Sofia Melo Refoios, Rita Santana Da Silva and Gonçalo Bento

Portuguese League Against AIDS, Lisboa, Portugal

Durante o período de execução das obras de expansão e modernização do aeroporto na Praia, prevê-se aumento do fluxo de pessoas e consequentemente do risco da exposição, das populações envolventes ao Aeroporto, às Infecções Sexualmente Transmissíveis (IST) e outras epidemias. Nesse contexto foi concebido o projeto de sensibilização no domínio da saúde pública com o objetivo de dotar as comunidades, de forma a que estas se possam prevenir adotando uma mudança de comportamentos sustentáveis.

Realizou-se um estudo descritivo. A amostra foi constituída por 55 participantes provenientes de quatro comunidades beneficiárias contactadas em julho de 2016. Realizaram-se ações de sensibilização, tendo os participantes preenchido o questionário 3Cs (Conhecimentos, Comportamentos e Crenças face ao VIH).

A maioria da amostra revelou conhecimento relativamente ao VIH e SIDA, indicando não existir nem cura nem vacina para esta IST. Contudo, no que se

refere ao comportamento, 56% mencionou que nunca fez o teste ao VIH apesar de 80% ter afirmado estar muito preocupado em poder contrair este vírus; 23% referiram utilizar preservativo quase sempre e 34% nunca ou raramente utiliza e 28% da amostra alegou já ter tido quatro ou mais parceiros/as.

É possível concluir que apesar dos participantes revelarem ter conhecimento face ao VIH e SIDA e mencionarem preocupação em contrair este vírus, o comportamento tende a ser de risco, sendo o uso do preservativo desvalorizado apesar de ser o único meio

mecânico de proteção eficaz contra a transmissão do vírus. Em adição, a maioria refere que nunca realizou teste ao VIH, tendo desconhecimento do seu estatuto serológico. Torna-se importante a promoção de ações de sensibilização, com sessões de rastreios anónimos, confidenciais e gratuitos, assim como distribuição gratuita de material preventivo.

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

## Sexting y la Exposición Del Cuerpo en Las Redes Sociales: Una Visión de Las Mujeres Sobre Las Mujeres

Mariana Alonso-Fernández and Manuel Gámez-Guadix

Autonomous University of Madrid, Madrid, Spain

**Introduction and objectives:** Se ha generado un clima de preocupación en torno al incremento de los fenómenos de exposición corporal online privada (sexting) y pública (autopresentación sexual) y sus daños asociados, cuya investigación es incipiente en España. Dado que el foco de atención recae sobre las mujeres como sujetos vulnerables, el presente estudio tiene como objetivo explorar las percepciones y experiencias de aquellas que realizan estas prácticas.

**Method(s) and sample:** Se plantea un estudio cualitativo en el que se han realizado entrevistas semiestructuradas con 17 mujeres mayores de edad ( $M=21.18$ ;  $DT=0.73$ ) con orientación heterosexual y no-heterosexual de varias comunidades autónomas de España. El estudio cuenta con la aprobación del Subcomité de Ética de la Universidad Autónoma de Madrid.

**Findings and discussion:** El análisis de contenido de las entrevistas muestra que nos encontramos ante dos comportamientos diferentes cuya coocurrencia es una realidad y que están sujetos al doble estándar de género. El análisis muestra varias aportaciones:

aquellas mujeres que sextean con otras mujeres no perciben presión para participar, y todas ellas disfrutan ante la reacción del receptor, independientemente de si es mujer u hombre. Las entrevistadas manifiestan un aumento en su seguridad corporal, normalización del desnudo femenino y auto-empoderamiento sexual al realizar dichos comportamientos, siempre y cuando: (1) Se sienten seguras de hacerlo y no lo hacen por presión externa; y (2) Comparten estas fotografías ante un público que las respeta. Sin embargo, asocian una serie de peligros y consecuencias negativas que no permiten realizar una categorización positiva de los fenómenos, por lo que dicotomizarlos entre conductas convenientes o inherentemente de riesgo podría estar dificultando su comprensión.

**Recommendations:** Se requieren más análisis cohesivos y basados en el contexto para facilitar estrategias de prevención que permitan que las mujeres dejen de ser el sujeto vulnerable en su participación.

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

## Exploring LGBTQIA + Young Adults' Perceived Sense of Well-Being During the COVID-19 Pandemic: A Photovoice Study

Marina Miscioscia<sup>a,b</sup>, Chiara Giacomelli<sup>a</sup> and Massimo Santinello<sup>a</sup>

<sup>a</sup>Department of Developmental Psychology and Socialisation, University of Padua, Padua, Italy; <sup>b</sup>Department of Women's and Children's Health, University Of Padua, Padua, Italy

**Introduction and objectives:** The COVID-19 Pandemic has affected every aspect of people's lives around the globe, in particular, vulnerable populations have been among the most affected by the social consequences of the COVID-19 Pandemic, and between them, we could find the sexual and gender (SGM) minority groups. The study aim was: (a) to explore how restrictive measures influence the perceived sense of well-being of LGBTQIA+ young adults; (b) to promote an empowering dialogue on these issues.

**Methods and sample:** We conducted this study through Participatory Action Research (PAR) called Photovoice, developed on zoom in three bi-monthly meetings. The sample consisted of five LGBTQIA+ persons (22–28 years) who live in different Italian regions.

**Findings and discussion:** The results offer insight into participants' feelings about the lockdown period, their self-awareness, well-being resources, and coping strategies within and beyond the present times of social transformation. Three main thematic emerged from the analysis and the critical dialogue within the group: "Family" between traditional and chosen family;

"Survival" in terms of researching more or less positive coping strategies against difficulties, and lastly "The contrast" among light and obscurity, contact and non-contact, proximity and distance, inner and outer selves, in the search for ourselves. Three thematic emerged well represented in participants' pictures, in which visual representation' power could impress more in-depth the sense of their feelings during this period; moreover, these thematic were connected by sub-themes as loneliness, coping strategies, distress, hope, technology and distance.

**Recommendations:** Consistent with the previous study, it seems important to call for a major "cultural responsiveness" in an emergency period as COVID-19 toward sexual minority people, and therefore Photovoice could be an important tool working to promote well-being through the LGBTQIA+ community.

**Source of funding:** University of Padua SID 2019—prot.BIRD195080

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Knowledge and Beliefs About Condom Use in Men With HIV

Ricardo Sánchez-Medina, Consuelo Rubi Rosales-Piña and David Javier Enríquez Negrete

Universidad Nacional Autónoma de México, Ciudad De México, Mexico

**Introduction and objectives:** According to international statistics, 37.6 million people are currently infected with HIV, the main route of transmission being sexual, so various investigations focus on the promotion of condom use. In the particular case of people with a diagnosis of HIV, this is relevant to reducing new infections or reinfections. The objective of the present work is to know the level of knowledge and beliefs regarding the use of condoms in men with HIV, in such a way that intervention programs

oriented to the promotion of condom use can be designed.

**Method (s) and sample:** 100 HIV positive men, with an average age of 29 years and a diagnosis time of 2.43 years. All of them are single, with a homosexual sexual orientation. Through a survey, users of an HIV care clinic were invited to respond to a booklet to assess knowledge about HIV, beliefs and attitudes towards condom use, and consistency in condom use. The application was made individually,

emphasizing the confidentiality and anonymity of the information.

**Results:** It was found that they have an acceptable level of knowledge about HIV prevention, transmission and prevention, they have favorable beliefs and attitudes towards condom use, however, no consistency was found in the use of condoms in their sexual relationships. In addition, knowledge was not related to knowledge, but beliefs about consistency in condom use.

**Conclusion and recommendations:** It is necessary to promote the consistency of condom use in men with HIV, since it is essential and necessary to reduce new HIV infections, so it is necessary to create intervention programs aimed at promoting it in their sexual relationships.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Training of Psychology Students in Professional Work With People With HIV

Ricardo Sánchez-Medina, Consuelo Rubi Rosales-Piña and Maria de los Angeles Estrada-Martinez

Universidad Nacional Autónoma de México, Ciudad De México, Mexico

**Introduction and rationale:** The psychological care of people with HIV is essential to promote quality of life and adherence to treatment. It has been observed that it is necessary for professionals to have theoretical and methodological tools in the care of people with HIV, but in addition, there is an intervention focused on their beliefs and experiences that contribute to preventive sexual behavior, as well as that they can have a favorable attitude towards caring for people with HIV.

**Project/Population and settings:** The project consists of the creation of online courses for psychologists in the care of people with HIV. 300 students have participated, all of them were presented with a series of stimuli aimed at evaluating their perception of the psychological care of people with HIV and later they took a course on psychological care for people with HIV.

**Outcome:** The results show that they have a favorable perception of care for people with HIV, but they

lack skills for better care, do not all have sufficient information about HIV and have risky sexual behavior. The course helped them identify areas of opportunity to be more informed about HIV, as well as the care they need to provide.

**Discussion and recommendations:** It is necessary that, from the first training of psychologists, oriented spaces are provided so that healthy habits can be promoted in students and subsequently to interventions that reduce stigma and discrimination towards people with HIV. Although care for people with HIV is multidisciplinary, as psychologists it is necessary to continue contributing in an ethical and professional manner.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## From Theory to Practice: About the Sexuality of Tunisian Adolescents

Haifa Ghabi, Amina Aissa, Asma Zili, Samih Meddouri, Yosra Zgueb, Uta Ouali and Rabaa Jomli

Department of Psychiatry A, Razi Hospital, Manouba, Tunisie

**Introduction and objectives:** The first sexual intercourse takes generally place during adolescence. In our socio-cultural context in Tunisia, adolescent sexuality still remains a taboo subject. No Tunisian study has been done in this area.

The aim is to study the knowledge of adolescents about sexuality as well as their attitudes and practices.

**Method(s) and sample:** This is a descriptive and analytical study conducted with 80 adolescents using



an online anonymous questionnaire. Data analysis was performed using SPSS software.

**Results:** The average age of participants was 18 years. 45% had at least one sexual intercourse and only 9% had used a contraception method. Most of them had heard of contraceptive techniques. Both genders had a poor level of knowledge on sexually transmitted infections. The majority of participants have no idea about the means of prevention against these infections.

Young age, male gender, absence of dialogue with parents, low socioeconomic status of the family, religiosity, and lack of sex education were

significantly associated with poor level knowledge on sexuality.

**Conclusion and recommendations:** The results of our study show that the sexual practices of Tunisian adolescents are dangerous and this is due to a lack of information.

Further studies are needed to improve the sexual health of these adolescents and to better target prevention and information actions.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Intersections and Challenges of Sexual Fluidity and Hegemonic Masculinities

Rita Grave, António Manuel Marques and Conceição Nogueira

Faculty of Psychology and Education Sciences of the University of Porto, Porto, Portugal

Hegemonic masculinity can be a useful tool to understand the genderization processes prevailing in men's sexualities. It is a regulatory and inspirational force for male conduct because it reinforces a heteronormativity system and stabilizes sexual identities and experiences in which sexualities are socially constructed. For this reason, this concept was selected to assist the analysis of men's sexual experiences of sexual fluidity, an additional component of sexuality that highlights the volatility of preferences, attitudes, behaviors, and sexual identities. Theorizations concerning sexual fluidity emerged in a social environment informed by hegemonic masculinity, a force of surveillance and control that marginalizes the sexualities of men who do not comply with sexual norms. Furthermore, for several years, multiple research on female sexuality reinforced the possibility of sexual fluidity being more (or exclusively) suited to women.

Nonetheless, Lisa Diamond does not suggest male inabilities to experience sexual fluidity and even highlights the scarcity of research directed to this domain.

Therefore, this work intends to contribute to the study of sexual fluidity in men, using the concept of hegemonic masculinity as a resource for its analysis and understanding.

The main goals of this research were to understand how sexual fluidity could be applied to the sexual experiences of men and how it was lived and experienced by them. Semi-structured interviews were conducted with 16 participants, ranging from 20 to 53 years old, who claimed to have had experiences of sexual fluidity as men. The analysis shows how sexuality is a work in progress, highlighting the intersections between masculinities and sexualities, just as illustrates the negotiations of sexual fluidity with hegemonic masculinity, situated in a heteronormative, mononormative, sexually rigid, and hegemonically masculine social context.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Patient and Public Involvement to Identify Patient-Related Outcome Measures of Sexual Knowledge Relevant for Female Sexual Function

Magdalena Sophie Grosse-Rueschkamp, Laura Tendai Legeland, Selina Marie Kronthaler, Klaus Michael Beier and Laura Hatzler

Charité - Universitätsmedizin Berlin, Berlin, Germany

**Introduction and objectives:** Intimate communication and sexual education are associated with female sexual function. The lack of either will be recognized as etiological factors for sexual dysfunctions in the forthcoming eleventh revision of the International Classification of Diseases and Related Health Problems (ICD-11). However, research aiming to investigate the link between both constructs is limited due to the lack of validated measures for sexual knowledge. Patient and public involvement (PPI) is an important source to identify relevant patient-related outcome measures. The aim of this study was to identify (1) relevant aspects of knowledge for sexual satisfaction and (2) further constructs that interplay with the ability to express this knowledge and to construct measures for the assessment of sexual knowledge.

**Methods and sample:** For PPI we conducted semi-structured expert interviews ( $N=3$  women, mean age 32.7 yrs,  $SD=5.5$  yrs), an anonymous online survey ( $N=56$  college students, age  $\geq 18$  yrs) and a focus advisory group ( $N=5$  women, mean age 31.6 yrs,  $SD=14.5$  yrs). Based on the results a questionnaire was

constructed and pilot tested in a sample of  $N=449$  women (mean age 26 yrs,  $SD=6.7$ ). Analyses included qualitative content analysis, exploratory factor analysis, internal consistency analysis. PPI is reported based on the GRIPP2-SF checklist.

**Results:** Results of PPI suggest (1) three aspects of sexual knowledge relevant for sexual satisfaction in women (i) female sexual anatomy, (ii) awareness of sexual proclivity and (iii) physiology of female sexual response) and (2) sexual self-esteem as an important construct for the ability to express sexual knowledge. Preliminary results indicate a three-factor structure for the assessment of “awareness of sexual proclivity” with Cronbach’s alpha  $>0.8$  for all subscales.

**Conclusion and recommendations:** PPI had a strong impact on the development of the questionnaire. Further research is needed to validate instruments to assess relevant sexual knowledge for female sexual function.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Sexual Authenticity Scale: An Examination of the Reliability and Validity in Student and Community Samples

Merissa Prine and Terry Humphreys

Trent University, Peterborough, Canada

Existing research on relationship authenticity has found that high levels of relationship authenticity were associated with positive outcomes, including increased condom negotiation (Impett et al., 2010), desire to protect oneself against unwanted pregnancy and STIs (Amaro, 1995; Amaro et al., 2001), higher sexual self-efficacy, ability to refuse unwanted sex, and greater enjoyment of sex (Impett et al., 2006). These positive outcomes speak to the importance of authenticity, especially within the context of partnered sexual activity.

Authenticity is an individual’s level of congruence between what they think and feel and how they behave. Similar to the difference between relationship satisfaction and sexual satisfaction, relationship authenticity and sexual authenticity are related but distinct concepts. These concepts are crucial to separate because relationship authenticity assesses the behaviours that generally happen within relationships, whereas sexual authenticity is specific to the sexual aspect of the partnered sexual activity—regardless of

the type of relationship. Because sexual communication can feel particularly difficult, making authentic behaviour more complicated, we believe it is important to examine sexual authenticity distinctly from other more general forms of authenticity.

This study aimed to validate a measure of individuals' sexual authenticity that the authors of this presentation developed. The survey items were developed based on past research on authenticity and examined by experts for face validity. The data was collected from two independent samples through anonymous, online surveys to assess the reliability and validity of

this measure in both a student and community sample. Participants responded to various measures about personality, sexual communication, sexual deception, and measures of authenticity, including two previously established authenticity measures (Lopez & Rice, 2006; Tolman & Porche, 2000). If the proposed measure is supported, future research will further examine the reliability and validity of this scale and whether sexual authenticity can be improved within individuals.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Intersectionality of Racial and Heterosexist Medical Mistrust Among Black Women Who Have Sex With Women and Men

Aaliyah Gray and Celia B. Fisher

Fordham University, Bronx, USA

**Introduction and objective:** Medical mistrust has been associated with health disparities among racial and sexual minority persons, and the dual effects of perceived racism and heterosexism in healthcare settings may be a particular barrier to sexual and reproductive health among Black sexual minority women who have sex with women and men (BWSWM). The aim of this exploratory study was to assess the independent and intersectional effects of racial and heterosexist medical mistrust on time since the last sexual/reproductive healthcare visit in this understudied population

**Methods and sample:** An online sample of 163 BWSWM ages 18–35 in a current sexual relationship with a male were recruited as a part of a larger study examining psychosocial and systemic factors of sexual health among BWSWM.

**Results:** Three adjusted ordinal log regressions on time since the last sexual/reproductive health visit indicated that when having a reason for a visit (pregnancy, HIV treatment, or birth control) was held constant, racial and heterosexist medical mistrust increased the odds of medical visit delay by 52% (AOR =1.52, 95% CI=[1.10, 2.12]) and 103% (AOR =2.03, 95% CI=[1.34, 3.08], respectively, but no interaction between racial and heterosexist mistrust was detected.

**Conclusions and recommendations:** In addition to acknowledging racial medical mistrust as a barrier to care among BWSWM, greater sensitivity to the negative impact of heterosexist biases on BWSWM who may not reveal their sexual orientation is needed to reduce sexual health inequities in this population.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Scripts, Scenes, and Scenarios of Women in the COVID-19 Pandemic

Daniela Barsotti-Santos

Federal University of Rio Grande, Rio Grande, Brazil

**Introduction and objectives:** The coronavirus pandemic has devastated the world since 2020 and it has had effects on the ways people experience sexuality. Women may be especially affected when considering the crossing of different social markers that include sexual orientations and gender identities that expose people to greater vulnerability in times of crisis in health systems. This research aims to analyse sexual scripts, scenes, and scenarios of women during the COVID-19 pandemic and how this relationship can facilitate or hinder their access to the debate on public policies for women's sexual health.

**Methods and sample:** This is an early-stage qualitative social constructionist research. In-depth interviews and focus groups will be conducted in online mode. The data will be analysed according to thematic content and interpreted in the light of the sexual scripts and sexual scenes and scenarios theories. The research

participants will be women users of the Unified Health System living in the extreme south of Brazil.

**Results and discussion:** It is expected that the results support the development of communication and health education actions and that can expand popular participation in the public sexual health policies spheres of debate. The research is articulated with university education and community actions by the proposition of a study group with undergraduates, interaction in Internet social networks and women groups to provide reflections on sexual health promotion.

**Recommendations:** Knowing the sexual scripts, scenes, and scenarios of women during the coronavirus pandemic can assist the proposition of spaces for popular participation in the debate on public policies for sexual health.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Intimacy, Sexual Attitude, and Sexual Satisfaction of Highly-Educated and Wealthy Single-Parenthood Women

Rong Rong Tao and Kuo Hsiang Kuo-Hung

Shu-te University, Kaohsiung City, Taiwan

**Introduction and objectives:** Most of the previous studies discussed life adaptation, mood adjustment, raising children, and parent-child relationships among divorced or widowed women. This research explored the intimacy, sexual attitude, and sexual satisfaction of single-parenthood women.

**Method(s) and sample:** This qualitative research was intended to respond to open-ended questions that allowed four divorced or widowed women to elaborate on the individuals' experiences. All were highly-educated, financially independent, working students, and divorced or widowed in their thirties. Three divorced women lived more than ten years single-parenthood, and the other widowed one lived four years.

**Findings and discussion:** (a) No matter how the quality of previous marital relationships was, all of

these women strongly expect a new intimate relationship. Although experienced, they suffered more challenges and uncertainty than single women during a new intimate relationship. The responsibility of raising offspring was the most important factor, which was contrary to previous studies that economic factor was. (b) These women started to pursue self-growth through knowledge accumulation and actively explore sexual orgasm to achieve sexual satisfaction, pleasure, and even a union status of body, mind and soul, that was never experienced in the previous marriage.

Some resumed masturbation and sex aids. Their sexual attitudes were also changed to open, including uncommitted sexual encounters, and as a mistress without guilt, etc. Sexuality in an intimate relationship

was a physical and mental need that could easily be concealed or ignored. c) The researcher had witnessed these women converted into more mature and integral individuals through self-awareness and studying.

**Recommendations:** These single-parent women should face the previous marriage first. Only by reconciling with self and resolving trauma would they pass

the transformation smoothly. Public or private consultation centers could pay more attention to divorced, separated or widowed women such as support or growth groups.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Effectiveness of Two Psychosocial Interventions on Hiv/Aids Knowledge Among Mozambican Women at Sexual Risk

Conceição Nogueira<sup>a</sup>, Ana Luísa Patrão<sup>a</sup>, Teresa Mcintyre<sup>b</sup>, Eleonora Costa<sup>c</sup>, Eduardo Matediana<sup>d</sup> and Vanessa Azevedo<sup>e</sup>

<sup>a</sup>Faculty of Psychology and Education Science, University of Porto, Porto, Portugal; <sup>b</sup>College of Nursing and Texas Institute for Measurement, Evaluation and Statistics, University of Houston, Houston, USA; <sup>c</sup>Department of Psychology, Portuguese Catholic University, Braga, Portugal; <sup>d</sup>Department of Gynaecology, Central Hospital of Beira, Beira, Mozambique; <sup>e</sup>Fernando Pessoa University, Porto, Portugal

**Introduction and objectives:** Women make up an increasing number of HIV infections in Mozambique (UNAIDS, 2016). There are several socio-cognitive factors that influence women's vulnerability towards HIV/AIDS, namely knowledge about HIV/AIDS (Abdu et al., 2016). The objective of this study was to evaluate the efficacy of two psychosocial interventions—Didactic and ACCENT—on HIV/AIDS knowledge, in vulnerable Mozambican women.

**Method(s) and sample:** The study design was a randomized controlled trial on Mozambican women at HIV/AIDS risk ( $n=150$ ). The participants were randomized into three groups: Didactic Intervention (experimental group—information-only), ACCENT intervention (experimental group—skills training) and control group. HIV-related knowledge was assessed by 14 items ( $\alpha = .82$ ), using two subscales: HIV-transmission knowledge ( $\alpha = .80$ ), eight items, and HIV prevention knowledge ( $\alpha = .62$ ) assessed by six items. The scale has three response options (true, false, I don't know).

**Results:** The results of the independent t-tests for the comparison of the ACCENT and Control groups

at post-test, indicated significant differences in HIV-transmission knowledge,  $t(109)=3.95$ ,  $p < .001$ , HIV-prevention knowledge,  $t(109)=6.54$ ,  $p < .001$ . The *t*-test comparison between Didactic and Control groups revealed there were significant differences in HIV-transmission knowledge,  $t(105)=3.42$ ,  $p < .001$ , and HIV-prevention knowledge,  $t(105)=5.88$ ,  $p < .001$ . Lastly, when comparing the ACCENT group and Didactic group at post-test, there were no significant differences in HIV-transmission knowledge,  $t(108)=1.32$ ,  $p = .190$  and HIV-prevention knowledge,  $t(108)=0.72$ ,  $p = .472$ . Both interventions were equally effective in increasing HIV/AIDS knowledge.

**Conclusion and recommendations:** Effective programs to prevent HIV infection among women at sexual risk are urgent in Mozambique. Because both interventions are effective, the choice of intervention modality may be determined by the availability of personal, financial, and time resources.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Role Differences Among Chilean BDSM Practitioners

Manuel Catalán<sup>a</sup>, Inmaculada F. Agis<sup>b</sup>, Maribel García<sup>c</sup> and Jenna M. Strizzi<sup>d</sup>

<sup>a</sup>Santiago, Chile; <sup>b</sup>Centro de Investigación CERNEP, Universidad de Almería, España; <sup>c</sup>Universidad de Sevilla, España; <sup>d</sup>Department of Public Health, University of Copenhagen, Denmark

**Introduction and objectives:** There are a large number of fantasies, rules, relationships, and practices that can be performed within BDSM (bondage, discipline, domination, submission, sadism, and masochism). Traditional roles within these practices include: dominant, submissive, and versatile (switch), which can vary based on time, practice, or situation. The objective of this study is to characterize these roles within BDSM in practitioners in Chile.

**Methods and sample:** An online survey was designed and disseminated, adapted from a quantitative sociodemographic questionnaire used by Puig (2017). Quantitative analysis was performed with IBM SPSS v26.

**Results:** A total of 544 people responded to the survey, with an average age of 24 years old (16–54 years old, SD  $\pm 5.84$ ). Regarding sex, 78.7% identified as female, 17.3% as male, and 4% as other identities, as to gender identity, 67.5 identified as feminine, 14.9% as masculine, and 17.6% as non-binary. There were significant differences regarding BDSM roles and sexual identity ( $\chi^2 = 112.082$ ,  $p < .001$ ), more men indicated dominant roles (41.5%) than women (5.9%),

whereas more women indicated submissive roles (51.9%) than men (10.6%), however, versatile roles were more endorsed by both women (42.3%) and men (47.9%). We found similar results for gender identity ( $\chi^2 = 121.969$   $p < .001$ ); among feminine-identified participants 5.7% were dominant, 53.3% submissive, and 41% versatile; among masculine-identified participants 46.9% were dominant, 12.3% submissive, and 40.7% versatile, while among non-binary-identified participants, 10.5% were dominant, 32.6% submissive and 56.8% versatile.

**Conclusions and recommendations:** We found differences in the roles of Chilean BDSM practitioners, with submissive and versatile being the most common among people with female sexual identity, feminine or non-binary gender identity, in comparison to people with male or masculine identities. It is relevant to consider factors, such as gender, motivations and social stigmas inside and outside of BDSM.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Gendered Nature of Sexually Transmitted Infection Screening

Stacey Griner<sup>a</sup>, Alison Footman<sup>b</sup> and Barbara Van Der Pol<sup>b</sup>

<sup>a</sup>University of North Texas Health Science Center, Fort Worth, USA; <sup>b</sup>University of Alabama at Birmingham, Birmingham, USA

**Introduction and objectives:** Chlamydia and gonorrhea infection rates are increasing among college women; however sexually transmitted infection (STI) screening is underutilized. self-sampling methods can reduce barriers to screening, but the stigma associated with screening still remains. This study explored the influence of social and cultural factors on the use of self-sampling methods for STI screening.

**Method(s) and sample:** Sexually active college women in the United States, age 18–24 were interviewed ( $n = 24$ ) regarding their overall perceptions of self-sampling methods for STI screening. Participants were asked: “What about campus culture might make

women more or less likely to use self-sampling?” Thematic analysis was conducted with two coders (Kappa = .83).

**Findings and discussion:** Data generated an emergent theme that was not included in the a-priori theory-based coding, focused on the gendered nature of STIs and STI screening. Women felt there was a negative association between STI screening and seeking sexual healthcare and discussed a social perception that people, particularly men, will associate STI screening with diagnosis by assuming “if you’re getting tested, you have it.” Although self-sampling methods did afford some privacy, women felt that if men saw

or heard of them being screened, men and potential sex partners would assume they have been involved in risky sexual behaviors and have a need to be screened. Although this was typically described in relation to men, some participants described that women would also view them negatively for being screened.

**Recommendations:** These results contribute knowledge of individual behavior within the social context, rather than STI screening behavior alone. Participants

discussed how STI screening responsibility is placed on women who are then stigmatized for seeking services as they might be seen perceived negatively. Given the role of social perceptions on STIs, future studies should explore approaches and interventions to reduce stigma as a barrier to screening.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Plants Deemed Abortive in Traditional Abortion Practices in Mali

Makan Soumare<sup>a</sup> and Adama Traore<sup>b</sup>

<sup>a</sup>Health, Bamako, Mali; <sup>b</sup>DMT, Bamako, Mali

According to OMS, 13% of maternal mortality in Mali is due to abortion. It is estimated that between 600 and 800 women secretly undergo abortions every day, 200 of which are without any medical assistance. Indeed, the lack of control of contraceptive methods and unprotected sex, increasingly, led women to resort to abortion.

Women know about a variety of herbal abortive processes or that are claimed as such even if their efficiency has not been scientifically proven.

In traditional medicine, many plants are deemed to be abortifacient, they are likely to induce a woman's period, facilitate contractions or prevent implantation of the embryo.

The research conducted allowed us to catalog as many as 19 plants deemed to be abortifacient in Mali. These are *Artemisia absinthium*, *Agave americana*, *Aloe Socotrina*, *Ferula Assa-foetida*, *Atractylis Gummifera*, *Conium maculatum*, *Citrullus Colocynthis*, *Ecballium elaterium*, *Echinops spinosus*, *Ephedra Alata*, *Ephedra Altissima*, *Ephedra Fragilis*, *Euphorbia Resinifera*, *Daphne Gnidium*, *Nerium oleander*, *Petroselinum Sativum*, *Calotropis Procera*, *Retama monosperma*; *Retama raetam*; *Retama Sphaerocarpa*, *Ruta montana*, *Urginea maritima*.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 3: CLINICAL SCIENCES AND THERAPIES

### Compulsive Sexual Behaviours. A Paradigm Shift And a New Treatment Protocol

Silva Neves

Private Practice, London, United Kingdom

**Introduction:** Compulsive sexual behaviours have been misunderstood for years using the controversial conceptualisation of "sex addiction," a disorder that had not been clinically endorsed. In 2018, the ICD-11 has agreed on a clinical definition of compulsive sexual behaviour disorder (CSBD) with diagnostic criteria.

**Project:** Thanks to the ICD-11 diagnostic criteria for CSBD, it is now possible to formulate a treatment

protocol that is in line with the clinical understanding of sexual compulsivity, and not based on addiction-thinking.

This presentation will summarise the definition of compulsive sexual behaviours disorder (CSBD) and highlight the difference between the disorder and the various patient clinical presentations of sexual compulsivity that may not reach the disorder criteria.

Based on the various clinical materials of case studies from different populations, this workshop will propose a treatment protocol based on the three-phase model according to the speaker's clinical experience, explaining the relevance of each phase, including expected outcomes.

**Outcome:** The three-phase treatment protocol takes into account the more recent and evidence-based understanding of sexual compulsivity to address different aspects of the problems: addressing impulse control, treating compulsivity and re-integrating the meaning of sexual behaviours and eroticism. It is a treatment protocol that is flexible, sex-positive and compatible with established psychotherapeutic modalities and interventions.

**Discussion and recommendations:** The conceptualisation of "sex addiction" and its addiction-focused

treatments are no longer appropriate with the new understanding of compulsive sexual behaviours. The ICD-11 diagnostic criteria have precipitated a paradigm shift bringing the field of sexual compulsivity into the 21st century. The contemporary clinical understanding of sexual compulsivity opens the discussion for better, less dogmatic treatments. The success of the three-phase protocol rests upon the treatment being congruent with compulsivity and well-established therapeutic modalities, rather than addiction, offering patients more sex-positive choices with a pluralistic approach.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Trans Men and Non-Binary People Sharing Their Experience of Testosterone in Videoblogs: An Embodied Expert Knowledge

Morag Bosom and Denise Medico

University of Quebec In Montreal, Montreal, Canada

**Introduction and objectives:** Videoblogs are very important sources of information for trans men and non-binary people who want to start testosterone, as they provide embodied knowledge on hormone therapy. This study, therefore, aims to better understand how the experience of testosterone is described on these online platforms in order to better grasp the gender affirmation experience as perceived by trans people.

**Method:** An analysis of videoblogs dealing with testosterone by and for transmasculine people starting their first year of hormone therapy with testosterone was carried out on YouTube. A total of 63 videos of 5 North American trans men and non-binary people taking testosterone were selected and transcribed verbatim. A double analysis was executed with NVivo following the Interpretative Phenomenological Analysis (IPA), one to deepen the individual subjective experience and one to identify the differences and similarities through each testimony.

**Findings and discussion:** Videoblogs offer rich information produced and consumed by transmasculine people about gender affirmation with testosterone.

They showed how people experienced testosterone changes on a daily basis, negotiated and lived the impacts of hormone therapy through three levels of expectation: changes highly hoped for, neutrally expected and dreaded. Notably, the voice seemed to be the most important change, followed by amenorrhea and appearance of hairiness.

**Recommendations:** The results identify the elements to be considered in accompanying transmasculine people through medical transition, both bodily and symbolic, and reflect the multifaceted nature of their experiences. They highlight the very active and unique experience of gender affirmation and the investment of their trans male bodies which are new constructions of the body and can't be reduced to replication of cis-gendered male bodies. The knowledge produced and consumed by transmasculine people on the Internet must be recognized for their contribution to knowledge literature and professional formation about the transition.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## First Regional Center for Gender Incongruence in Norway

Martin Rosmo Hansen, Susan Ettelt, Even Tyr Bjerkeli and Daniel Aam Josdal

Vestfold hospital, Tønsberg, Norway

In October 2020, Norway's first Regional Center for Gender Incongruence (RCGi) opened in Vestfold. RCGi aim for better treatment of the Transgender and Gender Non-confirming (TGNC) population.

The background for the establishment of RCGi came from a growing dissatisfaction among this patient group. In 2013, the Norwegian Directorate of Health gathered a group of experts to evaluate the patients' needs and to suggest solutions. Their report, "Right to right gender" (2015), verified a requirement for regional treatment services with a focus on building resilience against minority stress and offering hormonal and surgical treatment. In 2020, WHO's ICD-10 performed a national revision in Norway, relocating the diagnosis F64.0 Transsexualism to Z76.8X gender incongruence. Subsequently, National Treatment Guidelines for Gender Incongruence was developed.

The TGNC-population have a higher risk of developing psychological problems and committing suicide, than the population at large. RCGi have held informative, educational, and therapy groups for the TGNC-population exploring gender incongruence, gender-affirming treatment, and minority stress. The Covid-19

pandemic required the use of both physical and digital platforms. Our experience is a high and increasing rate of patient referrals to RCGi, and a high satisfaction rate from the TGNC-population. We have collaborated with patient organizations, communal treatment facilities, and national organization relevant for this patient group. We offer guidance and demonstration of aids for reducing gender dysphoria. Our health personnel have expertise and experience with the TGNC-population. The treatment at RCGi aims to be in accordance with the World Professional Association for Transgender Health (WPATH) SoC.

RCGi also aims to establish a data registry to perform research, to improve the treatment of the TGNC-population. This involves the translation of relevant tools and gathering of clinical data. We hope to lead forward as an example that leads to further development of additional regional centers for gender incongruence in Norway.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Relación Entre Duelo Perinatal y Apoyo Social en Mujeres Que Han Tenido Un Aborto Espontáneo

Ana María Verde Martínez<sup>a</sup>, Blanca Estela Barcelata Eguiarte<sup>b</sup> and Gerardo Benjamín Tonatiuh Villanueva Orozco<sup>b</sup>

<sup>a</sup>Asociación Mexicana Para La Salud Sexual, A.c. Amssac, Ciudad De México, Mexico; <sup>b</sup>Universidad Nacional Autónoma de México, Ciudad de México, México

**Introducción.** La muerte perinatal refiere a la muerte intrauterina súbita de un feto durante el embarazo (OMS, 2020), el aborto espontáneo se caracteriza por ser un proceso no provocado que puede generar duelos complejos debido al vínculo prenatal y a las expectativas sociales (Mota, et al., 2011). Las personas que más sufren la pérdida de un hijo son quienes no tienen un sistema de apoyo al vivir la crisis (Kübler-Ross, 1985). El aborto espontáneo suele recibir menor

atención en los servicios de salud (Larivière-Bastien, et al., 2019).

**Objetivo.** Identificar la relación entre los tipos de apoyo social y el duelo perinatal en mujeres que han tenido un aborto espontáneo (Apoyo CONACyT 1083581).

**Método Participaron** 158 mujeres de 34 años en promedio, 30.4% tuvo la pérdida hace menos de un año y 69.6% hace más de un año. La muestra fue no

probabilística por conveniencia. Se aplicó la Escala de Duelo Perinatal de Mota, et al. (2011) y la Escala de Apoyo Social en Adultos Mexicanos de García-Torres, et al. (2017), así como un consentimiento informado. Resultados. Se encontró que la dimensión de “depresión” del duelo perinatal correlacionó con los tipos de apoyo social (de  $r = -.202$ ,  $p = < .05$  a  $r = -.386$ ,  $p = < .01$ ), el “compañerismo” correlacionó con el factor de “culpa” ( $r = -.243$ ,  $p = .002$ ), “duelo activo” ( $r = -.168$ ,  $p = .035$ ) y “aceptación” ( $r = .286$ ,  $p = < .001$ ).

**Conclusión.** Se confirman datos anteriores (DeMontigny, et al. 2020), como mayores

puntuaciones de depresión en mujeres con una pérdida más reciente y su relación con factores como apoyo social y culpa, lo cual es relevante por las expectativas sociales de maternidad en la cultura mexicana (Hiefner, 2020). Es importante realizar investigación sobre qué conductas específicas son percibidas como compañía, para generar procesos educativos en personal de salud y grupos de apoyo familiar durante el proceso de duelo.

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

## Modelo Predictivo De la Erotoflia A Través Del Funcionamiento y la Satisfacción Sexual

Carmen Santín Vilariño, Pedro J. Pérez Moreno, Alicia Martinez Arenas and Ana Vázquez Díaz

University of Huelva, Huelva, Spain

**Introducción y Objetivos:** Son numerosos los estudios que analizan las relaciones entre la dimensión erotofilia-erotofobia y otras variables de personalidad o socioculturales. El objetivo de este trabajo ha sido intentar establecer un modelo que sirviera para predecir la situación de los sujetos en la dimensión erotofilia-erotofobia en función de su funcionamiento y satisfacción sexual.

**Método y Muestra:** Participaron 221 voluntarios seleccionados mediante muestreo accidental, gracias al envío del cuestionario a través de redes sociales. El 43.9% se identificó como varón y el 56,1% como mujer con un promedio de edad de 24.27 (desviación típica de 1.94). Se utilizó un cuestionario para recoger variables sociodemográficas y 4 cuestionarios validados dirigidos a evaluar funcionamiento sexual, posibles cambios en este, autoestima sexual y erotofilia-erotofobia.

**Resultados:** Se ajustó un modelo de regresión lineal múltiple mediante un método con dos bloques (sociodemográfico y sustantivo) que eliminase sucesivamente a las variables que contasen con una relación estadísticamente no significativa con la variable a explicar

( $p > .10$ ). El modelo final cuenta con una proporción de varianza explicada de 0.292 estadísticamente significativa ( $F(4, 267) = 32.665$ ,  $p = .000$ ) a través de las variables: comportamiento sexual, sexo, preocupación sexual y edad.

**Conclusión y Recomendaciones:** El principal resultado de esta investigación es integrar las relaciones de las variables incluidas en el estudio con la erotofilia en un modelo multivariado, lo que permite explicar el 30% de la variación de la erotofilia gracias al comportamiento sexual, sexo biológico, preocupación sexual y edad. Esto indica que las variables que predicen una actitud más favorable hacia la sexualidad serían el hecho de ser mujer, dedicar tiempo a fantasear sobre sexualidad y mantener una conducta sexual activa. Podemos considerar que se producen avances en nuestra sociedad, encontrándose hoy las mujeres más libres para manifestar intereses sexuales o practicar diferentes conductas sexuales.

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

## Pelvic, Women'S and Sexual Health Physiotherapy in South Africa: What Are the Facilitators, Barriers and Needs?

Corlia Brandt<sup>a,b</sup>

<sup>a</sup>University of the Witwatersrand, Johannesburg, South Africa; <sup>b</sup>Wits Sport and Health, Johannesburg, South Africa

**Introduction and objectives:** Limited clinics exist in South Africa which address the needs of patients with problems such as pelvic floor dysfunction (PFD), or other related sexual health matters. This is concerning due to the high prevalence of PFD. This study aimed to explore the needs, barriers and facilitators to provide optimal pelvic, women's and sexual health services within a South African context.

**Method and sample:** This was a qualitative design (in-depth interviews) to explore the opinions of clinicians, researchers, managers, patients and educationalists on the needs, barriers and facilitators to provide optimal pelvic, women's and sexual health services in a diverse healthcare system in South Africa. Content thematic analysis was used to analyze and interpret the data.

**Findings and discussion:** The five included physiotherapists, two urogynaecologists, two patients, three managers, one psychologist, dietitian and urologist, represented clinicians, researchers, postgraduate

students, and educationalists. The mean age and the mean years of experience of the participants were  $45.73 \pm 14.95$  years and  $17.31 \pm 12.73$  years respectively. The study identified patient education, training of clinicians, inclusiveness and research as significant needs to improve services. The major challenge proved to be accessibility to services and resources, while an interprofessional collaborative approach was indicated as an important facilitator to improve services.

**Recommendation:** There is a need to improve patient education, research and training of clinicians in the field of pelvic, women's and sexual health. The major challenge is to improve accessibility and resources to provide optimal services, amongst other identified challenges. An interprofessional and integrated approach was suggested to facilitate optimal service provision and should be further explored.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Physiotherapy, Pelvic Floor and Sexual Health Within a Contemporary Biopsychosocial Model of Care: From Research to Education and Clinical Practice

Corlia Brandt<sup>a,b</sup>

<sup>a</sup>University of the Witwatersrand, Johannesburg, South Africa; <sup>b</sup>Wits Sport and Health, Johannesburg, South Africa

**Introduction and objectives:** Pelvic floor dysfunction (PFD) is a common problem in both men and women and is closely related to sexual health. Despite the high prevalence and negative effects on quality of life, there is a lack of research in this area which translates into physiotherapeutic clinical practice and education.

This paper discusses how gaps and controversies in current research and evidence might be addressed by positioning PFD and sexual health within a contemporary biopsychosocial model of care (BPSM).

**Methods:** Databases were searched for studies published between 2010 and 2020 to support hypotheses

and statements. The paper focuses on the evidence for PFD and sexual health as related to the themes and subthemes of the Biopsychosocial Model of Care, and how it might translate into education and clinical practice. It highlights areas of research, education and clinical practice that need to be explored and how the different components of healthcare may influence one another.

**Findings and discussion:** Biomedical aspects regarding pelvic and sexual health are mostly investigated and taught, while psychological, cognitive, behavioural, social and occupational factors,

individualised care, communication and therapeutic alliance are still quite under-investigated and not integrated or translated at a sufficient level into physiotherapeutic research, education and clinical practice.

**Recommendations:** Integrating all factors of the BPSM into research is important for effective knowledge translation and enhancement of a de-compartmentalised approach into training and clinical practice. Future studies should focus on research topics

other than the biomedical, incorporate outcome measures in efficacy studies as related to all aspects of the BPSM, and investigate the interaction between the different aspects of the BPSM as related to PFD and sexual health.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Fantasy As Therapeutic Tool: A Systematic Review

Roberta Galizia<sup>a</sup>, Filippo Maria Nimbi<sup>a</sup>, Roberta Rossi<sup>b</sup> and Chiara Simonelli<sup>a</sup>

<sup>a</sup>Sapienza University Of Rome, Rome, Italy; <sup>b</sup>Institute of Clinical Sexology, Rome, Italy

**Introduction and objective:** Research about sexual fantasy has mainly focused on the content and frequency of sexual fantasy rather than on its use in the clinical setting. This critical review aims to evaluate the existing literature relating to the wider use of sexual fantasies in clinical practice in order to provide mental and sexual health professionals with an overview of relevant research that could be useful in guiding them in their choices regarding clinical treatments.

**Method:** A comprehensive search of electronic databases was carried out to identify literature regarding the use of sexual fantasies in clinical practice. A total of 80 papers and relevant books were included.

**Results:** Two main different theoretical traditions have emerged from this literature review that consider the use of sexual fantasies in clinical practice: behaviorism and psychoanalysis. Behavioral therapists would usually seem to deal only with conscious fantasies; the psychoanalysts, on the other hand, of the unconscious ones. Behavioral strategies seem to be the predominant

ones for the treatment of deviant sexual fantasies, although over the years the need to consider alternative approaches to this has advanced. Furthermore, results would indicate that sexual fantasies may also be useful means in the treatment of couples with sexual difficulties to improve couple intimacy and sexual functioning.

**Conclusions and recommendations:** This review would highlight the limited presence of research confirming the efficacy of behavioral strategies in the treatment of deviant sexual fantasies. Studies on the use of sexual fantasy in intimate relationships also seem scarce. The use of sexual fantasy in clinical practice deserves further studies considering integrated approaches to better understand how to improve the treatments of deviant sexual behaviors and sexual difficulties in couples.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Casual Sex and Women's (Un)Pleasure Possibilities

Marina Carvalho and Durval Faria

Department of Clinical Psychology of the Pontifical University of São Paulo, São Paulo, Brazil

Changes in contemporaneity have led women to conquer more autonomy over their bodies, which resonates in sexual practices, such as the increase in casual

sex. Evidence suggests that ambiguities are part of women's experiences in casual sex (e.g., feeling free versus searching for a romantic relationship), which

are related to the double sexual standard and traditional hetero and mononormative beliefs. However, preceding studies highlight the need for qualitative research focusing on women's pleasure's pursuit and emotional intimacy. So, this study aims to understand the meanings attributed to casual sex by young adult women, to investigate the underlying casual sex practices and their experiences of (un)pleasure.

A qualitative study was performed with semi directed interviews with 12 women between the age of 25 and 30 years old, with high education levels, heterosexual and that have practiced casual sex at least once in the last five years.

Five themes were obtained, which were analyzed by thematic analysis: (1) Casual sex's comprehensions; (2) I'm my own woman; (3) Connected and shared experiences; (4) Judgements; (5) Superficial relationships. Results indicate mixed patterns between traditional versus contemporary and deep versus superficial

experiences in the meanings attributed to casual sex: women feel free and seductive, as well as have deep and connected experiences with their partners- which are considered a pleasure; on the other hand, they can feel judged and promiscuous, as much as having superficial and unpleasant casual sex encounters. Nevertheless, the participants search for a judgment's breach and aim for profound encounters with their partners.

In this perspective, casual sex can be a way for women to explore their sexuality and to promote self-knowledge, which helps in their psychic awakening. Considering the limited sample, it is recommended further qualitative studies about casual sex among different populations, in order to have a broader perspective on the phenomenon.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Pornography Use and Loneliness in Adolescents

Gabriel Serrano<sup>a</sup>, Carlos Chiclana-Actis<sup>a,b</sup>, Gemma Mestre-Bach<sup>a,c</sup> and Alejandro Villena<sup>a</sup>

<sup>a</sup>Unidad Sexología Clínica. Consulta Dr. Carlos Chiclana, Madrid, Spain; <sup>b</sup>Instituto de Estudio de las Adicciones. Universidad CEU San Pablo, Madrid, Spain; <sup>c</sup>Universidad Internacional de la Rioja, Spain

**Introduction and objectives:** the use of pornography in adolescents and its possible consequences is still the subject of scientific debate. It has been observed that about 20% of adolescents access pornography involuntarily, the average age of access being around 10 years old. Recent international research shows the relationship between loneliness and pornography use in this population. The main objective of this study is to explore whether there is a relationship between pornography use and loneliness in a sample of Spanish-speaking adolescents.

**Method(s) and sample:** an assessment protocol was used that collected sociodemographic data, the Problematic Pornography Consumption Scale (PPCS), the Loneliness Scale (UCLA), and a questionnaire on pornography use. A total of 1629 subjects (36.7% male; 62.2% female) from Spain and Mexico (mean age 15.89) participated.

**Results:** 56% accessed pornography accidentally, the mean age of first contact with pornography was 12

years and the lowest age recorded was 5 years. Girls showed higher rates of loneliness. Of the adolescents, 64.6% had seen pornography, and 30.2% of the sample consumed pornography on a regular basis. A significant relationship was found between levels of loneliness and problematic pornography use.

**Conclusion and recommendations:** loneliness and problematic pornography use are positively related to each other in our sample. The prevalence of problematic pornography use increases with age. It is recommended to include possible mediating variables such as biological (sex), psychological (attachment), social or cultural (gender, pressure, stereotypes, religiosity) aspects that may explain more precisely the correlations.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sociodemographic Profile in the Problematic Use of Pornography: Brief Report

Gabriel Serrano<sup>a</sup>, Alejandro Villena<sup>a</sup> and Carlos Chiclana-Actis<sup>a,b</sup>

<sup>a</sup>Unidad de Sexología Clínica. Consulta Dr. Carlos Chiclana, Madrid, Spain; <sup>b</sup>Instituto de Estudio de las Adicciones. Universidad CEU San Pablo., Madrid, Spain

**Introduction and objectives:** the presence of sexually explicit material on the Internet has grown significantly in recent decades. Recent research claims that problematic pornography use (PPU) affects 3–8% of the population. Some studies show that its use becomes problematic because of the moral incongruence it generates in users who practice any religion. Higher levels of PPU have been observed in people with non-heterosexual sexual orientation. There are some sociodemographic variables that may define a profile of people with a higher PPU.

**Method(s) and sample:** an online survey was conducted through Dale Una Vuelta's platform. Ten items extracted and adapted from the PPCS scale were used. A total of 3084 subjects participated (79.1% male and 20.9% female) with a mean age of 26.10 years. 80.12% were heterosexual, 13.72% bisexual and 6.16% homosexual. 51.2% were Catholic, 34.5% atheist and 13.7% had other religious affiliations.

**Results:** significant differences were found between the means of all the items of the PPCS scale (except for tolerance and abstinence) and sex, being higher in men. Significant differences were observed between the bisexual and heterosexual groups in problematic pornography use, with a higher mean score in the bisexual group than in the heterosexual group.

People with no religious beliefs showed higher mean scores on the PPCS. The sociodemographic profile with the highest UPP score was male and homosexual.

**Conclusions and recommendations:** the profile of high risk development of PU may be conditioned by sociodemographic variables such as sex, sexual orientation, or religiosity. It is recommended to study in depth these variables to understand the origin of PPU, both in research and in clinical practice.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Function in Patients With Pituitary Adenomas: Integrating the Biopsychosocial

Loraine Ledón Lanes<sup>a</sup>, Marta M. Durand Carbajal<sup>a</sup>, Daniel Cuevas Ramos<sup>b</sup>, Beatriz Torres Rodríguez<sup>c</sup>, Silvia E. Turcios Tristán<sup>a</sup>, Cinthia I. Botello Mendoza<sup>a</sup> and Fernando Larrea<sup>a</sup>

<sup>a</sup>instituto Nacional De Ciencias Médicas Y Nutrición Salvador Zubirán, Tlalpan, Mexico; <sup>b</sup>Centro de Investigaciones Médico-Quirúrgicas, Playa, Cuba; <sup>c</sup>Instituto Nacional de Endocrinología, Plaza de la Revolución, Cuba

**Introduction and objectives:** Pituitary adenomas (PA) can impair the sexual function (SF) of women and men. Scant studies have researched the SF in this population, especially considering a biopsychosocial approach. The present study aimed to assess the SF of women and men with functional and nonfunctional PA and to determine its relationship with some socio-demographic, health, sexual and reproductive health (SRH) and psycho-affective variables.

**Method(s) and sample:** A cross-sectional comparative study with a hospital-based sample of 66 Mexican patients with PA was conducted. They completed a semi-structured interview to collect sociodemographic,

health and SRH' information, the Beck Anxiety Inventory, the Beck Depression Inventory, the Female Sexual Function Index and the International Index of Erectile Function. Comparative, correlational and regression analysis was performed. The study was approved by the local ethics committee.

**Results:** The mean age was  $40 \pm 10$  years old, and men were older ( $p = .0007$ ). Most patients (65%) were in control of their PA, 18% had secondary hypogonadotropic hypogonadism (SHH), and most women scored with anxiety (85%). 44% of patients used contraceptive methods, 36% perceived having fertility difficulties and 41% perceived having sexual discomforts. The total SF

mean score overcame the cut-off in women ( $29 \pm 4$ ) and men ( $55 \pm 12$ ), 26% and 38% presented overall sexual dysfunctions (SD) mainly in the sexual desire domain and in the erectile function, respectively. The SHH diagnosis ( $p = .003$ ), the perception of sexual discomfort ( $p < .001$ ) and the score of anxiety ( $p = .018$ ) in women, and the age in men ( $p = .004$ ), had a decreasing effect on the total SF score.

**Conclusions and recommendations:** The studied patients with PA showed a moderate overall SF

performance and presented sex-related vulnerabilities expressed in specific sexual domains. Patients with PA should receive physical and psychological assistance to improve their SF, from a multidisciplinary and gender perspective. Further research is needed to better understand this topic.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Proceso de Validación de Una Escala de Soledad en la Pareja: Análisis Factorial Exploratorio

Ana María Verde Martínez<sup>b</sup>, Susanny Martín del Campo Martínez<sup>a</sup>, Vianey Melo Cabrera<sup>a</sup> and Liza Pérez-Moreno Rose<sup>a</sup>

<sup>a</sup>Universidad Nacional Autónoma de México, Ciudad De México, México; <sup>b</sup>Asociación Mexicana Para La Salud Sexual, A.C. Amssac, Ciudad De México, Mexico

La soledad conyugal hace énfasis en los sentimientos de insatisfacción dadas las expectativas colocadas en una relación erótico-afectiva (López, 2019). El objetivo del presente estudio consistió en evaluar las propiedades psicométricas de una escala en construcción para medir el concepto de Soledad en la Pareja en personas que residen en la Ciudad de México. Participaron, mediante muestreo no probabilístico por conveniencia, 306 personas (269 mujeres y 36 hombres), entre los 21 y los 66 años de edad ( $M = 35$ ,  $DE = 7.4$ ) que tuvieran una relación de pareja de al menos un año de convivencia (Apoyo CONACyT 1083581). Se aplicó la escala en construcción de 120 ítems que miden la soledad en la pareja en tres constructos teóricos: estados emocionales, expectativas hacia la pareja y consecuencias.

El Análisis Factorial Exploratorio se realizó utilizando el método de extracción de máxima verosimilitud y una rotación Varimax que se detuvo a las 16 iteraciones, dicho análisis confirmó las dimensiones de

Expectativas y Emociones; se conformó la dimensión de Monotonía. Estos tres factores explican el 40.97% de la varianza. El análisis de confiabilidad por prueba de Alfa de Cronbach arrojó una alfa total de .907 y por factor: Expectativas ( $\alpha = .972$ ), Emociones ( $\alpha = .970$ ) y Monotonía ( $\alpha = .954$ ). El estudio confirma la importancia del papel de las expectativas colocadas socialmente en la relación de pareja como: provisión o recepción de información, la ayuda instrumental, el apoyo y consejo (Valtorta et al., 2016).

La ausencia o no cumplimiento de estas expectativas resultan en sentimientos de vacío, soledad emocional, pánico, de ausencia de apoyo y sentido de pertenencia (Shevlin et al., 2015). Se concluye que la prueba requiere de análisis confirmatorios para ser considerada como una prueba con propiedades psicométricas adecuadas para su aplicación y generalización.

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

## Elementos Que Obstaculizan la Detección Oportuna de Abuso Sexual en la Infancia: Desconocimiento, Silencio y Género

Olivia Guerrero Figueroa

Asociación Mexicana para la Salud Sexual, A. C. AMSSAC, CDMX, México

**non:** El ser humano es una especie en la que desde su nacimiento necesita cuidados y guías para que su desarrollo se vea fortalecido. Eventos significativos como vivir en un contexto de violencia son circunstancias que pueden limitar el desarrollo que a su vez restringen diferentes áreas de su vida, como señala Tenorio, Jacobo, Vázquez y Manzo, (2015); y la calidad de vida se ve impactada, el comportamiento violento se reproduce y presenta dificultades en el desarrollo psicológico como problemas en el autoestima y la autoadecuación entre otros efectos negativos dentro del mismo crecimiento en diferentes áreas (Osofsky, 1995, 1999; Finkelhor, Ormrod, & Turner, 2006). Pocos autores describen a los asinómitos, estableciéndose que entre 20 y 30% de las víctimas de abuso sexual infantil permanecerían emocionalmente estables tras esta experiencia (López, 1994). (Kendall-Tackett, Meyer y Finkelhor, 1993). Romans, S., Martin, J., Anderson, J., O’Shea, M., & Mullen, P. (1995).●

**Objetivo-general:** Conocer la relación entre el desconocimiento del tema del abuso sexual en la

infancia, guardar el secreto y el género, como elementos que obstaculizan la detección oportuna del abuso sexual en la infancia.

**Resultado:** A través del análisis de 7 testimonios de padres, madres e hijos se reconoce la relación existente entre el desconocimiento del tema de abuso sexual, el silencio y la perspectiva de género en la que se educa a hombres y mujeres como factores que obstaculizan la detección del ASI.

**Discusión y recomendaciones:** La educación integral de la sexualidad es un derecho de todos los niños y adolescentes que garantiza una vida plena y responsable y fomenta la prevención del abuso sexual en la infancia.

Ser conscientes de los mensajes de género en hombres y mujeres previene que el abusos suceda y fomenta la atención oportuna en niños y niñas que han vivido ASI.

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

## Female Sexuality: Six Sex Short Stories

Tatiana Strepetova<sup>a</sup>, Domenico Trotta<sup>a</sup>, Fernanda Gorga<sup>a</sup>, Clotilde Langella<sup>a</sup> and Maurizio Guida<sup>b</sup>

<sup>a</sup>ISA ACTS, Institute of Sexology and Sexual Dynamics, Scuola Italiana di Sessuologia, Salerno, Italy; <sup>b</sup>Department of Obstetrics and Gynecology University of Naples “Federico II,” Naples, Italy

**Introduction and objectives:** Female sexuality, both basic and problematized, is described within scientific criteria shared between scholars and experts in the subject (DSM, ICD, specific cognitive behavioral, humanistic, dynamic sexological approaches, etc.). The aim of the study is to relate these abstract and scientific criteria with the individual emotional experience.

**Method(s) and sample:** Six women talk about their own sex life. Some women do this voluntarily and spontaneously, others within a specific request for professional help. In several cases, there are—upon specific request by the Authors and to complete the

narrative data—some drawings produced by the women themselves.

**Findings and discussion:** From their stories emerge some common ways of living and interpreting female sexuality and eroticism. As with Marianna where sex is acted out only within a context of a strong romantic idealization, Niki, a young teenager, who experiences an involuntary and “asexual” first orgasm and Giana whose eroticism is halfway between denial and the desire to access pleasure. And then Carola’s sexual doubts and uncertainties, Maria Elena’s exhibitionistic fantasies, and Vittoria’s complicity with her helpless



and voyeuristic husband. Arousal difficulty, orgasmic inability, absent desire, a specific modality of eroticization and/or an atypical or deviant sexual behavior should not be evaluated only from a nosographic and general point of view. Equal or greater importance must be given to how a behavior or disorder is subjectively experienced and represented.

**Recommendations:** Sexual narratives and behaviors, individually and culturally accepted or opposed, must

be considered taking into account the nomothetic as well as the idiographic perspective to focus on the specific individual unique traits. A combined strategy will help patients and therapists to better manage sexual discomfort or malfunction.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## El Deseo Sexual y Su Relación Con la Experiencia Subjetiva Del Orgasmo en El Contexto De la Masturbación en Solitario

Oscar Cervilla, Ana Álvarez-Muelas, Ana I. Arcos-Romero, Laura Elvira Muñoz-García, Pablo Mangas and Juan Carlos Sierra

Laboratorio de Sexualidad Humana, Centro de Investigación Mente, Cerebro y Comportamiento, Universidad de Granada, Granada, Spain

**Introducción y objetivos:** El deseo sexual está relacionado con el orgasmo, por ello, el objetivo es analizar la relación entre ambas dimensiones del funcionamiento sexual en el contexto de la masturbación en solitario.

**Método y muestra.** Participaron 1.085 hombres y 1.321 mujeres de la población general española de 18 a 83 años ( $M = 40,28$ ;  $DT = 12,12$ ). Se evaluó el deseo sexual diádico hacia una persona atractiva y el deseo sexual solitario, y la experiencia subjetiva del orgasmo en el contexto de la masturbación en solitario.

**Resultados:** En hombres, la edad ( $\beta = 0,10$ ,  $p < 0,001$ ), el deseo sexual hacia una persona atractiva ( $\beta = 0,12$ ,  $p < 0,001$ ) y el deseo sexual solitario ( $\beta = 0,36$ ,  $p < 0,001$ ) explicaron un 19% de la varianza de la experiencia subjetiva del orgasmo mediante la masturbación ( $p < 0,001$ ). En mujeres, además de la edad ( $\beta = 0,09$ ,  $p < 0,01$ ), el deseo sexual hacia una persona atractiva ( $\beta = 0,13$ ,  $p < 0,001$ ) y el deseo

sexual solitario ( $\beta = 0,37$ ,  $p < 0,001$ ), explicaron un 20% de la varianza de la experiencia subjetiva del orgasmo ( $p < 0,001$ ).

**Conclusión:** El deseo muestra capacidad explicativa, especialmente el deseo sexual solitario, sobre la experiencia subjetiva del orgasmo en el contexto de la masturbación en solitario, tanto en hombres como en mujeres. Estos resultados tienen implicaciones en investigación y en el ámbito clínico.

**Fuente de financiación:** Proyecto de Investigación RTI2018-093317-B-I00 (Gobierno de España) y Beca FPU18/03102 de Formación de Profesorado Universitario

**Conflicto de interés y declaración de divulgación:** Los autores no declaran conflicto de interés. Investigación aprobada por el Comité de Ética de la Universidad de Granada.

## Films Para Validar El Modelo Multidimensional De la Experiencia Subjetiva Orgásmica en la Masturbación

Oscar Cervilla, Reina Granados, Ana Álvarez-Muelas, Cristóbal Calvillo, Laura Elvira Muñoz-García, Pablo Mangas and Juan Carlos Sierra

Laboratorio de Sexualidad Humana, Centro de Investigación Mente, Cerebro y Comportamiento, Universidad de Granada, Granada, Spain

**Introducción y objetivos:** La excitación sexual subjetiva alude a la percepción psicológica de la excitación sexual y de la respuesta genital, pudiendo evaluarse mediante autoinforme. El objetivo es analizar la excitación sexual subjetiva que elicitan dos filmes sexuales con personas masturbándose a solas para validar posteriormente en laboratorio el Modelo Multidimensional de la Experiencia Orgásmica Subjetiva en el contexto de la masturbación en solitario.

**Método y muestra:** 36 jóvenes heterosexuales (50% mujeres) de 18 a 30 años de edad visionaron un primer vídeo neutro como línea base, seguido de dos vídeos con contenido sexual explícito con hombres o mujeres masturbándose hasta el orgasmo. Tras cada vídeo, respondieron la escala de Valoración de la Excitación Sexual (VES) y la escala de Valoración de las Sensaciones Genitales (VSG).

**Resultados:** Tras visualizar el primer vídeo sexual, se observó un cambio significativo en la VES, con un incremento promedio en hombres del 563,84% y del 545,13% en mujeres. En la VSG, se observó un

incremento del 113,89% en hombres y 114,81% en mujeres. Después del segundo vídeo sexual, también se identificaron diferencias significativas en la VES, con un incremento en hombres del 447,40% y del 455,34% en mujeres, al igual que en la VSG, con un incremento del 105,55% en hombres y 111,76% en mujeres.

**Conclusión:** Los dos vídeos sexuales muestran capacidad para incrementar la excitación sexual subjetiva y las sensaciones genitales, en hombres y mujeres. Se destaca su utilidad en laboratorio para provocar excitación sexual.

**Fuente de financiación:** Proyecto de Investigación RTI2018-093317-B-I00 (Gobierno de España) y la Beca FPU18/03102 de Formación en Profesorado Universitario

**Conflicto de interés y declaración de divulgación:** Los autores no declaran conflicto de interés. Investigación aprobada por el Comité de Ética de la Universidad de Granada.

## Experiences From a Support Group for Parents of Gender Diverse Youth in South Africa

Jonathan Bosworth and Melinda Swift

Matimba, Johannesburg, South Africa

A psychologist and a parent reflect on starting and co-facilitating a support group for parents and caregivers of gender diverse youth (transgender, non-binary, gender creative, gender non-conforming and gender questioning children, adolescents, and young adults).

Gender diverse youth are a particularly vulnerable group that is much more likely (in relation to the general population) to experience prejudice, discrimination, hate crimes, mental health difficulties, and various problems related to homelessness, healthcare, education, and employment. Parental support has been

found to have a significant positive impact on reducing these difficulties.

However, parents often struggle with processing their children's gender diverse identities and navigating how to best help their children in their gender journeys. Therefore, spaces for parents to connect, engage and receive support could play important roles in the well-being of gender diverse youth and their caregivers. The authors use their experiences of running a support group for parents and caregivers over the last two years to better understand the needs of parents

and caregivers of gender diverse youth, especially in the South African context. Furthermore, recommendations are made on how best to create safe and supportive grassroots spaces to best assist gender diverse youth and their families, and potentially to also utilise

these networks to drive change in broader education and healthcare systems.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Validación de Clips Para la Activación Sexual de Jóvenes Con Distintas Tipologías de Adhesión Al Doble Estándar Sexual

Ana Álvarez-Muelas, Reina Granados, Ana I. Arcos-Romero, Cristóbal Calvillo, Oscar Cervilla, Laura Elvira Muñoz-García, Pablo Mangas and Juan Carlos Sierra

Centro de Investigación Mente, Cerebro y Comportamiento de la Universidad de Granada, Granada, Spain

**Introducción:** La pletismografía peniana y la fotopletismografía vaginal permiten evaluar la excitación sexual objetiva. El doble estándar sexual (DES) es una actitud que implica una valoración diferente del comportamiento sexual en hombres y mujeres. El objetivo fue validar clips de contenido sexual para provocar excitación sexual en jóvenes con distinta adhesión al doble estándar sexual.

**Método:** Los participantes fueron 24 hombres y 24 mujeres (18-27 años de edad), heterosexuales, distribuidos en tres tipologías de DES: favorable al hombre, favorable a la mujer e igualitaria. Para la tarea experimental, se contó con films de tres minutos de contenido neutro (naturaleza) y de contenido sexual explícito heterosexual (sexo oral y coito). Los clips con contenido sexual eran de dos tipos: papel activo del hombre y papel activo de la mujer durante las relaciones sexuales. La presentación fue contrabalanceada. Se consideraron las puntuaciones medias en erección y amplitud del pulso vaginal ante cada uno de los clips. La excitación sexual era el resultado de la diferencia entre los vídeos sexuales y vídeos neutros.

**Resultados:** En hombres y en mujeres se encontraron diferencias significativas en la puntuación de excitación sexual entre el video neutro y los de contenido sexual, con mayores puntuaciones en estos últimos ( $p < 0,001$ ). El incremento de excitación fue superior al 12% en hombres y 15% en mujeres.

**Conclusiones:** Ambos videos de contenido sexual explícito provocaron excitación sexual objetiva en jóvenes heterosexuales con distintos niveles de adhesión al doble estándar sexual.

**Fuente de financiación:** Ministerio de Economía y Competitividad (Proyecto de Investigación PSI2014-58035-R) y Ministerio de Educación, Cultura y Deporte (FPU16/04429).

**Conflicto de interés y declaración de divulgación:** Aprobación por el Comité de Ética de Investigación Humana de la Universidad de Granada. Todos los participantes aceptaron un consentimiento informado que describía el objetivo de la investigación.

## Variables Sociodemográficas y Psicosexuales Con Capacidad Para Explicar la Frecuencia de Masturbación

Ana Álvarez-Muelas, Oscar Cervilla, Carmen Gómez-Berrocal and Juan Carlos Sierra

Centro de Investigación Mente, Cerebro y Comportamiento de la Universidad de Granada, Granada, Spain

**Introducción:** La masturbación se asocia a la salud sexual. El objetivo fue examinar la capacidad predictiva

de variables sociodemográficas (edad, estudios, frecuencia de rezo, meses de relación, actividad sexual,

edad de la primera relación sexual y de la conducta de masturbación), actitudes sexuales (erotofilia, hacia la masturbación, hacia las fantasías sexuales y doble estándar sexual) y variables relacionadas al funcionamiento sexual (deseo sexual solitario y dimensiones de la experiencia orgásmica subjetiva en la masturbación solitario) sobre la frecuencia de masturbación en solitario.

**Método:** 2.418 adultos (54,2% mujeres) de 18 a 83 años de edad, orientación heterosexual y nacionalidad española contestaron a las versiones españolas de las escalas que evalúan las variables. Mediante regresión lineal, se examinó la capacidad explicativa de las variables utilizando el método de introducir; en primer lugar, las sociodemográficas, seguidas de las actitudes sexuales y finalmente las asociadas al funcionamiento sexual.

**Resultados:** Debido a las diferencias significativas de la frecuencia de masturbación entre hombres y mujeres ( $t = 12,98$ ;  $p < 0,001$ ), los análisis se realizaron

por separado. En hombres, el modelo explicó un 45% de la frecuencia de masturbación ( $F = 36,25$ ;  $p < 0,001$ ) a través de la edad, la actitud negativa hacia la masturbación y la dimensión sensorial del orgasmo, negativamente, y del deseo sexual solitario positivamente. En mujeres, el modelo explicó un 47% de la frecuencia de masturbación ( $F = 41,96$ ;  $p < 0,001$ ) a través de la edad, meses de relación y frecuencia de rezo, negativamente, y del deseo sexual solitario positivamente.

**Conclusiones:** La frecuencia de la masturbación se asocia a distintas variables sociodemográficas y psicosexuales, teniendo distinto peso en hombres y mujeres.

**Fuente de financiación:** Ministerio de Ciencia, Innovación y Universidades del Gobierno de España (RTI2018-093317-B-I00) y la Beca FPU16/04429.

**Conflicto de interés y declaración de divulgación:** Ninguno. Aprobación por el Comité de Ética de Investigación Humana de la Universidad de Granada.

## Physiotherapy Management of a Patient With Mayer Rokitansky Küster Hauser Syndrome to Improve Sexual Function

Poonam Haria

Poonam Haria Physiotherapy, Morningside, Sandton, South Africa

**Introduction:** Mayer Rokitansky Küster Hauser syndrome is a congenital disorder resulting in aplasia of the uterus and upper vagina. It is prevalent in 1 in 5000 births of individuals with an XX chromosomal type. A 25-year-old patient presented to physiotherapy unable to tolerate vaginal penetration.

**Project:** The patient had undergone an intestinal vaginoplasty at age 19 with no follow-up management program. Her recovery was complicated by undergoing a further two open laparotomies due to bowel obstruction resulting in tight abdominal scar tissue. Initially, she was able to insert half the length of a number 1 dilator (5 cm girth; 6.6 cm length) vaginally. Physiotherapy management was supported with a compounded bio-estrogen cream.

Physiotherapy management focused on education of the pelvic floor anatomy and function, manual therapy, dilator therapy, scar mobilisation, breathing exercises and mindfulness practices as well as optimising bladder and bowel function. She received an intensive

physiotherapy treatment program once a week for a period of 7 months. The patient was compliant with a home exercise regime that included self-stretches, self-mobilisation, scar management, breathing exercises as well as progressive dilator therapy.

**Outcome:** The patient was able to successfully insert the number 4 dilator (10cm girth; 13.5cm length) and have pain free intercourse. At 12 month follow up the patient continued to have pain free intercourse twice a week with no dilation and no hormonal cream. She was experiencing abdominal pain which was independent of her sexual function. This was being investigated by a gastroenterologist.

**Discussion and recommendations:** Physiotherapy management in this case presentation was successful in improving sexual function in a patient that had undergone intestinal vaginoplasty six years prior to starting therapy. More studies are necessary to determine the long-term effects of therapy, and additional

aspects to the patient's sexual health, psychological well being, and general medical health.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Nuevos Retos en Terapia Sexual: Anodispareunia en Hombres Que Tienen Sexo Con Hombres

Pablo Mangas<sup>a</sup> and Ángeles Sanz<sup>b</sup>

<sup>a</sup>University of Granada, Granada, Spain; <sup>b</sup>Autonomous University of Madrid, Madrid, Spain

**Introducción:** La Anodispareunia se define como un dolor persistente o recurrente experimentado por el miembro receptivo de la pareja durante el coito anal, y su prevalencia alcanza cifras del 18% en el colectivo de Hombres que tienen Sexo con Hombres (H.S.H.). El presente trabajo, además de examinarla, analiza el interés científico que ha generado su estudio.

**Método:** Mediante el software RStudio se realizó un análisis bibliométrico, analizando 54 estudios que cumplían los criterios de inclusión, entre los que figuraba el término Anodispareunia. Los resultados se acotaron por tipo de documento (artículos científicos) y por fuente (revistas científicas). El rango temporal analizado abarcó desde 1998 (año de la primera publicación científica) hasta finales de 2020.

**Resultados:** La producción científica anual tiene una tendencia creciente en las últimas décadas, encontrándose en la actualidad en su cifra máxima. La principal fuente donde se ha publicado acerca de Anodispareunia es la Journal of Sexual Medicine, los

cinco autores más relevantes en su estudio son Fahs, B., Fortenberry, J. D., Herbenick, D., Rosser, B. R. S. y Štulhofer, A, y en cuanto al crecimiento anual de palabras clave relacionadas, se destaca el uso progresivo del término "H.S.H." y el desuso de "gay," lo que refuerza la diferenciación entre lo conductual y la orientación sexual, que es irreductible únicamente a conducta.

**Conclusión:** Parece que, a medida que transcurre el tiempo, se publican más estudios focalizados en la Anodispareunia, aunque las cifras por el momento son modestas. Con el objetivo conocer las claves que posibilitan una sexualidad saludable y satisfactoria en este colectivo, se propone divulgar más conocimientos acerca de ella, en aras de generar criterios diagnósticos, escalas estandarizadas, modelos teóricos y programas de intervención que la aborden.

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

## Intercambios Sexuales: Comparación Entre Adultos Gais y Heterosexuales Hispanohablantes

Cristóbal Calvillo<sup>a</sup>, María del Mar Sánchez-Fuentes<sup>b</sup>, Reina Granados<sup>a</sup> and Juan Carlos Sierra<sup>a</sup>

<sup>a</sup>Centro de Investigación Mente, Cerebro y Comportamiento, Universidad de Granada, Granada, España; <sup>b</sup>Facultad de Ciencias Sociales y Humanas, Universidad de Zaragoza, Teruel, España

El Interpersonal Exchange Model of Sexual Satisfaction (IEMSS) refiere que la satisfacción sexual es influenciada por intercambios sexuales percibidos como beneficios, costes, ambos o ninguno para las relaciones sexuales. Existe poca información sobre dicho tema comparando individuos gays con heterosexuales. Este

estudio pretende comparar intercambios sexuales entre hombres y mujeres gays y heterosexuales para evidenciar los beneficios y costes más importantes en cada grupo.

Participaron 1.998 adultos cisgénero. El 25,3% eran hombres gays de 18 a 62 años (M = 31,11; DT = 9,44),

el 20,3% eran lesbianas de 18 a 63 años ( $M=28,75$ ;  $DT=8,55$ ), el 29,9% hombres heterosexuales de 18 a 74 años ( $M=34,52$ ;  $DT=12,78$ ) y el 27,5% mujeres heterosexuales de 18 a 74 años ( $M=31,10$ ;  $DT=11,85$ ). Todos mantenían una relación de pareja de al menos tres meses. Respondieron anónima y voluntariamente un cuestionario sociodemográfico, Escala Kinsey y al Listado de Beneficios/Costes Sexuales formado por 58 intercambios sexuales.

Se evidenció en hombres gay, lesbianas y mujeres heterosexuales que de los diez primeros intercambios señalados como beneficio, la mayoría aludía a aspectos interpersonales; y en hombres heterosexuales, la mayoría aludía a aspectos físicos. Como costes, los cuatro

grupos indicaron mayormente aquellos intercambios referidos a aspectos interpersonales.

Intercambios de tipo interpersonal (e.g., afecto expresado por ambos miembros) fueron más beneficiosos para hombres gay, lesbianas y mujeres heterosexuales; y de tipo físicos (e.g., tener un orgasmo), para hombres heterosexuales. También los intercambios de tipo interpersonal (e.g. tener sexo cuando la pareja no está de humor), fueron los más costosos para todos. Se recomienda más investigaciones al respecto.

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

## Sexual Activities and the Influence of Religious Affiliation in the Assessment of Compulsive Sexual Behavior

Igor Finotelli Junior, Michael H. Miner and Eli Coleman

Department of Family Medicine and Community Health, Institute for Sexual and Gender Health, University of Minnesota Medical School, Minneapolis, USA

**Introduction and objective(s):** This study examined the role of religiosity in compulsive sexual behavior (CSB) by examining perceived problematic sexual activities and their effect on a CSB measure.

**Method(s) and sample:** Participants were recruited through the MTurk platform to obtain a sample of adults (over 18) that is representative of the US population in terms of gender and race-ethnicity. Based on current affiliation, participants were categorized into religious-unaffiliated ( $n=400$ ; 45.5%) and religious-affiliated ( $n=479$ ; 54.5%). Participants completed the Compulsive Sexual Behavior Inventory (CSBI-13), and self-reported whether or not they engaged in thirteen sexual activities in the past 3 months and indicated whether each activity was viewed as “unhealthy, excessive, compulsive, impulsive, addictive, or out-of-control.” Independent Student’s *t*-tests were used to compare the groups’ CSBI-scores.

**Results:** Reporting engaging in a particular sexual activity and viewing it as problematic significantly increased CSBI-13 scores in both groups. Not reporting engagement and viewing it as problematic did not have enough participants to conduct comparisons. The religious-affiliated group had higher scores on CSBI-13

compared to the religious-unaffiliated group and the between-groups effect was small when participants reported not engaging in behaviors they viewed as non-problematic, and medium when engaging in behaviors viewed as non-problematic. Effects between groups were either not observed or very small when participants reported engaging behaviors they viewed as problematic.

**Conclusion and recommendations:** Both groups had higher CSBI-13 scores when reporting problematic sexual activity but the religious-affiliated group had higher scores even when they did not report problematic behaviors. Findings indicated that when individuals engage in sexual activity and perceive them as problematic, they are likely to label them as out of control. Some components in the religious-affiliated group appear to cause misperceptions of poor sexual control even when individuals do not view their particular sexual activity as problematic. The sexual activities evaluated did not explain these components.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Association Between Religious Affiliation and Self-Reported Symptoms of Compulsive Sexual Behavior

Igor Finotelli Junior, Michael H. Miner and Eli Coleman

Institute for Sexual and Gender Health, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, USA

**Introduction and objectives:** There is some evidence that religious individuals are more likely to label their use of pornography and other sexual behaviors as compulsive sexual behavior. To better understand this phenomenon, this study explores the associations between symptoms of Compulsive Sexual Behavior Disorder (CSBD) and religious affiliation.

**Method(s) and sample:** Participants were recruited through the MTurk platform to obtain a sample of adults (over 18) that is representative of the US population in terms of gender and race-ethnicity. Based on current affiliation, participants were categorized into religious-unaffiliated ( $n = 400$ ; 45.5%) and religious-affiliated ( $n = 479$ ; 54.5%). Symptoms were measured by HD-CSBD, which contains nine items that indicate symptoms included in ICD-11 criteria for CSBD and the proposed DSM-Hypersexuality. Pearson's chi-square test of independence was used to compare participant proportions who reported each symptom.

**Results:** Religious-affiliation was significantly associated with all CSBD symptoms, except for repetitively engaging in sexual fantasies, urges, and behavior in response to "stressful life events" and "dysphoric mood

states" a criterion of the DSM-Hypersexuality proposal. Estimating association strength using Cramér's  $V$ , small effects were found for the symptoms described in the ICD-11: "repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities," "numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour," and "causes marked distress."

**Conclusion and recommendations:** Religious affiliation was significantly associated with core symptoms of the CSBD diagnostic criteria for ICD-11, including but not limited to distress symptoms. The association of these symptoms with a sociocultural variable such as religious affiliation emphasizes the importance of a more thorough understanding of this population. While the effect was small, these findings reinforce the importance of understanding how sociocultural factors affect symptom assessment and may result in CSBD misdiagnosis.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Boredom Proneness's Mediating Effects on the Relationship Between Unreflective-Uncommitted Religious Orientations and Compulsive Sexual Behavior

Igor Finotelli Junior, Michael H. Miner and Eli Coleman

Department of Family Medicine and Community Health, Institute for Sexual and Gender Health, University of Minnesota Medical School, Minneapolis, USA

**Introduction and objectives:** Earlier research indicated that the moral disapproval concept mediates the relationship between religiosity and compulsive sexual behavior (CSB). Ongoing research has found an association between unreflective-uncommitted religious orientations and CSB. Boredom is a well-known factor associated with CSB and has been described as an emotion dysregulation factor. To widen the discussion

of potential mediators in the relationship between religiosity and CSB, this study explored the boredom proneness effect on the association between unreflective-uncommitted religious orientations and CSB.

**Method(s) and sample:** Participants were recruited through the MTurk platform to obtain a sample of adults (over 18) that is representative of the US population in terms of gender and race-ethnicity. Participants

( $n = 879$ ) completed the scales: Compulsive Sexual Behavior Inventory (CSBI-13), Circumplex Religious Orientation Inventory (CROI-63) only the subscales measuring the “Obligation” and “Punishment” religious orientations were used, and Short Boredom Proneness Scale (SBPS-8). Mediation analyses were conducted using PROCESS\_v3.5.4: outcome variable = CSBI-13, predictor = “Obligation” and “Punishment” (CROI-63 subscales), and mediator variable = SBPS-8. Effect significance was estimated using the test bias-corrected and accelerated (BCa) confidence interval 95% and bootstrapping technique ( $n = 5,000$ ).

**Results:** Between the scales used, small to moderate positive correlations were observed. SBPS-8’s indirect effect was statistically significant and accounted for 36% of the associations between Obligation and Punishment with CSBI-13.

**Conclusion and recommendations:** Considered as unreflective-uncommitted religious orientations, Obligation and Punishment were associated with CSB. While previous research indicates that the association between religiosity and CSB was mediated by the moral disapproval concept, this study suggests it is certain religious orientations (unreflective-uncommitted) are associated with CSB. Further, emotion dysregulation, in this study boredom proneness, have substantial mediating effects on this relationship. While future research is required, these results indicate that when diagnosing CSB, clinicians need to consider the individual’s religious orientation and the existence of emotional dysregulation factors.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Hypnotherapy As Modality in the Multi-Professional Treatment of Female Sexual Pain Disorders

Elmari Craig

Private, Pretoria, South Africa

**Introduction and Objectives:** Sexual pain is often a silent disorder and a growing epidemic affecting women globally. Clinical Hypnotherapy is becoming common practice for treating female sexual pain disorders. Without subconscious intervention, strong mind-body impressions of trauma may otherwise remain unresolved. Once in an altered state, access is provided to deeper levels of the psyche. The most effective hypnotherapy practices have evolved from a set of psychotherapeutic techniques that have been demonstrated successfully in a clinical setting.

**Method and sample:** A comprehensive methodology, combining hypnotherapy best practices and proprietary techniques within a bio-psycho-social approach model will be discussed with specific reference to two case studies.

**Findings and discussion:** The success of hypnotherapy as a treatment modality for pain disorders was shown. When patients are reached in their physical

and emotional experience, as well as in their cognitive and mental understanding of trauma, healing occurs. The memories deep in the subconscious, are embedded in the body, recording a negative sexual blueprint that can be changed in the hypnotherapy process.

Hypnotherapy is a bridge between mind and traumatic body memories and to the source of dysfunctional patterns and anxiety. This modality treats the mind, body and emotions as a complete package.

**Recommendation:** A multi-professional approach incorporating clinical hypnotherapy appears to be a feasible, emotionally safe and effective approach to the treatment of sexual pain disorders in women who experienced past sexual trauma.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Shedding Light on Female Sexual Empowerment: Investigating Implicit and Explicit Attitudes Along With Societal, Psychological, and Systemic Variables

Sonia Piera Gisela Pieramico<sup>a</sup>, Cátia Oliveira<sup>b</sup> and Isabelle Albert<sup>b</sup>

<sup>a</sup>Universidade Lusófona Do Porto, Porto, Portugal; <sup>b</sup>University of Luxembourg, Belval, Luxembourg

Women's control over their own sexuality is an integral part of general female empowerment. Therefore, we aim to understand what female sexual empowerment (FSE) means under a psychological aspect, so as to improve asymmetric power relations between genders and increase women's access to control over their own sexuality. Furthermore, we want to find convergent answers between theories that debate the definition and dimensions of the phenomenon. We will investigate the influence of societal pressure, family structure, and romantic relationships, as well as correlations with nuclear belief systems, psychopathology, sexual functioning, and personality traits in order to understand what role female sexual empowerment plays in psychology and therefore, how it might impact psychopathology and sexual difficulties. We hypothesize that women with higher levels of FSE also demonstrate significantly higher levels of sexual functioning, relationship trust and satisfaction and lower levels of sexual distress, psychopathology, maladaptive schemas, relationship conflict while coming from less conservative family structures than women with lower levels of FSE.

We also want to consider the possible bias sexual empowerment is subjected to on an explicit level. Therefore, we aim to create and validate a new implicit measure (FSE-IAT), capable of amplifying understanding beyond self-representation effects. We expect the implicit method to show significantly lower levels of FSE amongst women than explicit methods, given the confusion caused by the media on FSE.

We chose to investigate Portuguese women, as the division between genders is still perceived in Portugal, and compare data to Portuguese immigrants in Luxembourg.

Data will firstly be collected through Focus Group Discussions, to then proceed to FSE scale creation and validation to proceed with the investigation on FSE with mentioned variables. Subsequently, we aim to proceed with FSE-IAT generation and validation for the same participants. Statistical procedures will consist of descriptive, univariate, and pathway analyses. Research start: October 2021

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Effect of Mindfulness Monotherapy Treatment Among Sexual Dysfunctions Among Women and Sexual Quality of Life

Katarzyna Obarska<sup>a</sup>, Izabela Jąderek<sup>b</sup> and Michał Lew-Starowicz<sup>b</sup>

<sup>a</sup>Institute of Psychology, Polish Academy of Sciences, Warsaw, Poland; <sup>b</sup>Department of Psychiatry, Centre of Postgraduate Medical Education, Warsaw, Poland

**Introduction and objectives:** Mindfulness interventions are effective in the treatment of depression, anxiety, and addictive disorders. Mindfulness interventions affect emotion regulation, attention regulation, and body awareness. Mindfulness-based therapies (MBT) are more and more frequently used in the treatment of sexual dysfunctions; therefore, it seems important to assess the clinical efficacy of these interventions. This is the first mindfulness monotherapy research project,

including a homework assessment, implemented to verify the potential of MBT in reducing symptoms of sexual dysfunction among heterosexual females.

**Method and sample:** We conducted four weeks of MBT for heterosexual females who suffered from sexual dysfunctions. We collected data via an online survey regarding anxiety, depression, sexual satisfaction, sexual dysfunctions, and mindfulness-related features at baseline ( $n = 53$ ), after MBT ( $n = 34$ ) and follow-up ( $n = 30$ ).

**Results:** We observed a significant decrease in symptoms of anxiety ( $p < .001$ ) and depression ( $p < .001$ ). The highest symptoms were reported before MBT compared to the measurement after training and follow-up. The level of sexual satisfaction increased over time ( $p < .001$ ); participants reported the lowest level of sexual satisfaction before MBT compared to the measurement after MBT and follow-up. Participants reported a significant increase in the level of sexual desire ( $p < .001$ ), sexual excitement ( $p < .001$ ), lubrication ( $p = .003$ ), and orgasm ( $p = .003$ ) between measurements. The overall risk for sexual dysfunction decreased after MBT compared to baseline ( $p < .001$ ). Women who practiced at home at least

twice a week reported a lower level of pain during sexual activity ( $p = .033$ ), a higher level of satisfaction with orgasm ( $p = .015$ ), and sexual desire ( $p = .002$ ) compared to non-practitioners.

**Conclusion and recommendations:** MBT could be used to treat female sexual dysfunction, specifically to improve sexual satisfaction and reduce sexual dysfunctions. Research on the larger group is needed to explore the potential of MBT in therapy programs of sexual dysfunction among hetero and non-heterosexual females as well as among males.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Lay People'S Perceptions, Attitudes and Beliefs Regarding Pedophilia and Child Sexual Abuse: A Systematic Review

Flavia Glina<sup>a</sup>, Ricardo Barroso<sup>a,b</sup>, Daniel Cardoso<sup>c</sup> and Joana Carvalho<sup>d</sup>

<sup>a</sup>Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal; <sup>b</sup>Department of Education and Psychology, University of Trás-os-Montes and Alto Douro, Portugal, Trás os Montes, Portugal; <sup>c</sup>Sociology Department, Manchester Metropolitan University, Manchester, England; <sup>d</sup>CPUP: Center for Psychology of Porto University, Faculty of Psychology and Educational Sciences, Porto University, Porto, Portugal

Pedophilia and Child Sexual Abuse (CSA) are worldwide phenomena requiring deep scientific knowledge to improve prevention strategies. Individuals' perceptions of pedophilia and CSA may influence prevention strategies and policies.

Therefore, it is important to understand professionals and lay people's perceptions regarding pedophilia and CSA, so it can be addressed in prevention policies, increasing their efficacy. Based on an extensive literature search, this article reviewed studies that investigated lay people's perceptions, attitudes, and beliefs regarding pedophilia and CSA. This systematic review followed the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses to identify as many relevant articles as possible.

A literature search was conducted using PubMed, Web of Science, Scopus, and EBSCOhost databases for articles published until December 2020. Forty-eight

articles were included in the current review. Overall, findings revealed a significant number of misconceptions and myths regarding CSA and pedophilia, organized into the following categories: (1) perpetrators and victims, (2) blame attributions, (3) what constitutes abuse, (4) consequences of the abuse, (5) social stigma, and (6) treatment. Findings suggested that lay people's perceptions should be taken into account in prevention policies. Eventually, they should also be a target of prevention themselves since there is evidence of social stigma and prejudice involving individuals with pedophilia. This can contribute to social, emotional, and cognitive problems, as well as a higher risk for abusive behavior and less help-seeking.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Prevalence and Characteristics of the Compulsive Sexual Behavior Disorder Among Patients With Substance Use Disorders

Karol Szymczak<sup>a</sup>, Katarzyna Obarska<sup>b</sup> and Maria Banaszak<sup>c</sup>

<sup>a</sup>Institute of Psychology, The Maria Grzegorzewska University, Warszawa, Poland; <sup>b</sup>Institute of Psychology, Polish Academy of Sciences, Warsaw, Poland; <sup>c</sup>Faculty of Education, University of Warsaw, Warsaw, Polska

Compulsive Sexual Behavior Disorder (CSBD) is a new nosological unit included in the 11th edition of the International Classification of Diseases. CSBD is revealed by an inability to control sexual impulses, thoughts, and behaviors and its prevalence in the general population is 5–7%. One of the most popular models conceptualizes CSBD as an addiction disorder—the “sex addiction.” According to this model, CSBD is a case of what is known as “behavioral addiction.” The hypothesis of the addictive nature of CSBD is supported by studies indicating a high coexistence between this disorder and substance use disorder (SUD). Our project aimed to examine the prevalence and characteristics of CSBD among patients in SUD residential treatment and to identify variables that predict the occurrence and worsening of symptoms of CSBD in patients with SUD.

We conducted an online survey among 213 patients during their residential SUD treatment. The average age of the respondents was 30 (SD = 7.48) for men and 27.89 (SD = 6.81) for women. In our study, we measured impulsivity (SUPPS), time perspectives (ZTPI),

sexual sensation seeking (SSSS), and difficulty in emotion regulation (DERS). CSBDS-19 was used to assess CSBD symptoms before and during treatment. The sample consists of 183(85.9%) males, 27(12.7%) females, and 3(1.4%) participants with undefined gender. A total of 65(30.5%) patients met the diagnostic criteria for CSBD before treatment and only 14(6.6%) during the treatment. CSBD was associated negatively with future positive perspectives ( $\rho = 0.18, p = .009$ ) and all subscales of SUPPS ( $\rho$  ranges from  $-0.17$  to  $-0.28$ ). 5 of out 6 subscales of DERS ( $\rho$  ranges from 0.23 to 0.31).

The prevalence of CSBD symptoms before the treatment among patients with SUD was higher compared to the general population. The reduction of symptoms during the treatment can be explained by changing the environment (fewer triggers) and residential treatment characteristics (requiring sexual abstinence).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## El Parto Orgásmico Como Camino de Investigación Sexual Del Nuevo Mundo Post-Covid-19 en Construcción

Cruz Yayas Barco

Orientación Y Capacitación Integral, Tucupé, Táriba, Venezuela

**Introducción y justificación:** Con esta ponencia sobre Parto Orgásmico como camino de investigación sexual del nuevo mundo post-covid-19; el autor aspira contribuir con la comunidad mundial de sexólogos y profesionales de la ginecología, la obstetricia dar a conocer de forma esquemática todo lo que ha servido para su desarrollo como profesional de la sexología el hallazgo en 1989 en un taller de terapia y pedagogía sexual dictado a 34 campesinas y campesinos en la Aldea El Río, del Municipio Seboruco del Estado Táchira, del Parto Orgásmico, en una mujer con 18 partos, según ella vivido de forma orgásmica.

Al regresar del taller y relatar el hallazgo a la esposa Nilse Meneses Balaguera, le reveló que ella había

tenido orgasmo en el tercer parto después del aborto terapéutico del primer embarazo y siguieron a ese parto orgásmico dos partos naturales y el último por cesárea. Se tenía una recopilación de hallazgos de partos orgásmicos en un número mayor de 40 mujeres participantes en talleres de terapia y pedagogía sexual, en 16 Estados de Venezuela. En el 2003 se llevó como ponencia al XVI Congreso Mundial de Sexología con el título “Del parto con dolor al parto sin dolor al parto orgásmico” .en la ciudad de La Habana, Cuba.

El Estado Venezolano ha creado la Misión Parto Humanizado, el 11 de julio de 2017. El grupo de acción involucrado todos los organismos de gobierno, universidades y movimientos sociales. La población

interesada mundial en respuesta a lo revelado con la pandemia de Covid-19 como requerimiento de una medicina social y preventiva abierta a la participación social. Se abre el derecho a preguntas y se termina con la recomendación a los sexólogos y profesionales del

mundo trabajar en la construcción de una sexología una post covid-19 de auténtica justicia sexual.

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

## Hegemonic Masculinity and Psychological Intervention in Ecuador: Positionings and Practice

Bernardo Paredes

University of Porto, Porto, Portugal

Psychotherapy is a privileged space in which clients express their problems. A psychologists' work in therapy in dealing and resolving problems related to gender issues which may affect, not only the way a client's personal well-being but also the way he/she later interacts and reproduces said thoughts within their social circles. The aim of this project is to understand the perspective and knowledge of psychologists regarding, or derivative of, hegemonic masculinity as well as its influence, or not, in therapy.

The study was divided into two parts. The first consisted of a quantitative study in which participants shall fill a survey consisting of 4 scales used to measure conformity to traditional gender roles. Participants then filled out a form stating their interest in being contacted to participate in a qualitative interview, where questions regarding psychological practice involving men's problems, their approach, as well as their adherence or rejection to masculine norms. A total of 16 participants were interviewed (11 women and 6 male).

Psychologists' experiences highlighted social aspects that affect both therapists and patients. Indicating well-established "differences" among genders in their personal lives, even believing them as necessary in our society. However, the discourse highlighted the basic necessity of, while needing to understand the context experienced by each patient, to look beyond the aspect of gender and rather focus on how the problems affect them as a person. The individual inserted and being a part of society is the main focus on therapy despite their personal beliefs on social struggles and personal beliefs surrounding them. Psychological treatment, even ethically speaking, should focus, they mention, on how the individual traverses said aspects rather than imposing gender beliefs and roles.

Further investigation, scale and realities should be taken into account, other contexts and points of view should be taken into account.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## La Sexología Científica en la Actualidad

Xavier García Lomas

Lomas, Manta, Ecuador

Las ciencias de la Sexología como la conocemos han sido nutridas y atestadas por múltiples teorías y lastimosamente no todas ellas podrían determinarse como científicas.

El objetivo es señalar la importancia de la sexología científica ya que esta disciplina inicia sus trabajos investigativos a partir de los trabajos de Freud, Krafft-Ebing, Moll, Bloch, H. Ellis y posteriormente con

Kinsey, Masters y Johnson, Hite, Kaplan y otros autores, pero no podemos afirmar que todas las investigaciones de estos autores sean basadas en evidencia. Por lo que se ha revisado y analizado detalladamente las investigaciones en sexología actual.

El fin de aplicar una sexología fundamentada en la evidencia científica es poder evidenciar cuales tratamientos son eficaces, efectivos y eficientes como Labrador y

Crespo (2001) concluyen:” ... entre los tratamientos bien establecidos, en el caso de las disfunciones sexuales, la terapia de conducta para la disfunción orgásmica femenina y para la disfunción eréctil masculina”

En varias revisiones sistemáticas y metaanálisis, Fruhauf, Gerger, Schmidt, Munder & Barth (2013) concluyen que las intervenciones psicológicas fueron las opciones de tratamiento más eficaces para la disfunción sexual.

Con gran pesar hay que reconocer que aún existen presuntos intelectuales que presumen estos falsos conocimientos o conocimientos carentes de fundamentos evidenciables, generando así modelos de terapia que no logran la curación de la patología sexual o de relación, sino solo el entretenimiento del usuario,

favorecidos mayormente por el efecto placebo. Por lo que es primordial, urgente y necesario exponer las pseudociencias que influyen en la sexología e intentar explicarla desde el punto de vista de ciencias como la Psicología, Neuropsicología, Antropología, Medicina y Sociología con un enfoque individual, comunitario y cultural.

Así podríamos generar mejores resultados en la aplicación de técnicas para el tratamiento de trastornos sexuales, develando evidencia real y sustentada en técnicas fiables y aceptada por la comunidad científica.

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

## Healthcare Utilization for Kink-Identified Patients

Richard Sprott<sup>a</sup>, Anna Randall<sup>b</sup> and Kevin Smith<sup>c</sup>

<sup>a</sup>California State University, East Bay, Rio Vista, USA; <sup>b</sup>The Alternative Sexualities Health Research Alliance, San Francisco, USA;

<sup>c</sup>University of North Carolina at Chapel Hill, Chapel Hill, USA

**Introduction and objectives:** Kink-involved people engage in atypical erotic activities such as bondage, rough-sex, and other fetish activities that might risk injury or medical complications. To date, however, no one has examined healthcare utilization for people who engage in these activities. The objective is to describe the use of healthcare by kink-involved people, including how many people disclose their involvement in kink when seeking care.

**Methods:** A survey of 1,398 kink-involved or kink-identified people, using a convenience sampling method.

**Results:** A high number of participants did not disclose their kink behavior to their physical healthcare clinician (58.3%) or to their mental healthcare clinician

(49.6%). Past experiences of kink-related injuries were relatively common (13.5%), as was the number of people who reported delaying or avoiding healthcare because of anticipated or perceived stigma for kink involvement (19.0%).

**Conclusion:** The findings of the current study point to the need for clinicians to address barriers to culturally competent care for kink-involved people. Anticipated stigma leads to non-disclosure of kink involvement and delays in seeking care, thereby creating barriers to health and well-being.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 4: BASIC SCIENCE

### What Do We Know About the Characteristics of Sexual Misconduct? Answers From a 20-Year Review of Cases in Quebec (Canada)

Geneviève M. Martin and Isabelle Beaulieu

Université Laval, Quebec, Canada

**Introduction and objectives:** While there is growing awareness of sexual violence as a social problem,

understanding of sexual boundary violations that occur within the context of professional relationships

remains limited. Especially lacking is representative evidence from various countries outlining the general contours of this social problem. The objective of the study was to describe the characteristics of cases of sexual misconduct in Quebec.

**Methods and sample:** A search of all published disciplinary decisions between January 1998 and December 2020 on the CANLII and SOQUIJ legal internet databases yielded 296 cases of sexual misconduct. The search was conducted using the keywords “sex,” “misconduct,” “59.1” and “59.2” (the two articles of the Professional code regulating sexual misconduct). Cases included 248 male and 48 female members of 22 professional orders. Descriptive analyses, chi-square analyses and t-tests were conducted to outline and compare the characteristics of the cases.

**Results:** Male professionals approaching mid-career were likelier to be involved in cases of sexual misconduct. Cases concerned mostly general (58.2%) and mental (39.1%) health professionals. Victims were

overwhelmingly females (78.2%) and adults (88.8%), and acts of sexual misconduct mainly took the form of sexual intercourse (47.9%), sexual touching (30.1%) and romantic/friendship bonds (9.8%). In 92.0% of cases, professionals were found guilty of at least one count of sexual misconduct. As a result, 87.7% saw their right to practice withheld and 70.8% were given a monetary sanction (median = \$1,000). Only a minority were required to undergo deontological training (3.5%), to practice under supervision (10.2%), or to avoid practicing with a specific clientele entirely (7.7%). Two thirds (66.2%) of professionals found guilty of sexual misconduct eventually re-entered practice.

**Conclusion and recommendations:** Findings will be discussed relative to the need for primary prevention and better risk management for professionals found guilty of sexual misconduct who re-enter practice.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Leave No Arab Behind: A Review of Sexuality Instruments Available

Stephanie Zakhour, Aline Siqueira, Michelle Levitan, William Berger and Antonio Egidio Nardi

Federal University of Rio de Janeiro (UFRJ), Rio De Janeiro, Brazil

**Introduction and objectives:** Sexual health is an essential human right, in spite of one’s culture; however, Arab sexuality is not getting the attention it deserves not only because of the cultural sensitivities but also because of the lack of training, research, and tools around the matter. When conducting sexual studies and assessing sexuality in different cultures, the biopsychosocial nature of sexuality and its dysfunctions should be taken into consideration, with caution. Therefore, culturally sensitive studies that consider cultural contexts and social markers are needed. Arab sexuality is still enigmatic and this has impacted and limited the advancement of sexual science. The objectives of this systematic literature review were to find and assemble all instruments regarding human sexual health in Arabic, promote critical analysis of the methods used, and consequently, emphasize the limitations in studying Arab sexuality.

**Methods and sample:** PubMed, PsycArticles, Taylor & Francis, Scopus, and other sources were systematically searched.

**Findings and discussion:** In a population of about 360 million people of about 25 Arabic-speaking countries and territories around North Africa and Western Asia, only one instrument was developed in Arabic, and seven were translated and validated using small sample sizes. Many socio-cultural limitations for the use of the available instruments were found. This is an obstacle to studying Arab sexuality.

**Recommendations:** Despite taboos and cultural sensitivities, no Arab should be left behind. A starting point for further advancement in sexual science is the development of appropriate and culturally sensitive methods and instruments with wider and more representative samples targeting different Arabic sociodemographic and sociocultural strata. Researchers and clinicians must take into consideration socio-cultural aspects, most notably religion and language.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Análisis de Las Fantasías Sexuales A Través de Estímulos Visuales: Diferencias de Las Preferencias Por Sexo

Carmen Santín Vilariño, Jacob Domínguez Fernandez and Pedro J. Pérez Moreno

University of Huelva, Huelva, Spain

**Introducción y Objetivos:** El Eye-tracker permite registrar hacia dónde se dirige la mirada y el tiempo invertido en un estímulo. Ambas medidas pueden utilizarse para conocer el grado de atención e interés ante una imagen. Objetivo: analizar las diferencias en función del sexo de la respuesta ocular a estímulos visuales que representan las dimensiones del SFQ (Wilson,1980)

**Método y Muestra:** 30 voluntarios, 15 mujeres y 15 hombres con edad media de 25,97 respondieron un cuestionario con datos sociodemográficos, SFQ para evaluar fantasías y EPQR-A para establecer la sinceridad. Posteriormente, cada participante contempló 24 diapositivas que recogían todas las combinaciones de pares de estímulos sexuales categorizados según las dimensiones del SFQ. Se midió Preferencia por una de las imágenes y tiempo de Fijación en el estímulo

### Resultados:

- -SFQ: ambos grupos presentan las puntuaciones más elevadas en F. Íntimas, siendo en varones las más bajas las Sadomasoquistas y en mujeres las Impersonales.
- -Eye-tracker: ambos alcanzan el mayor tiempo de Fijación con Sadomasoquistas y el menor

en Íntimas. Aunque no se encuentran diferencias significativas en las puntuaciones totales, se dan correlaciones estadísticamente mayores en mujeres entre la escala de Sinceridad del EPQR- A y la valoración especialmente de Sadomasoquistas

**Conclusión y Recomendaciones:** Ambos grupos presentan una mayor puntuación en Íntimas en SFQ y en Elección de imágenes, frente al tiempo de Fijación, donde la mayor puntuación se da en Sadomasoquistas. Las otras dimensiones no coinciden en función del método de medida. Existe una alta correlación entre Sadomasoquistas y la sinceridad en mujeres, tanto en SFQ como en la Elección. Estos resultados cuestionan algunos estereotipos respecto al contenido preferido por cada sexo igualando a varones en cuanto al más emocional e incorporando a mujeres a contenidos con menor implicación personal

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

## Sexual Satisfaction of Japanese Couples With Small Children

Ryoko Hidaka<sup>a</sup>, Ikuko Sobue<sup>b</sup>, Ryoko Ito<sup>b</sup>, Miki Yano<sup>c</sup> and Toshio Kobayashi<sup>d</sup>

<sup>a</sup>Prefectural University of Hiroshima, Mihara, Japan; <sup>b</sup>Hiroshima University, Hiroshima, Japan; <sup>c</sup>Hiroshima Cosmopolitan University, Hiroshima, Japan; <sup>d</sup>Aichi Prefectural University, Nagoya, Japan

**Introduction and objective:** While having a child is a delightful life event for couples, it also demands challenging adjustments in daily life. Such drastic changes may impact their sexual relationship. Most research on sexual relationships is limited to 12 months after birth; little is known beyond that period and even less for Japanese couples since few such studies have been conducted in Japan. This study first aimed to develop a scale of sexual satisfaction, and then investigate the

sexual satisfaction of Japanese couples with small children.

**Methods and sample:** This study created a Japanese version of the well-validated Index of Sexual Satisfaction. A cross-sectional design was used to conduct the survey between 2017 and 2018. The sample consisted of 588 Japanese mothers and fathers with at least one child aged one to six years old. To develop the scale, explanatory and confirmatory analyses were

conducted. Using the newly developed index, several aspects of sexual satisfaction were examined.

**Results:** Factorial analyses revealed two factorial structures (sexual satisfaction and sexual dissatisfaction) with 11 items that satisfied all the criteria. The key result is that couples are not satisfied with their sexual relationship, with women's satisfaction significantly lower than men's. It was also found that couples who are not satisfied in their relationship, are less satisfied with their sexual relationship.

**Conclusions and recommendations:** The first scale to assess sexual satisfaction for Japanese couples

during transition to parenthood and beyond, has been successfully developed. Japanese couples with small children may experience low sexual satisfaction, which can be related to their relationship quality. It is recommended that clinicians provide guidance on potential sexual issues before and after childbirth.

**Source of funding:** Japanese Grants-in-aid for Scientific Research (Grant-in-Aid for Scientific Research C: (16K12102).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Relational and Sexual Satisfaction During Military Deployment: A Comparative Study

Higino Esteves<sup>a</sup>, Ana Filipa Beato<sup>b</sup> and Renato Santos<sup>c</sup>

<sup>a</sup>Lusófona University Lisbon, Lisbon, Portugal; <sup>b</sup>HEI-Lab, Lusófona University Lisbon, Lisbon, Portugal; <sup>c</sup>Military Academy, Lisbon, Portugal

**Objective:** The purpose of this cross-sectional study was to compare the investment in relationships and the satisfaction with communication, with sexuality and with the relationship between a group of Portuguese Military service members during their long-term deployment in International Military Missions and a group of similar soldiers that work in their home country.

**Design and Method:** Participants in Long Distance Relationships (LDR,  $n = 172$ ) were Portuguese military service members deployed in Afghanistan ( $n = 72$ ), Central-African Republic ( $n = 86$ ) and São Tomé and Príncipe ( $n = 15$ ). The ones that were in a geographically Close Relationship (GCR,  $n = 256$ ) were Portuguese military members on normal duty in different Military Units and Bases in Portuguese Territory. All voluntary participants were in a romantic relationship and completed an online survey that included The Investment Model Scale (Rodrigues & Lopes, 2013) and the New Sexual Satisfaction Scale (Pechorro et al., 2014). LDR and GCR data was

collected simultaneously, i.e., 3 months after Soldiers' deployment. Correlations and multivariate analysis of variance (MANOVA) were performed

**Results:** The findings suggest that the soldiers in LDR were significantly more satisfied with their communication, with their relationship and with their sexuality than soldiers in GCR. No differences were found in the degree of relational investment.

**Conclusions/Recommendation:** Overall, the results are in line with previous research that evidenced an increased overall satisfaction with various relational factors when they are departed from their partners. It is recommended to conduct future research, with the same population of Portuguese military service members, in order to investigate both relational and sexual satisfaction in the period pos-deployment.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Relationship Between the Memory of Parents' Attitude Towards Childhood Masturbation in the Processes Sexual Inhibition and Sexual Excitation in Women

Jesamani Elenes

Federación Mexicana De Educación Sexual Y Sexología A.c., Culiacán, Mexico

Despite scientific evidence indicating that masturbation is generally a normal variant of sexual expression and that it does not appear to have a causal relationship with sexual pathology, negative attitudes about masturbation persist and remain stigmatized (Coleman, 2002). The aim of this study was to identify the relationship between the memory of the parents' attitude towards masturbation in childhood in the sexual excitation and sexual inhibition processes in women between 20 and 40 years of age in the population of Culiacan, Sinaloa, México.

The data was collected through an online survey, announced via Facebook. The total collection was 259 women, of which only 196 met the criteria for age and demographic description. To answer the hypothesis was carried out, a non-parametric method a Spearman correlation analysis. Two instruments were used to carry out the research, the first instrument used was the Spanish version of the sexual excitation/sexual inhibition inventory for women (Granados et al., 2017b). Before applying the instrument, its reliability and validity were measured in the Mexican population

in a pilot test. For the second we developed scale ERAPM (Escala del recuerdo de actitud parental ante la masturbación infantil en mujeres adultas), through a qualitative focus group. A pilot test was performed on the scale to measure its validity.

The results indicate there is a relationship between the memory of parental attitudes towards childhood masturbation and the mechanism of sexual inhibition off—0.148. Which proposes that the greater the memory, the less the presence of the sexual inhibition mechanism. Regarding the mechanism of sexual arousal, no significant correlation was found between memory in the sample.

Women who experienced negative attitudes towards masturbation by their parents did not affect their process of sexual inhibition. In this study, we can establish that not all experiences in childhood have the expected impact.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Dysfunctions in Women With Obesity in Quindío, Colombia. 2016–2019. Prevalence Study

Franklin Espitia De La Hoz

Hathor, Clínica Sexológica, Armenia, Colombia

**Introduction:** Obesity is associated with sexual dysfunctions in women since it can negatively influence self-image, erotic response and sexual experience for different reasons.

**Objective:** To evaluate the prevalence of sexual dysfunctions in women with obesity, in Quindío (Colombia).

**Materials and methods:** A cross-sectional study. 234 women older than 18 years and younger than 40 years, with a stable partner and sexual activity in the

last 6 weeks, and obesity residing in Quindío were included; treated in a private level III clinic. Between 2016 and 2019. The female sexual function index (IFSFI) was used as an instrument. A simple random sampling was carried out. A descriptive analysis was made.

**Results:** The mean age of the participating population was  $35.79 \pm 8.41$  years (minimum: 18 and maximum: 39). The IFSFI score in the total population had a mean of  $22.65 \pm 7.61$  points (minimum: 19.08 and

maximum: 28.22); while in affected women, it was  $24.07 \pm 6.18$  points (minimum: 19.08 and maximum: 26.45). The prevalence of sexual dysfunctions reached 65.81%; observing alteration of desire (65.81%), followed by orgasm disorders (41.88%), sexual dissatisfaction (39.31%), difficulties with arousal (26.92%), lubrication (25.21%) and pain/dyspareunia (11.96%). The median number of sexual dysfunctions in the group of affected women was 3, which occurred in 71.36%.

**Conclusions:** In women with obesity in Quindío, a high prevalence of sexual dysfunctions was evidenced,

corresponding to 2/3 of the participants, predominantly desire disorders and orgasm disorders. It is necessary to evaluate the effects of obesity in women from different regions of the country and implement interventions in order to know its impact on the sexual function of women.

**Recommendations:** Attention should be paid to the sexual problems faced by obese patients in order to improve their quality of life.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 5: SEXUAL MEDICINE

### Prevalence and Characterization of Factors Associated With Dyspareunia in Women With a History of Vaginal Delivery or Cesarean Section

Franklin Espitia De La Hoz

Hathor, Clínica Sexológica, Armenia, Colombia

**Introduction:** The deterioration of sexual function, associated with dyspareunia after childbirth, is an important concern for many women.

**Objective:** To establish the prevalence and characterize the factors associated with dyspareunia in women, with a history of vaginal delivery or cesarean section.

**Materials and methods:** A cross-sectional study, carried out in 975 sexually active women over 18 years of age, residents in Armenia (Colombia), with 6 or more months postpartum (vaginal deliveries and cesarean sections); between 2013 and 2017. The abbreviated Female Sexual Function Index (IFSFA-6) was used as an instrument. Sociodemographic and obstetric variables related to dyspareunia were measured. Descriptive statistics were made. Associated factors were evaluated by comparing the two groups using Odds Ratio (OR) and 95% confidence interval.

**Results:** the average age was  $27.12 \pm 4.48$  years. The prevalence of dyspareunia was 35.69%. The risk factors

most involved were: episiotomy [OR: 1.58; 95% CI: 1.29–2.15] ( $p = .003$ ), instrumented delivery [OR: 1.91; 95% CI: 1.31–3.17] ( $p = .027$ ), three or more vaginal deliveries [OR: 1.85; 95% CI: 1.42–2.46] ( $p < .001$ ) and two or more cesarean sections [OR: 1.64; 95% CI: 1.27–2.18] ( $p < .001$ ). Women with dyspareunia have fewer weekly sexual encounters (2, range 0–3) than women without dyspareunia (5, range 2–7), ( $p = .003$ ).

**Conclusions:** The prevalence of postpartum dyspareunia in Armenian women exceeds 1/3 of the population.

**Recommendations:** It is necessary to promote preventive programs, aimed at doctors who assist women during childbirth, regarding the analysis of the true need for episiotomy or cesarean section.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Quality of Life in Women With Genitourinary Syndrome of Menopause, in Quindío, Colombia, 2017–2020

Franklin Espitia De La Hoz

Hathor, Clínica Sexológica, Armenia, Colombia

**Background:** The signs and symptoms of the genitourinary syndrome of menopause are usually bothersome for women since they affect their quality of life and sexual performance.

**Objective:** To evaluate the quality of life and the clinical characteristics in women with genitourinary syndrome of menopause.

**Material and methods:** a cross-sectional study. 235 postmenopausal women aged 40 years or older with a diagnosis of genitourinary syndrome of menopause (SGUM) were included; in Armenia, Colombia; between 2017 and 2020. Scores from the SF-36 quality of life questionnaire and the Menopause Rating Scale (MRS) were measured. Descriptive statistics were applied.

**Results:** In the SF-36 questionnaire, “General Health” obtained the lowest score, followed by “Physical Function.” In the total population, the most

frequent symptoms were vaginal dryness and sexual problems. On the MRS scale, the domain most affected was the urogenital with severe intensity. The global score of the MRS scale is classified in the moderate-intensity category, but in the group over 60 years of age, the score is higher, translating into a poorer quality of life, at the expense of the urogenital domain.

**Conclusions:** women with SGUM show deterioration in their quality of life, presenting more severe urogenital and somatic symptoms after 60 years.

**Recommendations:** It is necessary to carry out studies on the prognosis of this condition in postmenopausal women.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Health-Seeking Behavior and Sexual Attitudes of the Elderly in a Southwest City of Nigeria

Olaotunyombo George<sup>a</sup> and Olutoyin O. Sekoni<sup>b</sup>

<sup>a</sup>University College Hospital, Ibadan, Nigeria; <sup>b</sup>University of Ibadan, Ibadan, Nigeria

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity. Little is known about sexuality among older persons. All humans are sexual beings. This study investigated the sexual attitudes and sexual health-seeking behavior of the elderly.

A descriptive cross-sectional study was done among 408 elderly people in Ibadan using a multi-stage sampling technique. A mixed-method approach using a semi-structured pretested questionnaire and focus group discussions were used to obtain the necessary information. Quantitative data were analyzed using SPSS version 20 and analysis of the qualitative data

was by standard methods. Chi-square statistics were used to test associations between categorical variables. Independent predictors of sexual attitudes were determined using a logistic regression model at a level of statistical significance of 5%.

The mean age of respondents was 70.1 ( $\pm 5.4$ ) years and 61.5% of all respondents were males. About two-thirds of the respondents (65.7%) believed that elderly people can be sexually active. Only 20.6% of respondents reported ever having a sexual health problem while only 32.1% had ever gone to a hospital because of a sexual health problem. Results show that 88.2% of the respondents had a positive sexual attitude. The positive predictors of positive sexual

attitudes were monogamous family type and being female. (OR = 3.28; 95% CI = 1.65–6.50;  $p = .001$  and OR = 4.64; 95% CI = 1.84–11.74;  $p = .001$ ).

In conclusion, the elderly experience sexual health problems with the most reported being lack of interest in sex, premature ejaculation and painful sexual intercourse. Interventions targeted at encouraging the

elderly to seek help are advocated. More research needs to be done on how the elderly cope with their sexual changes as they age.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Assessing the Influence of Sexual Self-Consciousness and Sexual Self-Esteem in Male Orgasm

Catarina Nóbrega and Ana Luísa Quinta Gomes

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

**Introduction and objectives:** Research on psychosocial factors that may contribute to male orgasm is scarce in the sex research literature. The objective of this study is to explore the relationship between psychological trait dimensions, such as sexual self-esteem (i.e., positive view of one's sexuality and ability to relate sexually with a partner; Snell & Papini, 1989) and sexual self-consciousness (i.e., dispositional trait for self-focus in sexual encounters; Lankveld et al., 2008), in predicting male orgasm.

**Method(s) and sample:** Approximately 150 men will be recruited from the general population. Eligible participants will sign a written consent agreeing to voluntarily participate in the study after being presented with the study's objectives and procedures. A battery

of self-reported questionnaires assessing orgasm response, sexual self-consciousness, and sexual self-esteem, will be filled out by the participants.

**Results:** It is hypothesized that sexual self-consciousness and sexual self-esteem will constitute important predictors of male orgasm.

**Conclusion and recommendations:** This study can be expected to have important implications for the understanding of psychological trait determinants of the orgasmic response in men and may inform about the importance of assessing such dimensions in clinical situations of orgasm difficulties.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Jumping the River. Orgasms Without Erections As an Adjunct in Erection Rehabilitation.

Helen Shaw<sup>a,b</sup>

<sup>a</sup>My Sexual Health, Cape Town, South Africa; <sup>b</sup>SASHA, Cape Town, South Africa

When I started to treat men post-prostatectomy I realized that they were receiving little information on penile rehabilitation from a sexual perspective. Most of the emphasis was on continence recovery and erection rehabilitation was left to medication and "good luck." On offer were vague promises of recovery, including pumps and injections that may take two years of patient waiting. A successful search led me to two

American textbooks which contained information that erections were not necessary for orgasms and ejaculation/climax. I explored the possibility that with external stimulation (outercourse), orgasms with a flaccid penis were attainable and led to a faster recovery of erections.

The majority (93%) of my patients have prostate cancer. I see them 1 month before treatment for

pre-habilitation advice and exercises. It is already at this stage that I introduce the concept of “Jumping the River.” I encourage anterior bias pelvic floor strengthening and awareness. I introduce the anatomy and physiology of orgasms without erections. I encourage exercises to be done with erections which facilitates the integrity of the Bulbospongiosus muscle. Should nerve sparing and erections not be possible, I prepare the patient for an alternate way of expressing sexual intimacy.

I estimate that about three-quarters of my patients seeking and able return to erection function are

successful in obtaining full erections. The time period for this has great variation, as have the factors influencing the outcome.

My recommendation for erection recovery is to start touch from day 5 and to move forward with a shower routine on to self-stimulation and partner participation. This includes oral sex, handwork and positional sex. Though alternate as a type of physiotherapy, this is exciting neuro-muscular rehabilitation.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Mindfulness-Based Intervention and Sexuality: A Systematic Review

Amaia Miren Ciaurriz Larraz<sup>a</sup>, Alejandro Villena Moya<sup>a</sup>, Gemma Mestre-Bach<sup>a,c</sup> and Carlos Chiclana-Actis<sup>a,b</sup>

<sup>a</sup>Unidad Sexología Clínica, Consulta Dr. Carlos Chiclana, Spain; <sup>b</sup>Instituto de Estudio de las Adicciones, Universidad CEU San Pablo, Spain; <sup>c</sup>Universidad Internacional de La Rioja, Spain

**Introduction:** Mindfulness is defined as “the ability to pay attention in a particular way, in the present moment to the body and mind, with purpose and without judgment.” From a scientific perspective, mindfulness has been described as a mental function that allows us to keep the focus of our attention on an immediate experience of the present. Sexual dysfunctions are characterized by a clinically significant disturbance in a person’s ability to respond sexually or to experience sexual pleasure. Therefore, mindfulness may be an effective way of re-routing one’s focus away from negative memories or anticipated sexual problems and onto the sensations that are unfolding at the moment.

**Objectives:** The main aim of the present systematic review was to assess the efficacy of the MBT in problems related to sexuality in the male and female clinical populations. Thence, our review question was: “Are MBT effective in reducing the symptomatology of sexuality-related disorders?”

**Results:** We found 11 studies that met the inclusion criteria. Evidence shows that mindfulness practice

could be effective for some sexual disorders, such as female sexual arousal/desire disorder. However, due to the scarcity of studies on other sexual problems such as situational erectile dysfunction, genitopelvic pain/penetration disorder, childhood sexual abuse or compulsive sexual behavior disorder, the findings cannot be generalized.

**Conclusion and recommendations:** The review provides evidence on the efficacy of mindfulness-based treatments to reduce the symptomatology associated with various sexual problems such as sexual arousal disorder and/or sexual desire disorder, PVD and sexual abuse in women, or situational ED and hypersexuality in men. However, there is limited literature on MBT in men, for which reason future studies could focus on men. Further studies are required for each of the sexual problems included in this review in order to draw firm conclusions about the efficacy of MBT.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Treatments for Persistent Genital Arousal Disorder in Women: A Systematic Review

Carlos Chiclana-Actis<sup>a</sup>, María Martín-Vivar<sup>a</sup>, Mr. Alejandro Villena Moya<sup>a</sup> and Gemma Mestre-Bach<sup>a,b</sup>

<sup>a</sup>Consulta Dr. Carlos Chiclana, Madrid, Spain; <sup>b</sup>Universidad Internacional de la Rioja, Logroño, Spain

**Introduction and objectives:** in the last few years there has been a growing scientific interest in Persistent Genital Arousal Disorder (PGAD). It is characterized by elevated discomfort associated with persistent genital arousal in the form of genital sensations or tenderness in the genital area, in the absence of sexual desire. It was included in the International Classification of Diseases (ICD-11) of the WHO. There are doubts and scarce data regarding its etiology, course, and treatment, so the aim of this study was to perform a systematic review of the proposed treatments and their efficacy.

**Method(s) and sample:** a systematic review was carried out (PRISMA) which included articles on PGAD as the main disorder, only in women, which explained in detail the treatment and its efficacy, empirical, in English and Spanish. No prior filtering by years was performed, the last search was performed on January 9th, 2021.

**Results:** Thirty-eight articles were selected. Results showed different effective treatments in three blocks: physical therapies (neuromodulation, transcutaneous electrical stimulation, Botox, surgeries, electroconvulsive therapy, manual therapy, pelvic floor therapy, dietary changes and transcranial magnetic stimulation); pharmacological (Paroxetine, Duloxetine, Pramipexole, Ropinirole, Clonazepam and other combinations) and psychotherapeutic with combinations of cognitive-behavioural strategies.

**Conclusions and recommendations:** there are several treatments that can be effective. Pharmacological interventions stand out and treatment with antidepressants is the most studied line of treatment with the highest levels of efficacy.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Treatise on Aphrodisiac Therapy of Ayurveda for Sexual Health

J. B. Kiran

Private, Mysore, India

**Introduction and objectives:** Ayurveda, the science of life, prevention and longevity, is the ancient Indian medical system. It is a comprehensive medical system of body, mind and soul. In Ayurveda there are eight branches, vajikarana is one of eight major specialities of the ashtanga Ayurveda. This subject is concerned with aphrodisiacs, virility and improving the health of progeny. This in turn is helpful in many common sexual dysfunctions, including infertility, premature ejaculation and erectile dysfunction. The therapy is preceded by living in strict compliance with the directions mentioned in Ayurvedic classics, various methods of body cleansing and other non-medicinal strategies like sexual health-promoting conduct, behavior and diet. Certain individualized herbal and herbo-

mineral combinations are administered as per the nature of a person according to the Ayurveda.

**Approach:** This treatise is completely based on vajikarana or aphrodisiac therapy by referring to our ancient Indian classical texts explaining the lifestyle, techniques, herbal preparations are adopting in our modern times to improve sexual health and also treatment for sexual dysfunctions.

**Sources:** The main classical texts for reference of Ayurvedic concept for sexual health are

Charaka Samhita  
Sushruta Samhita  
Astanga Hridaya

**Findings and discussions;** The father of medicine in Ayurveda Charaka, 5000 years ago highlighted that a healthy life has three main pillars a balanced diet,

proper sleep and healthy sex life. Now we are observing that most sexual problems are due to our lifestyles. While practicing this methodology in clinical practice clients are getting good benefits, enjoying their sexual life and getting healthy progeny.

Vajikaran is an important treatment modality as per ayurveda and proposed benefits are manifold including

increased sexual capacity, improving the health of future progeny as well as in the treatment of many common sexual disorders like infertility, erectile dysfunction and premature ejaculation.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sensate Focus Mindful Touch in Sex Therapy and Sexual Health: A Critical Literature Review

Linda Weiner

Sex Therapist St. Louis, Llc, St Louis, USA

**Introduction:** Sensate Focus Mindful Touch was created by Masters & Johnson and forms the foundation of modern sex therapy. It continues to be utilized by 85% of sex therapists but the instructions were only recently updated in regards to the later instructional modifications made by M&J to touch mindfully without regard for pleasure for self or partner in the initial stages. A preliminary literature review was conducted in 2015 to investigate the use of Sensate Focus as reflected in the fields of sex therapy and sexual medicine. The most recent literature review covers the period 2014–2019 and was conducted as a follow up to the initial study.

### Objectives:

1. to determine whether Sensate Focus is being utilized and with which populations and therapeutic approaches
2. to determine the efficacy of Sensate Focus as reported in the literature
3. to determine whether Sensate Focus is represented in medical as well mental health publications
4. to determine whether recent publications describe Sensate Focus in detail and reflect the updated instructions

**Method:** A systematic database search was conducted to identify contemporary scholarly works referencing Sensate Focus from January 2015 to June 2018. 48 publications met full criteria for review.

**Results:** Mental health and medical professionals use Sensate Focus for a wide variety of sexual concerns with diverse populations and with a variety of therapeutic approaches including the use of innovative technology. There is a lack of detail and clarity in instruction and the updated instructions are predominately absent in the literature. Several studies identified Sensate Focus as efficacious but extrapolation is difficult due to the use of combined therapies.

**Conclusions and recommendations:** Sensate Focus is well utilized by medical and mental health practitioners but the dissemination of the updated instructions and studies of its efficacy as a stand-alone intervention are needed.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Yet Nephrologists Do Not Think About It!

Haifa Ghabi, Amina Aissa, Azza Ben cheikh Ahmed, Asma Zili, Yosra Zgueb, Samih Meddouri, Uta Ouali and Rabaa Jomli

Department of Psychiatry A, Razi Hospital, Tunis, Tunisie

**Introduction and objectives:** Sexual dysfunction is very common in patients with chronic renal failure, in Tunisia it affects 86.48% (2012) of patients.

The objective of our study is to explore the interest of nephrologists in the sexuality of their patients.

**Method(s) and sample:** We asked nephrologists to complete an online questionnaire, which examines their knowledge, attitudes, and interest in the sexual health of their patients.

**Results:** We collected 60 responses, the majority of participants were women.

Residents represented 80% of the participants.

90% of Nephrologists said they do not ask questions about sexuality spontaneously, and % of them said they were embarrassed when the patient exposed the problem.

More than half of the participants did not know the prevalence of sexual dysfunction in patients with renal failure.

The most-reported breaks were the taboo nature of the subject, the patient's gender and age, and the short duration of the consultation. All nephrologists know that some treatments commonly prescribed in nephrology can cause sexual problems.

Many of them are not motivated to do training in sexology and prefer to refer the patient to urology.

**Conclusion and recommendations:** Sexual dysfunction is a frequent problem in nephrology.

Nephrologists show little interest in the sexual health of their patients. Awareness and training in sexology are necessary.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Activity: Before and After Total Hip Arthroplasty

Amira Maamri<sup>a,b,c</sup>, Ahlem Hajri<sup>a,b</sup>, Haifa Ghabi<sup>a,b</sup>, Ferial Ghali<sup>a,b,c</sup>, Aymen Ben Maatoug<sup>b,d</sup> and Haifa Zalila<sup>a,b</sup>

<sup>a</sup>Outpatient Department, Razi Hospital, Tunis, Tunisia; <sup>b</sup>Faculty of Medicine of Tunis, El Manar University, Tunis, Tunisia; <sup>c</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia; <sup>d</sup>Orthopedic Department, Charles Nicoles Hospital, Tunis, Tunisia

**Introduction and objectives:** Total hip arthroplasty (THA) is often indicated to treat chronic hip pain and joint stiffness due to hip arthritis. The principal aim of this surgical procedure is to improve patients' quality of life. Its impact on sexual activity is rarely reported.

The aim of the study is to compare the sexual function of men before and after THA.

**Method(s) and sample:** It was a cross-sectional study. We included men under 65 years of age, who had sexual activity and were treated with THA. Those who had been operated on for less than 3 months or more than a year were not included. The International Index of Erectile Function (IIEF) was adopted to evaluate sexual function.

**Results:** 30 men with THA were included. The mean age was  $52.4 \pm 10.1$  years. The main indications of THA were osteoarthritis (46,7%) and aseptic osteonecrosis (20%).

Before THA, 76.7% of participants reported sexual difficulties. These difficulties were related to hip pain (50%), stiffness (23.3%), and loss of libido (6.7%). 26.6% recognized this as a contributor to marital relationship distress.

After THA, the mean IIEF-15 score was  $49.7 \pm 6.9$ . "desire" and "orgasm" was the most affected domains.

50% reported that THA had beneficial effects on sexual satisfaction.

26,7% reported an increase in sexual intercourse frequency after THA.



50% declared that they did not be informed by their surgeons concerning the return to sexual activity after THA.

**Conclusion and recommendations:** THA was associated with improvement in sexual activity. This study highlighted the relative lack of communication between patients and surgeons regarding return to

sexual activity after this surgical procedure. Postoperative rehabilitation provided by physical therapists would be beneficial for these patients.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Total Hip Replacement and Sexual Dysfunction: A Case-Control Study

Amira Maamri<sup>a,b,c</sup>, Ahlem Hajri<sup>a,b</sup>, Haifa Ghabi<sup>a,b</sup>, Ferial Ghali<sup>a,b,c</sup>, Aymen Ben Maatoug<sup>b,d</sup> and Haifa Zalila<sup>a,b</sup>

<sup>a</sup>Outpatient Department, Razi Hospital, Tunis, Tunisia; <sup>b</sup>Faculty of Medicine of Tunis, El Manar University, Tunis, Tunisia; <sup>c</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia; <sup>d</sup>Orthopedic Department, Charles Nicoles Hospital, Tunis, Tunisia

**Introduction and objectives:** Physical abilities are required to experience optimal comfort, pleasure, and satisfaction in sexual activity.

Hip discomfort due to degenerative pathologies can lead to sexual dysfunction since it may cause physical impairment. Total hip arthroplasty (THA) is often indicated to treat chronic hip pain and joint stiffness due to hip arthritis.

The aim was to investigate the impact of this surgical procedure on the sexual activity of patients.

**Method(s) and sample:** It was a case-control study.

We included men under 65 years of age, who had sexual activity and were treated with THA.

This group of patients was compared to healthy men. The two groups were matched with regard to age, marital status, and cardiovascular risk factors. Those who had been operated on for less than 3 months or more than a year were not included. The International Index of Erectile Function (IIEF) was adopted to evaluate sexual function.

**Results:** We included 30 men with THA (group 1) and 30 participants in the control group (group 2).

In group 1, the mean age was  $52.4 \pm 10.1$  years.

Patients with THA had a lower IIEF-15 score than men in the control group ( $49.7 \pm 6.9$  vs  $66.5 \pm 5.6$ ,  $p < .001$ ).

The affected domains were “desire” ( $p < .001$ ) and “orgasm” ( $p = .002$ ).

Erectile function were not significantly different between the two groups ( $20.8 \pm 6.3$  vs  $22.8 \pm 3.5$ ,  $p = .09$ ).

Advanced age and the presence of cardiovascular risks were correlated to a lower IIEF-15 score in group 1.

**Conclusion and recommendations:** THA may impair the sexual function of men. Patient education regarding postoperative expectations and resumption of sexual activity needs to be improved.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Predictor Variables of Sexual Impact After Double J Ureteral Stenting

Heykel Gueffrache<sup>a,b,c</sup>, Amira Maamri<sup>a,b,c,d</sup>, Ahlem Hajri<sup>a,b,c,d</sup>, Ahmed Halouani<sup>b,d</sup> and Haifa Nahdi Zalila<sup>a,b,c,d</sup>

<sup>a</sup>External consultations and psychiatric emergency department of Razi hospital, Tunis El Manar University, Razi university hospital, Tunis, Tunisia; <sup>b</sup>Tunis El Manar University, Tunis, Tunisia; <sup>c</sup>Razi university hospital, Manouba, Tunisia; <sup>d</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia

**Introduction Et Objectifs:** Double J ureteral stenting is often associated with impaired sexual function in postoperative patients. Identifying factors that can predict the level of this negative impact is essential in order to ensure better patient care.

Our goal in this study was to identify predictor variables of the sexual impact of double J ureteral stenting.

**Methods And Samples:** We conducted a prospective and analytical study including 26 patients with distal ureteral stone treated by Ureteroscopy(URS) followed by 30 days of double J ureteral stenting.

We computed the following scores; before the URS, at day 30 post-URS and at day 60 after URS: IPSS (International Prostate score symptom), IIEF-15 (International index of erectile function), Beck's Depression Inventory(BDI) and a pain assessment with the Visual Analog Scale (VAS).

**Results:** The average age of patients was 28.68. We noted a statistically significant decrease in the mean total IIEF-15 score at day 30 and day 60 compared to the preoperative score. ( $p < .001$ ). On the other hand, the mean total IPSS score increased at day 30 (12.52)

and day 60 (12.88) post-URS compared to the pre-URS IPSS score (4.72) with a statistically significant difference.

Therefore, we have noted a negative correlation which was statistically significant between the IPSS score and the decrease in IIEF-15 score at day 30 and day 60 post-URS with Spearman correlation coefficient of -0.536 and p-value of 0.001.

Otherwise, lower back pain reported by patients was a predictor of the alteration of erectile function with a statistically significant negative correlation ( $p = .036$ ).

Furthermore, it should be noted that the BDI was not statistically correlated to the variation of the erectile function.

**Conclusion and recommendations:** The intensity of the lower back pain and the mictionnal disorders in the postoperative phase seem to be predictors of the sexual function alteration after double J ureteral stenting.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Function and Hypothyroidism in Women: A Case-Control Study

Amira Maamri<sup>a,b,c</sup>, Ahlem Hajri<sup>a,b</sup>, Haifa Ghabi<sup>a,b</sup>, Marthed El Hamzaoui<sup>b,c</sup>, Ines Kammoun<sup>b,d</sup> and Haifa Zalila<sup>a,b</sup>

<sup>a</sup>Outpatient Department, Razi Hospital, Tunis, Tunisia; <sup>b</sup>Faculty of Medicine of Tunis, El Manar University, Tunis, Tunisia; <sup>c</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia; <sup>d</sup>National Institute of Nutrition, Tunis, Tunisia

**Introduction and objectives:** Sexuality is a complex process, in which several mechanisms are involved.

Thyroid disease is a common metabolic disorder. Its impact on sexual function is an underestimated health problem.

The aim of the present study was to evaluate SD in Tunisian women with hypothyroidism.

**Method(s) and sample:** It was a case-control study.

Inclusion was age between 18 and 45 years and the presence of sexual activity in the past 3 months.

Women with Levothyroxine-Treated Hypothyroid were compared to healthy women. The two groups were matched with regard to age and body mass index (BMI).

The Female Sexual Function Index (FSFI) was adopted to evaluate the SD. An FSF score lower than 26, indicated the presence of SD.

**Results:** We included 32 hypothyroid women (group 1) and 32 participants in the control group (group 2).

In group 1, the mean age was  $38,8 \pm 3,7$  years and the mean BMI was  $27,4 \pm 2,7$  Kg/m<sup>2</sup>.

The mean duration of thyroid dysfunction was  $6,8 \pm 3$  years.

Women with levothyroxine-treated hypothyroidism had a lower FSFI score than women in the control group ( $24.36 \pm 3.5$  vs  $27.15 \pm 2.7$ ,  $p = .001$ ).

The affected domains were “desire” ( $p = .03$ ), “arousal” ( $p = .001$ ), lubrication ( $p = .011$ ) and “orgasm” ( $p = .015$ ). Pain and satisfaction did not dif-

fer between the two groups. The age, the BMI, and the duration of thyroid dysfunction of hypothyroidism were not correlated to the FSFI score in group 1.

**Conclusion and recommendations:** Thyroidism may impair the sexual function of women. Further studies are needed to identify the underlying mechanisms and treatments for this health problem.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Effects of Hypothyroidism on Sexual Function in Women

Ahlem Hajri<sup>a,b</sup>, Haifa Ghabi<sup>a,b</sup>, Marthed El Hamzaoui<sup>b,c</sup>, Ines Kammoun<sup>b,d</sup> and Amira Maamri<sup>a,b,c</sup>

<sup>a</sup>Outpatient Department, Razi Hospital, Manouba, Tunisia; <sup>b</sup>Faculty of Medicine of Tunis, El Manar University, Tunis, Tunisia; <sup>c</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia; <sup>d</sup>National Institute of Nutrition, Tunis, Tunisia

**Introduction and objectives:** Endocrine disorders may affect sexual function. Thyroid disease is a common hormonal disorder. Its effect on sexual function is rarely reported. The aim of the present study was to assess The prevalence of sexual dysfunction (SD) in women with hypothyroidism.

**Method(s) and sample:** It was a cross-sectional study conducted in Tunisia. We included women aged between 18 and 45 years who had levothyroxine-treated hypothyroidism. The Female Sexual Function Index (FSFI) and the Locke-Wallace Marital Adjustment scores for each patient were evaluated.

An FSF score lower than 26, indicated the presence of SD. A score less than 100 indicated marital dissatisfaction according to the Locke-Wallace Marital Adjustment Test.

**Results:** 32 patients were included. The mean age was  $38.8 \pm 3.7$  years and the mean BMI was  $27.4 \pm 2.7$  kg/m<sup>2</sup>.

The mean duration of thyroid dysfunction in the studied population was  $6.8 \pm 3$  years. The mean age of hypothyroidism onset was  $32.16 \pm 4$  years.

The mean thyroid-stimulating hormone (TSH) level of patients was  $2,7 \pm 1,2$  mUI/L. According to the FSFI score, 66% of women had SD. Scores on the Locke-Wallace\* range from 75 to 135. 15,6% of women suffered from marital dissatisfaction. The age, the BMI and the duration of thyroid dysfunction were not correlated to the FSFI and the Locke-Wallace Marital Adjustment scores.

**Conclusion and recommendations:** SD is frequently observed in women with levothyroxine-treated hypothyroidism. This study demonstrates the need for psychosexual therapy for these women.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Impact of Double J Ureteral Stent in Male Patients

Heykel Gueffrache<sup>a,b,c</sup>, Amira Maamri<sup>a,b,c,d</sup>, Ahlem Hajri<sup>a,b,c,d</sup>, Ahmed Halouani<sup>b,d</sup>,  
Haifa Nahdi Zalila<sup>a,b,c,d</sup> and Maha Bejar<sup>a,b,c</sup>

<sup>a</sup>External Consultations and Psychiatric Emergency of Razi Hospital, Manouba, Tunisia; <sup>b</sup>Tunis El Manar University, Tunis, Tunisia; <sup>c</sup>Razi University Hospital, Manouba, Tunisia; <sup>d</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia

**Introduction and objectives:** Double J ureteral stent is commonly associated with urinary disorders and low back pain. The sexual impact of this drainage is however insufficiently reported in the literature.

Our goal was to evaluate the sexual impact of Double J ureteral stent after uncomplicated ureteroscopy (URS) in patients with pelvic ureteral stones.

**Methods and sample:** We conducted a prospective randomized and controlled study involving 78 patients randomly allocated into three groups: The first group (G1) included 26 patients who had Double J ureteral stent placement during 30 days after stone removal. The second group (G2) included 25 patients who had ureteral drainage for 24h after the URS. Group 3 (G3) included 27 patients who had stone removal by URS without any postoperative ureteral drainage.

For all the cases, The “International Index of Erectile Function” (IIEF-15) was calculated before the operation, at day30 and day 60 after the operation.

**Results:** The average age of patients was 28.68 for G1, 27.68 FOR G2 and 31.96 for G3. The 3 groups were comparable for the IIEF-15 score before the

operation ( $p$ -value = .821). No statistically significant difference between the 3 groups was found in the IIEF-15 score at day 30 and day 60. However, a statistically significant decrease in the IIEF-15 total average score was found for Group1 at day 30 and day 60 comparatively to the pre-operative score ( $p < .001$ ): 56+/-2.1 (before the operation) vs 44.56+/-3.5(day30) vs 45.24+/-3.94 (day60). Although we have found a decrease in the scores of the different domains of the IIEF-15 at day 30 and day 60 post-URS in Group 1, this alteration was statistically significant only for the domains of “Erectile Function” (Question 1,2,3,4,5,15) and “Intercourse Satisfaction” (Question 6,7,8) ( $p < .001$ ).

**Conclusion and recommendations:** Double J ureteral stent seems to be correlated with sexual dysfunction which may last for an extended period after the operation.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Disorders in Women: Role of the Midwife

Ahlem Hajri<sup>a,b</sup>, Haifa Ghabi<sup>a,b</sup>, Hend Saidi<sup>a,b</sup> and Amira Maamri<sup>a,b</sup>

<sup>a</sup>Outpatient Department, Razi Hospital, Manouba, Tunisia; <sup>b</sup>Faculty of Medicine of Tunis, El Manar University, Tunis, Tunisia

**Introduction and objectives:** The midwives have an important role in promoting the health and well-being of childbearing women before conception, antenatal and postnatal. Added to that, midwives play a key role in improving the sexual health of individuals since they work in the field of gynaecology and reproduction.

There is a lack of information on a couple’s sexual relations during pregnancy. The aim of the present study was to assess the attitude of midwives concerning. Sexual health advice for women during antenatal and postnatal periods

**Method(s) and sample:** This was a multicenter, cross-sectional study. It was carried out in different departments of gynaecology in Tunisia. A questionnaire was performed to assess the socio-demographic characteristics of the participants and their habits concerning the approach of sexual disorders in women. The data were analyzed using the SPSS software.

**Results:** A total number of 140 midwives participated in this study. 55.7% asked their patients if they had any sexual disorder. They said that the loss of desire was the main reported sexual disorder among pregnant women. According to participants, women

suffered mainly from dyspareunia in the postpartum period.

84.4% of midwives advised women to have sexual activity during gestation. 45.7% proposed to their patients to modify their sex position.

When asking participants regarding the obstacles that they found while dealing with sexual issues, we found that poor training in sexology and the workload were the most reported obstacles.

**Conclusion and recommendation:** Sexual disorders are frequent among pregnant women. To confront and broaden the knowledge on this subject, midwives should have sufficient scientific knowledge about human sexual behaviour.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Evaluation of Sexual Life in Epileptic Women

Maha Bejar<sup>a,b,c</sup>, Amira Maamri<sup>a,b,c,d</sup>, Ahlem Hajri<sup>a,b,c,d</sup>, Amira Tajmout<sup>a,b,c,d</sup> and Haifa Zalila<sup>a,b,c,d</sup>

<sup>a</sup>External Consultations and Psychiatric Emergency of Razi Hospital, Manouba, Tunisia; <sup>b</sup>Tunis El-Manar University, Tunis, Tunisia; <sup>c</sup>Razi University Hospital, Mannouba, Tunisia; <sup>d</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia

**Introduction and objectives:** Epilepsy is a public health problem because of its severity and its social importance. It occurs at any age sparing no sex. It can influence sexual life and reciprocally. Our study aimed to assess sex life in epileptic women.

**Methods and sample:** We conducted a cross-sectional descriptive study of epileptic women followed at the external consultations of the National Institute of Neurology in Tunisia.

For the collection of information, we used a pre-established form that included sociodemographic and clinical data, and the Female Sexual Function Index (FSFI).

**Results:** A total of 40 married women of age 22–43 years participated in the study. All patients had at least one infant; twenty per cent of pregnancies were obtained by medically assisted procreation. Eleven epileptic patients were using contraception. More than the third had a history of pregnancy interruption. The

average duration of the disease was 8.9 years old. Almost one-third of the participants had a crisis per month. Twenty-five patients (62.5%) were under monotherapy.

The average score of the FSFI was  $22.56 \pm 2.49$ . When the cut-off value for sexual dysfunction in the scale was taken as 26.55, 70% of the participants showed indices under the limit value. We also found dysfunction in the subgroups of desire (80%), arousal (72.5%), lubrication (62.5%), orgasm (82.5%), satisfaction (50%) and pain (85%).

**Conclusion and recommendations:** Our results showed that sexual life is disturbed in the epileptic woman. The proven sexual difficulties may be due to epilepsy, antiepileptics or reactions of the partner and/or others to the diagnosis of epilepsy.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Function of Women Without Children Versus Women With Children

Heykel Gueffrache<sup>a,b,c</sup>, Amira Maamri<sup>a,b,c,d</sup>, Dr Ahlem Hajri<sup>a,b,c,d</sup>, Ahmed Halouani<sup>b,d</sup> and Haifa Nahdi Zalila<sup>a,b,c,d</sup>

<sup>a</sup>External Consultations and Psychiatric Emergency of Razi Hospital, Manouba, Tunisia; <sup>b</sup>Tunis El Manar University, Tunis, Tunisia; <sup>c</sup>Razi University Hospital, Manouba, Tunisia; <sup>d</sup>Tunisian Society of Clinical Sexology, Tunis, Tunisia

**Introduction and Objectives:** New mothers are subject to numerous bodily and psychological changes that can affect their sexual life.

Our goal in this study was to describe and compare the sexual function of women without children versus women with children.

**Methods and samples:** We conducted a cross-sectional, descriptive and analytical study including 71 married women over age 18 divided into two groups: The first group(G1) included 34 women without children and the second group(G2) included 57 mothers.

For all the cases we computed the FSFI score (The Female Sexual Functioning Index).

**Results:** The average FSFI total score for G1 was 25.92. versus 25.86 for G2. Thus, 41% of women of G1 had sexual dysfunction. (FSFI score <26.5) versus 42% for G2. The average score for the domain “sexual desire” in G1 was 4.18 versus 4.1 for G2. For the “sexual arousal” score, the average score was 4.46 in G1 versus 4.43 for G2. The average “lubrication” score was 4.93 for G1 versus 4.79 for G2. The average

“orgasm” score was 4.49 for G1 versus 4.55 for G2. The average “satisfaction” score was 4.81 for G1 versus 4.97 for G2. For the domain “pain,” the average score was 3.05 G1 versus 3.03 for G2.

There was no statistically significant difference in FSFI total score between the two groups. ( $p$ -value =0.79) Similarly, there was no significant difference in any domain of the FSFI. with a  $p$ -value of 0.45 for “sexual desire,” 0.65 for “sexual arousal,” 0.69 in “lubrication,” 0.68 for “orgasm,” 0.28 for the satisfaction and 0.62 for the pain.

**Conclusion and recommendations:** Therefore, the birth of a child does not seem to modify the sexual function (sexual desire, sexual arousal, lubrication and orgasm) in mothers. However, giving birth does not increase the frequency of sexual pain and does not lead to sexual dissatisfaction.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Descriptive Study of Gender Dysphoria and Sexual Behavior in a DSD Group in a Hospital in South of Brazil

Cesar Bridi Filho, Saulo Batinga Cardoso Batinga Cardoso, Marcelo F. Noal, Bianca Soll, Nicolino Cesar Rosito and Maria Inês Rodrigues Lobato

UFRGS—Universidade Federal de Santa Maria, Porto Alegre, Brazil

Sex Development Disorder (DSD) refers to a congenital heterogeneous group in which chromosomal, gonadal, and anatomical sex development are atypical. Diagnosis is usually made at birth or infancy and interventional actions are necessary in many cases.

The repercussions in adult life, more specifically in the field of sexuality are still not widely studied. This report points to research data that seeks to identify in a group of individuals with DDS (XX and XY) who are being monitored in a hospital since childhood,

what the repercussions are on their post-pubertal sex life.

The sample has 16 participants (13 XY and 3 XX), aged between 16 and 50 years, being monitored at the Hospital de Clinicas de Porto Alegre. The results indicate an absence of Gender Dysphoria in this group; a delay in the initiation of sexual life; penis size below the average for the general population; the presence of masturbatory activity in most participants. The data presented are part of a collaborative project between the Gender Identity Program (PROTIG) and the

Pediatric Urology Outpatient Clinic (UCP) of the Hospital de Clinicas de Porto Alegre.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Aspects of Sexuality in Trans Population in Pre-Surgical Groups: Clinical Observation in a Public Hospital in Southern Brazil

Cesar Bridi Filho, Claudia Garcia, Maria Inês Rodrigues Lobato and Bianca Soll

UFRGS—Universidade Federal de Santa Maria, Porto Alegre, Brazil

The present work, based on data collection and group records, presents, in the form of qualitative research, observational follow-up data from four preparatory groups of patients for sex reassignment surgery, in a public hospital in southern Brazil. The Unified Health System (SUS), based on law 2803/2013, specifies the need for pre-surgical follow-up for two years.

The four groups (two groups of trans men and two groups of trans women) presented phenomena characteristic of group development and specific characteristics for this population in this process. With a fortnightly frequency and group coordination shared by two therapists, the records point to the following specificities by phases:

Phase 1—(beginning of follow-up): a) Intense idealization at the beginning of the group process (the belief that surgery will solve everything); Rigidity in self-reflection and denial mechanism;

Phase 2—(intermediate period): Beginning of self-reflective questions; Aggressive ambivalence (staff/surgery); partial de-idealization

Phase 3—(Near End): Increase of the reality principle; Construction of new body boundaries; increased resilience; Better acceptance of the current body.

This exploratory study shows the need to understand group phenomena in specific populations based on their own elaborations and particular characteristics. It points to the need to monitor individual psychological processes and the repercussions on the psychic structure in patients' pre- and post-surgical situations.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Non-Binarismo: Una Extraña Sensación de Otro Yo Atrapado: Presentación de Caso

Mauren Castilla-Rebollo

Universidad de Cartagena, Cartagena, Colombia

Existe heterogeneidad de la diversidad identitaria, como una variabilidad de género. Considerando el principio de respeto y libre manifestación de la identidad de género, a la igualdad y a la dignidad, se insta a personas con incongruencia de género o personas de género no conforme a tener mayor visibilidad e integración a su vida social, familiar y personal de acuerdo al género percibido, con el fin de derribar barreras y

estigmas referentes a un género diverso, promoviendo y respetando la autodeterminación de género y de tratamiento, orientado y de la mano del asesoramiento por un profesional de la salud sexual, teniendo en cuenta el contexto de la atención sanitaria para estas personas.

**Presentación del Caso:** Se trata de un paciente de sexo masculino, casado 37 años, con una hija de 4

años profesional universitario y empresario. Manifestando heterosexualidad hasta el momento con sensaciones de posible bisexualidad, que le gustaría experimentar. Acude consultando dificultades personales y de pareja. Siente angustia por las percepciones que el describe como percibiendo una feminidad marcada dentro suyo, manifiesta angustia y malestar significativo. Sentimiento de culpa y no entiende porque ser así. Le genera un sufrimiento muy grande, inseguridad y estrés. Manifiesta episodios de travestismo, rechaza percibirse transexual, no desea modificaciones corporales. Describe un conflicto en su identidad, percibiendo que tiene una parte de si mismo de mujer y

le angustia manifestarlo y expresarlo. Niega orientación homosexual y niega disforia de género.

**Población objetivo:** identidades de género no binarias, enfocando lograr integración y adecuado funcionamiento en sociedad. Resultados de la intervención autoconfianza, disminución de ansiedad, comunicación efectiva en pareja y armonización de su existencia.

**Discusión:** debe lograrse que personas no-binarias consulten sus dificultades y puedan ganar confianza considerando su condición una variante normal de expresión de género.

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

## The Burden of Female Sexual Dysfunction in Basrah-Iraq: The First Preliminary Report

Samih Odhaib<sup>a</sup>, Abbas Mansour<sup>a</sup>, Mahmood Altemimi<sup>b</sup>, Haider Alidrisi<sup>a</sup>, Zainab Adulrazzaq<sup>a</sup>, Adel Mohammed<sup>b</sup>, Dheyaa Alwaeli<sup>b</sup> and Nassar Alibrahim<sup>a</sup>

<sup>a</sup>Faiha Specialized Diabetes Endocrine and Metabolism Center (FEMC), College of Medicine, University of Basrah, Basrah, Iraq; <sup>b</sup>Thi Qar Specialized Diabetes Endocrine and Metabolism Center (TDEM), Thi Qar Health Directorate, Thi Qar, Iraq

**Introduction and objective:** Help-seeking behavior in women with female sexual dysfunction (FSD) from conservative communities is affected by cultural and religious factors. We aimed to evaluate psychosexual, social, physical, and biochemical factors which impact FSD in premenopausal women from Basrah.

**Methods and sample:** This was a cross-sectional observational study in a tertiary endocrine center on 673 reproductive-aged premenopausal women with sexually related complaints for more than 6 months (Sep 2018–Jan 2021).

Relevant history and examination were done in the initial visit using a non-judgmental patient-centered integrative approach, with a ubiquity statement followed by a closed-ended question, and then an open-ended follow-up. FSD diagnosis was done ( $n = 219$ ).

A couple-interview session was scheduled, this involved intimacy assessment through a series of questions, then we used Female Sexual Function Index (FSFI) and Decreased Sexual Desire Screener (DSDS), to diagnose generalized and secondary acquired hypoactive sexual desire disorder (HSDD), and related sexual disorder.

The gonadotropins, androgens, thyroid, adrenal, ovarian, and pituitary function, along with insulin

resistance, glycemic and lipid level were assessed. The final number of women in the study was 166 women. We used Pearson's correlational analysis to confirm the significant correlations between FSD and different parameters. We used the Mann-Whitney U test in the subgroup analysis of HSDD subtypes.

**Results:** FSD prevalence was 24.67% with mean duration ( $8 \pm 2$  months). Intercourse frequency prior to complaint onset ( $3 \pm 1$  times weekly), compared to ( $2 \pm 1$  times monthly) in the latest month before the consultation. All FSFI domains scores were reduced. DSDS diagnosed generalized and secondary acquired-HSDD in 31 and 57 women, respectively. The hormonal investigation did not aid FSD diagnosis. Pearson's correlational analysis did not show any significant correlation between the test variables and FSD.

**Conclusion and recommendations:** No significant correlation between FSD and any psychosexual, physical, and biochemical parameters could be seen. Longitudinal multicenter larger-scale studies are needed.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## A Very Rare Case: Effects of Ulnar Mammary Syndrome on Erectile Function

Jireh Serfontein

Mysexualhealth, Pretoria, South Africa

Ulnar Mammary Syndrome (UMS) is a very rare genetic condition first described in 1975 by McKusick. UMS presents with high variability. Defects of the ulnar aspects of the upper extremities may include hypoplastic or missing ulna, camptodactyly, polydactyly, or missing digits. Generally, there is hypoplasia of the apocrine glands and mammary glands. In men delayed puberty and genital hypoplasia is frequently seen, resulting in micropenis or cryptorchidism. With less than 200 cases of UMS reported there is very limited data on the effects of UMS on sexual function.

Mr X is a 41 year old male who presented to our sexual medicine practice in South Africa with erectile dysfunction. He describes his erections as weak and would lose the erection before reaching orgasm. He is concerned about the size of his penis and mentioned that penetration is very difficult. Mr X is known with UMS and has a history of delayed puberty for which he received testosterone therapy at the time. On

examination, he had underdeveloped forearms with a missing digit on both hands. He had genital abnormalities with small testicular volumes and a first degree hypospadias of the penis. Blood tests were done and normal testosterone levels were found. Mr X has a very poor self-image due to his deformities and his erectile dysfunction could be caused by performance anxiety. Sildenafil 50 mg was prescribed with good effect.

From the research of the literature limited results were found on the sexual function of individuals affected by UMS. Even though this condition is very rare, this is one example of a person with a disorder of sexual development (DSD). Health care providers should be aware and sensitised to the sexual problems of DSD and should treat those patients appropriately.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Impact of Sexual Self-Consciousness and Sexual Self-Esteem in Female Sexual Functioning: An Exploratory Study

Cátia Seabra Vieira<sup>a</sup> and Ana Luísa Quinta-Gomes<sup>b</sup>

<sup>a</sup>School of Medicine of University of Minho, Braga, Portugal; <sup>b</sup>Center for Psychology at University of Porto, Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal

**Introduction:** Sexual self-consciousness refers to an individual's proneness to self-focus within sexual contexts. Research has shown that focusing on negative body-image thoughts and higher distraction during sexual activity negatively impact female sexual response. However, it remains unclear how trait dimensions such as sexual self-consciousness and sexual self-esteem impact female sexual functioning.

**Objective:** To investigate the role played by sexual self-consciousness and sexual self-esteem in female sexual functioning.

**Methods and samples:** A total of 200 undergraduate students self-identified as women completed the Sexual Self-Consciousness Scale (SSCS), the Sexual Self-Esteem Subscale (SSEs) and the Female Sexual Functioning

Index (FSFI), after signing a written consent form and agreeing to voluntarily participate in the study.

**Results:** This is an ongoing study and results will be further discussed in detail. However, the propensity for experiencing sexual embarrassment and sexual self-focus in sexual situations, and sexual self-esteem are hypothesized to predict female sexual functioning.

**Recommendations:** This study may have important implications by contributing to a better understanding of how trait dimensions interfere with female sexual response. It can also be expected to have important implications for the understanding of psychological trait dimensions determining female sexual response, and to underscore the importance of including such dimensions in the treatment of female sexual problems

(e.g., Cognitive Behavior Therapy, mindfulness interventions).

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Diagnóstico E Abordagem Da Perturbação Do Comportamento Sexual Compulsivo—Sobre Um Caso Clínico

Joao Paulo Rema<sup>a,b</sup>

<sup>a</sup>Centro Hospitalar Lisboa Norte, Lisbon, Portugal; <sup>b</sup>Faculty of Medicine, University of Lisbon, Lisbon, Portugal

**Introdução:** A Perturbação do Comportamento Sexual Compulsivo (PCSC) constitui uma nova entidade diagnóstica da ICD-11. Caracteriza-se por um padrão persistente de falha no controlo de impulsos intensos e repetitivos de carácter sexual, que leva a um comportamento sexual repetido, por período superior a 6 meses, e que se encontra associado a sofrimento acentuado ou prejuízo nas várias áreas de funcionamento. Embora mais commumente abordado na literatura o uso compulsivo de pornografia, outras apresentações clínicas têm vindo a ser reportadas.

**Métodos:** É apresentado o caso de um homem de 22 anos diagnosticado com PCSC que iniciou seguimento em consulta de Sexologia. As principais opções de abordagem e terapêuticas são revistas e discutidas.

**Resultados:** Foi apurado padrão de comportamento sexual repetitivo, incontrolável, com compromisso da capacidade funcional e elevada repercussão na vida pessoal – incapacidade para manter relações, dívidas de vários milhares de euros, insucesso e retenção académica, incapacidade laboral – com cerca de 3 anos de evolução. O doente apresentava comportamentos sexuais diários, recorrendo a aplicações de cyberdating

e a profissionais do sexo. Nos períodos de maior expressão sintomática são apuráveis vários comportamentos de risco e ameaçadores da vida. Não apresentava seguimento sustentado prévio na especialidade, tendo apenas duas observações separadas com o diagnóstico de perturbação da ansiedade generalizada. O doente iniciou seguimento em consulta de psiquiatria e psicologia na consulta de Sexologia a par de um esquema psicofarmacológico para controlo sintomático. Foi observada progressiva melhoria no controlo dos impulsos, com recuperação gradual do funcionamento nas áreas social, ocupacional e familiar. Aos 6 meses, os comportamentos sexuais repetitivos encontravam-se diminuídos embora presentes.

**Conclusões:** A abordagem da PCSC carece de maior caracterização, em particular no que ao tipo de comportamento sexual concerne. O reportar de casos clínicos e a necessidade de estudos desta população clínica são prementes para elucidar a prática futura.

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

## Unconsummated Marriage: Frequency and Clinical Characteristics in a Tunisian Sexual Dysfunction Clinic

Ahlem Mtiraoui<sup>a,b</sup>, Marwa Dhouibi<sup>a</sup>, Zeineb Bouzaabia<sup>a</sup>, Marwa Gharmoul<sup>a</sup>, Jaafar Nakhli<sup>a,b</sup>, Pr Yousri EL Kissi<sup>a,b</sup> and Selma Ben Nasr<sup>a</sup>

<sup>a</sup>Research Laboratory LR12ES04, Department of Psychiatry, Farhat Hached Hospital, Faculty of Medicine of Sousse, University of Sousse, Sousse, Tunisia; <sup>b</sup>Tunisian Society of Clinical Sexology, Tunisia

**Introduction and objectives:** In Tunisia, an Arab-Muslim country, the wedding ceremony is the social

and legal framework for physical intimacy. Pressure is made on newlyweds to consummate marriage on the

wedding night or during the succeeding few days, with serious consequences when failing to perform sexual intercourse.

Our study aimed to assess the frequency of un consummated marriages (UCM) and its clinical characteristics among sexual dysfunction clinic help seekers.

**Methods and sample:** We carried out a descriptive study in the outpatient clinic of sexology of Farhat Hached University Hospital, Sousse, Tunisia. All patients with UCM were recruited. Socio-demographic and clinical characteristics were recorded. Sexual history assessment included the educational, familial and religious background of both partners. Sexual orientation, gender identity and sexual behavior were investigated.

**Results:** During the study period, 229 couples complaining of UCM were recruited. The UCM represented 42.72% among all patients attending the sexology clinic. The mean age was  $29.8 \pm 5.0$  years for women and  $34.0 \pm 5.0$  for men. Among them, 63.15% had a high school degree. The mean time to seek professional medical help after the wedding was  $12 \pm 5$

months (7 days–11 years). Reasons for seeking help were respectively wishing to consume the marriage for social convenience (50.3%), seeking sexual satisfaction (42.4%), and desire to build a family (22.7%). Vaginismus was observed in 151 women (65%), erectile dysfunction and premature ejaculation respectively in 82 (35%) and 25 (10.9%) of men. None of the participants received sexual education and nobody had received information about sexuality during the pre-nuptial visit.

**Conclusion and recommendations:** The results of our study pointed out the high prevalence of UCM among couples seeking medical help in a sexology clinic. Consultations for a UCM were often characterized by an urgent request, under pressure from families. Couples confessed to the absence of structured sex education.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Experiencia De la Policlínica en Medicina Sexual Del Hospital Pereira Rossell

Estela Citrín

Hospital Pereira Rossell, Montevideo, Uruguay

**Introducción:** En Agosto 2020 inicia honorariamente la Policlínica de Medicina Sexual en el Hospital Pereira Rossel de Montevideo Uruguay, centro de Referencia Materno Infantil.

La implementación de la Policlínica se enmarca en un proyecto más amplio de difusión y educación de la Sexualidad humana en la Carrera de Doctor en Medicina y la formación de Residentes.

**Project/Population and settings:** Se habilitó un espacio de policlínica de Medicina Sexual para derivar pacientes desde el sector público, de Montevideo e interior. Desde el 6/8/2020 hasta el 13/5/2021 hubo 30 consultas donde se asistieron 53 usuarias/os.

La consulta se desarrolla en un ambiente confortable y de respeto con los cuidados que requiere la pandemia y se elabora una historia clínica estructurada abordando el motivo de consulta, así como la exploración de aspectos bio psico sociales, respetando la confidencialidad.

**Outcome:** En ese periodo se asistieron 50 mujeres y 3 varones, con edades entre 11 y 68 años. En cuanto a la orientación sexual, los 3 varones son heterosexuales, se asistió a 2 parejas homosexuales, 1 usuario trans masculino y 47 mujeres heterosexuales.

Los motivos de consulta el 50% de las consultas en las mujeres fueron por disminución del deseo sexual, 25% alteraciones de la penetración (dispareunia y vaginismo), 10% alteraciones del orgasmo y 15% consultas para educación en sexualidad.

Hay una prevalencia de casi 50% de abuso sexual que los usuarios relacionan con la consulta sexual.

En las relaciones heterosexuales de pareja de larga data la prevalencia de dificultades en la comunicación en la pareja en cuanto a las preferencias sexuales es alta.

**Discussion and recomendaciones:** Es importante contar con un espacio para referir a las/las usuarios con alteraciones sexuales en el área pública. La

formación en sexualidad es menester en la curricula académica de pregrado y grado.

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

## TRACK 6: PUBLIC HEALTH AND PUBLIC POLICIES

### Risk Perception and Sexually Transmitted Infections: Testing Different Risk-Communication Strategies

Roberta Galizia<sup>a</sup>, Serena Petrocchi<sup>b</sup>, Peter Johannes Schulz<sup>b</sup>, Filippo Maria Nimbi<sup>a</sup> and Professor Chiara Simonelli<sup>a</sup>

<sup>a</sup>Sapienza University Of Rome, Rome, Italy; <sup>b</sup>University of Lugano, Lugano, Switzerland

**Introduction and objectives:** This study assessed before whether a match between the orientation of an individual (promotion vs. prevention) and the type of communication message (fit vs. unfit) leads to higher or lower risk perception (RP) of contracting sexually transmitted infections (STIs). The study moreover explored what kind of message-framing (prevention vs. promotion) is more persuasive in increasing STIs RP. Finally, potential associations between the regulatory orientation, obsessive-compulsive tendencies and the STIs RP were investigated.

**Method and sample:** The study employed a 2 (promotion vs. prevention)  $\times$  2 (fit vs. unfit) between-subjects factorial design. A sample of 547 Italian young adults (425 females and 122 males) participated in the compilation of an anonymous questionnaire in which, randomly, they were assigned to the promotion or prevention condition: the participants read a flyer containing a message frame that fitted or did not fit their previous condition (promotion vs. prevention). Subsequently, participants were asked to answer questions about their RP of contracting STIs. After 1 month, 121 participants were given an anonymous

questionnaire to evaluate obsessive-compulsive tendencies.

**Results:** The study revealed no significant difference in the persuasive efficacy between fit vs. unfit conditions on the RP of STIs [ $F(3, 499) = 1.61, p = .18, \eta^2 p = .010$ ]. However, the prevention group showed a greater RP of STIs ( $M = 1.71, SD = .85$ ) than the promotion one ( $M = 1.58, SD = .73$ ). Furthermore, no association between the regulatory orientation and obsessive-compulsive tendencies was found (sufficient control over the mental activity [ $t(54) = .91, p = .36$ ]; behavioral control [ $t(54) = -.88, p = .38$ ]; impulsivity control [ $t(54) = .003, p = .99$ ]; contamination [ $t(54) = -1.93, p = .059$ ]).

**Conclusions and recommendations:** The findings would suggest that an effective public sexual health campaign should rely on prevention-frame messages in motivating people to engage in healthy sexual behaviors.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

### Actividad Sexual de Adultas/Os Jóvenes Durante Pandemia Covid-19 en Región Metropolitana, Chile, 2020–2021

Patricia Bravo, Katherine Troncoso, Camila Castañeda, Fernanda Rodríguez, Carolina Vidal and Julieta Aránguiz Ramírez

Universidad Diego Portales, Santiago, Chile

**Introducción y objetivo:** Desde el registro del primer caso de Covid-19 en Chile, en marzo del 2020, las

autoridades debieron tomar distintas medidas para enfrentar la situación, una de ellas fue el

confinamiento que implicó distanciamiento social y restricciones de desplazamiento, lo que afectó las relaciones interpersonales perjudicando también la esfera sexual. El objetivo general es conocer el efecto del confinamiento por Pandemia Covid-19 en la vivencia sexual de las/los adultas/os jóvenes chilenas/os.

**Métodos y muestra:** Enfoque cuantitativo con alcance exploratorio de tipo descriptivo, teniendo una muestra de 398 mujeres entre 20 y 64 años, se utilizó una encuesta con preguntas dicotómicas y de alternativa única mediante una encuesta voluntaria y confidencial difundida por redes sociales. Los datos se analizaron en Excel y se representaron en tablas y gráficos

**Resultados:** De un total un 66,8% percibió una disminución en la frecuencia de su actividad sexual, mientras que un 19,1% notó que su actividad sexual se mantuvo y sólo un 14,1% de ellas/os vieron que su

frecuencia sexual aumentó durante el confinamiento. Por otro lado, se observó que a raíz del efecto de esta situación un 52,3% de las parejas incorporaron a su vida nuevas prácticas sexuales donde la tendencia es el sexting con un 63,5% de las preferencias.

**Conclusión y recomendaciones:** Tras el análisis se demuestra que la pandemia Covid-19 ha afectado la vivencia sexual de los/las chilenos/as, siendo ésta un área fundamental dentro de la vida de las personas dado el carácter holístico del ser humano, por ende, se hace necesario su estudio, lo que ayudaría a otorgarle la importancia real a este ámbito al evidenciar esta problemática, permitiendo así la creación de normativas en materia de salud pública.

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

## Calidad de Vida Relacionada Con la Salud en Mujeres de 20 A 64 Años Con Incontinencia Urinaria, Chile

Julieta Aránguiz Ramírez<sup>a</sup>, Pedro Olivares Tirado<sup>b</sup> and Xavier Castells Oliveres<sup>c</sup>

<sup>a</sup>Diego Portales University, Santiago, Chile; <sup>b</sup>Superintendencia de Salud, Santiago, Chile; <sup>c</sup>Universidad Autónoma de Barcelona, Barcelona, España

**Introducción y Objetivo:** La incontinencia urinaria (I.U.), es una de las situaciones clínicas más frecuentes en la mujer y que afecta su calidad de vida. El objetivo del estudio fue determinar el impacto de la I.U. en la calidad de vida de mujeres de 20 a 64 años aplicando EQ5D-3L, cuestionario genérico que mide Calidad de Vida relacionada a la Salud.

**Método y Muestra:** Estudio cuantitativo, observacional, descriptivo, y de tipo transversal. La muestra reúne 381 mujeres residentes en la Región Metropolitana, las que respondieron una encuesta auto-aplicada entre Junio 2020 y Junio 2021, con preguntas sobre situación sociodemográficas, cuestionario EQ5D-3L y frecuencia miccional. Se utilizaron para el análisis de datos estadísticas descriptivas y el coeficiente de correlación.

**Resultados:** La muestra tuvo una media de edad de 39,9 (DS:12,6) años. La dimensión de EQ5D más afectada fue Angustia/Depresión donde el 63,5% de las participantes declaran tener algún grado de afectación,

seguida por la dimensión Dolor/Malestar que en un 52% refieren algún grado de afectación. La media en la escala visual análoga (EQ-VAS) fue de 71,4 (DS:20,6) puntos. En cuanto al coeficiente de relación de Sperman se observa que entre la frecuencia en pérdida de orina y las variables autopercepción del estado de salud y EQ-VAS fue de 0,07 y 0,21 respectivamente.

**Conclusión y Recomendaciones:** Los estudios sobre I.U. en mujeres de 20 a 64 años son escasos, dado que es una situación clínica que afecta la calidad de vida y por otro lado que es una edad en que se encuentran laboralmente activas, se recomienda incorporar en las prestaciones de detección precoz en el programa de salud sexual y reproductiva en este grupo, así como la realización de un nuevo estudio con una encuesta WPAI para evaluar productividad laboral.

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

## Porcentaje de Uso de Método de Barrera Para Prevención de ITS en Mujeres Que Tienen Sexo Con Mujeres en Chile, 2020.

Julieta Aránguiz Ramírez, Fabiola Pérez Zelaya and Srta Francisca Miles Castillo

Diego Portales University, Santiago, Chile

**Introducción y Objetivo:** Se cree que el sexo entre mujeres es de bajo riesgo de contagio de ITS, la evidencia indica que las MSM tienen la misma tasa de contagio que las mujeres heterosexuales, sin embargo, al observar la prevalencia difiere entre estos grupos dependiendo además de las prácticas sexuales elegidas. El objetivo es determinar el porcentaje de uso de métodos barreras contra ITS en la población de MSM.

**Método y Muestra:** Estudio con enfoque cuantitativo, diseño observacional, descriptivo de corte transversal. La muestra se constituyó por 603 MSM, residentes en Chile de 18 a 45 años, y los datos se recolectaron a través de una encuesta anónima y voluntaria autoaplicada y difundida en redes sociales entre Junio y diciembre del año 2020. Los datos se analizaron en programa Excel y se representaron en Tablas y Gráficos.

**Resultados:** Se observa que el 83,3% no utiliza barreras y de éstas el 33,4% refiere que es por tener pareja

única con exámenes de ITS al día; el 11,3% refiere usar condón de pene, el 5,6% condón de vagina, un 4,5% utiliza guante de látex, 3,6% cuadrado de látex, 3,5% condón de dedo y un 0,5% mascarilla de vinilo. Por otro lado como examen preventivo el 68,7% se ha realizado el test de Elisa, un 34,1% VDRL y un 30% examen para Virus de hepatitis B y C entre otros.

**Conclusión y Recomendaciones:** Aún existe una baja percepción de riesgo de contagio de ITS por parte de las MSM así como de las/los profesionales de la salud sexual respecto a las barreras de prevención, por lo que se recomienda incluir en la atención clínica otros aspectos de carácter integral, comunitarios y estructurales, así como la actualización del programa de salud sexual y reproductivo con un enfoque inclusivo.

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

## Prácticas Sexuales en Mujeres Que Tienen Sexo Con Mujeres en Chile, 2020

Fabiola Pérez Zelaya, Julieta Aránguiz Ramírez, Amanda Gómez García, Valentina Gutiérrez Garay, María Belén Muñoz Castillo, Camila Riquelme Fuentes and Perla Mattioni Paredes

Universidad Diego Portales, Santiago, Chile

**Introducción y Objetivo:** Dentro del contexto de las experiencias sexuales, encontramos los diferentes tipos de prácticas sexuales, es decir, conductas que adoptan las personas con el fin de dar y producir placer sexual. El objetivo del estudio fue determinar el tipo de prácticas sexuales más comunes en Mujeres que tienen Sexo con Mujeres (MSM).

**Método y Muestra:** Estudio con enfoque cuantitativo, diseño observacional, descriptivo de corte transversal. La muestra se constituyó por 603 MSM, residentes en Chile de 18 a 45 años, y los datos se recolectaron a través de una encuesta anónima y voluntaria autoaplicada y difundida en redes sociales. Entre Junio y diciembre del año 2020. Los datos se

analizaron en programa Excel y se representaron en Tablas y Gráficos.

**Resultados:** dentro de las prácticas sexuales más comunes, del total de la muestra el 95% practica sexo oro-vaginal, 95% penetración vaginal con dedo y un 87,2% frote entre vulvas. El 83% refiere no utilizar métodos de barrera, y de éstas el 33,4% refiere que es debido a tener ambas exámenes de ITS al día, y el 28,9% refiere que es por tener pareja única y eso le otorga seguridad. En cuanto a la atención clínica el 60,2% refiere haberse sentido discriminada por su condición y el 96,8% refieren que a las/os profesionales de atención sobre salud sexual en Chile les falta conocimiento específicos.

**Conclusión y Recomendaciones:** Las prácticas más comunes en la población MSM son la masturbación mutua, la penetración vaginal con dedos y la oro-vaginal, tanto en Chile como en Latinoamérica y el Caribe los estudios sobre MSM son escasos por lo que se invita a realizar nuevos estudios, así como a fomentar

la educación sexual inclusiva con enfoque de género según los requerimientos de este grupo.

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

## Comportamentos de Risco Dos Utentes Da Umr Face Ao Género E Reatividade No Vih

Maria Eugénia Saraiva, Sofia Melo Refoios, Rita Santana Da Silva and Gonçalo Bento

Portuguese League Against AIDS, Lisboa, Portugal

O VIH e a sua propagação promoveram um problema de saúde pública mundial que levou à consciencialização na mudança de comportamentos de risco (CR). É importante analisar a existência de diferenças nos CR face ao género e aos testes reativos dos utentes que recorreram aos serviços da Unidade Móvel de Rastreios (UMR) da Liga Portuguesa Contra a SIDA.

Realizou-se um estudo comparativo, utilizando o teste do  $\chi^2$  para analisar existência de diferenças entre CR, em função do género e reatividade no rastreio. A amostra de 7050 pessoas de populações vulneráveis (Homens que têm Sexo com Homens; Trabalhadores Sexuais – TS; Pessoas em Situação de Sem-Abrigo; Pessoas com consumos de substâncias psicoativas via endovenosa e Migrantes) e da população geral, sendo 58,3% homens e 41,6% mulheres, com média de idades de 41 anos (DP =16,1), recolhida aleatoriamente, entre outubro 2014 e maio 2021. Realizaram-se entrevistas através de questionários padronizados que incluíam questões sociodemográficas, conhecimentos VIH, relacionamentos, CR, atitudes, consumos e uso do preservativo.

21,5% dos participantes ( $n = 1517$ ) afirmaram que terem tido CR levou-os a realizar rastreio. O CR mais comum em ambos os géneros foi a relação sexual desprotegida (RSD), sendo que homens relataram mais frequentemente o rompimento do preservativo e mulheres o facto do preservativo ter saído a meio do ato sexual. Quanto à reatividade, quer a amostra total, os homens, a população geral e os TS revelaram diferenças no teste VIH+, sendo que estes últimos demonstraram diferenças na VHB+ e o somatório das populações vulneráveis na VHC+.

Os CR variam de acordo com o género, sendo o mais comum a RSD. Na reatividade, existem mais CR por parte das pessoas VIH+, comparativamente com portadores de outras IST. Conclui-se que é importante continuar a rastrear a população geral e reforçar a eficácia do uso do preservativo para promover a utilização consistente.

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

## Intenção Do Uso Do Preservativo Nos Utentes Da Unidade Móvel Rastreios

Maria Eugénia Saraiva, Sofia Melo Refoios, Rita Santana Da Silva and Gonçalo Bento

Portuguese League Against AIDS, Lisboa, Portugal

Apesar da prevenção do VIH ir para além do uso do preservativo, a utilização consistente do mesmo é a forma de proteção mais eficaz. Pretende-se analisar a

existência de diferenças na Intenção de Utilizar o Preservativo no Próximo Encontro Sexual (IUPPES), e qual o motivo porque não tem essa mesma intenção

em função do género dos utentes que recorreram à Unidade Móvel de Rastreios da Liga Portuguesa Contra a SIDA.

Realizou-se um estudo comparativo. A amostra foi recolhida de forma aleatória, entre outubro de 2014 e maio de 2021, sendo constituída por 7050 pessoas (58,3% homens; 41,6% mulheres), com uma média de idades de 41 anos (DP = 16,1). Realizaram-se entrevistas através de questionário padronizado que inclui questões sociodemográficas, sobre conhecimentos VIH, relacionamentos, comportamentos sexuais, atitudes, consumos, e uso do preservativo. De modo a analisar existência de diferenças entre IUPPES e o motivo para a não IUPPES em função do género foi utilizado o teste  $\chi^2$ .

Foram detetadas diferenças estatisticamente significativas entre IUPPES em função do género e nos motivos para a não IUPPES em função da mesma variável, sendo que na última análise fizeram parte 1052

pessoas (610 homens e 442 mulheres). A maioria da amostra mencionou que tinha IUPPES. Quanto aos que referiram não ter IUPPES, a maioria dos homens e cerca de metade das mulheres referiu que se deve ao facto de o tipo de parceiro ser fixo. As características do preservativo, assim como não gostar de o utilizar foram motivos mencionados por homens e mulheres. Pensar em não ter mais relações sexuais foi um motivo apresentado por mulheres.

É importante realizar psicoeducação de modo a minimizar os riscos, promover a saúde e prevenir a doença, procurando promover a utilização consistente do preservativo masculino/feminino, sendo este o único meio mecânico para a prevenção do VIH.

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

## Atención en Salud Sexual y Reproductiva A Personas Con Discapacidad en Los Centros de Atención Primaria en Chile

Carolina Schwengel

Universidad Bernardo OHiggins, Chile

Esta investigación aborda la relevancia de la formación, en pregrado y postgrado, en sexualidad de las personas con discapacidad, y como ésta, o su carencia influye en la calidad de atención de los profesionales de salud, dando lugar a mitos y prejuicios en torno a su sexualidad. Desde este contexto sociocultural, profesional e institucional, se cuestiona si las personas con discapacidad requieren atención dirigida a su salud sexual y reproductiva, y con enfoque especializado.

Para responder estas interrogantes indagamos tanto las experiencias de personas con discapacidad en sus atenciones en salud sexual, como las herramientas con que cuentan los profesionales y centros de salud para brindar esta atención. Se utilizó una metodología cualitativa centrada en la comprensión de la realidad. Al análisis de los resultados, se visualizan dos focos: adaptabilidad y competencia.

Por un lado se comprende el concepto de igualdad solamente como el acceso a los servicios del Estado,

sin considerar si dicho acceso está adaptado a las personas con discapacidad, ni si los profesionales cuentan con conocimientos suficientes para brindar atención de calidad en salud sexual y reproductiva a este grupo. A partir de esta investigación visualizamos un cambio paradigmático en la comprensión de las personas con discapacidad como seres sexuales. Aunque los resultados arrojan evidencias de un proceso de transformación incipiente en la concepción de la discapacidad y de la sexualidad, y se reconocen los esfuerzos particulares realizados por algunos profesionales de salud en pos de una interiorización en lo que a la sexualidad de las personas con discapacidad se refiere, éstos no responden necesariamente a la existencia de un nuevo paradigma imperante en Chile.

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



## Access to Contraception by Young Japanese Women From the Perspective of Ob-Gyns: An Srhr and Youth-Friendly Health Service Frameworks Analysis

Kazuko Fukuda

Department of Public Health and Community Medicine, University of Gothenburg, Gothenburg, Sweden

**Introduction and objectives:** In Japan, an estimated 600,000 unintended pregnancies occur annually. Although unintended pregnancy brings a heavy burden, especially for young women, only 3.3% of Japanese women use modern contraception, which is extremely low compared to other developed countries. One of the major reasons for this is the lack of access to obstetrics and gynecological services.

This study aims to explore Japanese OB-GYNs' experiences, attitudes, thoughts, and views about access to and provision of contraception of young women and Sexual and Reproductive Health and Rights (SRHR) to know why Japanese young women keep facing barriers to visit OB-GYN and obtain contraception.

**Method and sample:** This qualitative study conducted in-depth and semi-structured interviews with 13 obstetricians and gynecologists working in Tokyo. Data were analyzed first inductively using applied thematic analysis and later deductively through a youth-friendly health service framework.

**Findings and discussion:** 24 codes were found under four themes, (1) politics, culture, and social pressure, (2) healthcare for women by men, (3) the role of

mother and, (4) the contraceptive pill. The findings reveal that, in addition to a lack of understanding and prejudice against contraceptive pills, gender inequality in politics, culture, and the field of obstetrics and gynecology may prevent young girls from obtaining contraception. The study also shows the tremendous influence of mothers on access to sexual and reproductive health care for young Japanese women.

This research found that access to contraception by young women in Japan is far from achieving youth-friendly sexual health services, which consists of equitability, accessibility, acceptability, appropriateness, and effectiveness.

**Recommendations:** To ensure access to sexual and reproductive health and rights for all including young women in Japan, other perspectives including gender equality, girls' empowerment, and health economics may be needed in addition to the five elements of youth-friendly health services.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Perceived Stress Among LGBTQ+ Young Tunisian Community

Hayder Mahjoubi<sup>a</sup>, Ahlem Mtiraoui<sup>b,c</sup> and Manel Mallouli<sup>d</sup>

<sup>a</sup>Higher School of Healthcare Sciences and Techniques, 4054, Sahloul II, Tunisia; <sup>b</sup>Psychiatry Dep, Ibn El-Jazzar Medical School, Sousse University, LR12E504, 4000, Sousse, Tunisia; <sup>c</sup>Tunisian Society of Clinical Sexology; <sup>d</sup>Department of community and family medicine, Ibn El-Jazzar Medical School, Sousse University, 4000, Sousse, Tunisia

**Introduction:** Homosexuality is a taboo subject; one which Tunisians are reluctant to discuss. It is regarded as an immoral sin and a Western vice. Minority stress is a type of social stress resulting from the conflict between culture and norms in the majority and minority groups. In Tunisia, it's undeniable that the LGBTQ+ minority is discriminated and rejected by the non-LGBTQ+ majority. Understanding stress in sexual minorities is important because stress increases disease risk.

In the same vein, this study is conducted to explore perceived stress levels among Tunisian sexual minorities.

**Methods:** An analytical cross-sectional study was conducted. Participants were recruited using a snowball sampling technique via social media. The stress level was measured with the Perceived Stress Scale, a 10-item scale that measures the degree to which life situations are appraised as stressful.

**Results:** A total of 73 individuals agreed to participate in the current study. The mean age of participants

was  $23 \pm 4.3$  years. The sample showed a masculine predominance of 63%. Results showed that a large portion of our sample was cisgender (75.4%). Concerning sexual orientation, 39.7% of the participants were gay followed by 23.3% were lesbians.

Our sample experienced a high level of perceived stress where the general perceived stress level was around  $27.3 \pm 6.2$ . Therefore, 57.5% of responders were experiencing high perceived stress and only 2.7% were living with low perceived stress.

The perceived stress level was significantly higher among intersex, genderqueer and gender fluid participants. The results showed that participants with no

personal-psychiatric history experienced significantly lower perceived stress than participants with psychiatric records.

**Conclusion:** In Tunisia, the LGBTQ+ population continues to struggle to find a place of equality and fairness. These individuals constitute a minimal but constant percentage of our population who are forced to live discreetly. They have to hide their sexual life to avoid discrimination, racism, social rejection and violence.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Digital Anal Rectal Examinations (Dare) Are Not a Sensitive Test to Detect Persons With a History of Receptive Anal Sex

Alan Nyitray<sup>a,b</sup>, Aniruddha Hazra<sup>c</sup>, John Schneider<sup>d</sup>, Elizabeth Chiao<sup>e</sup>, Sandrine Sanos<sup>f</sup>, Simon Rosser<sup>g</sup> and Michael Ross<sup>h</sup>

<sup>a</sup>Medical College of Wisconsin, Clinical Cancer Center, Milwaukee, USA; <sup>b</sup>Medical College of Wisconsin, Center for AIDS Intervention Research, Milwaukee, USA; <sup>c</sup>University of Chicago, Section of Infectious Diseases and Global Health, Chicago, USA; <sup>d</sup>University of Chicago, Department of Medicine, Chicago, USA; <sup>e</sup>MD Anderson Cancer Center, Department Epidemiology, Division of Cancer Prevention and Population Sciences, Houston, USA; <sup>f</sup>Texas A&M University-Corpus Christi, Department of Humanities, Corpus Christi, USA; <sup>g</sup>University of Minnesota School of Public Health, Department of Family Medicine, Minneapolis, USA; <sup>h</sup>University of Minnesota Medical School, Department of Family Medicine, Minneapolis, USA

**Introduction and objectives:** Forced anal examinations are used to prosecute LGBT people in at least seven countries under the presumption that sphincter tone, estimated by Digital Anal Rectal Examination (DARE), can detect persons practicing receptive anal sex. There is no data to support or refute this presumption. Our objective was to estimate the sensitivity of DARE to detect persons who report receptive anal sex.

**Methods and sample:** Gay and bisexual cismen and transgender persons in Milwaukee, Chicago, and Houston enrolled in an anal cancer screening study. All received a DARE, which includes assessing resting sphincter tone (RST) and squeeze sphincter tone (SST) using the Digital Rectal Examination Scoring System (DRESS) scale (RST 0–5, 0 = no tone and 5 = very high tone; SST 0–5, 0 = no increase in tone and 5 = very strong squeeze). Persons completed sexual behavior survey questions and were categorized as predominantly practicing either receptive anal sex (including

practicing receptive and insertive anal sex) or insertive anal sex (including no anal sex). We calculated DARE sensitivity to detect persons engaging in receptive anal sex. This analysis includes the first 239 persons to receive DARE and have non-missing data.

**Results:** A total of 69.9% of persons were in the receptive anal sex category. Mean age was 45.4 and 44.7 years for persons in the receptive and insertive categories, respectively. The mean RST was 3.9 (SD 0.51) and 4.2 (SD 0.49) for receptive and insertive categories, respectively. The sensitivity of DARE to detect persons practicing receptive anal sex using an RST score was 11.4% (95% CI 6.6%-16.2%) and using an SST score was 10.2% (95% CI 6.0%-14.8%).

**Conclusion and recommendations:** DARE has no utility to detect persons practicing receptive anal sex and thus should not be used as such.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexual Health and Interdisciplinary Theory: A Social Ecological Relationship

Mark Levand

Widener University, Chester, USA

**Introduction and rationale:** In the work of many sexual health professionals, theory can be discounted as being too abstract and not practical enough to be helpful in sexual health interventions. Indeed, theory without a translation to practice will certainly dissipate/remain in the abstract at best and cause personal and institutional harm at worst.

Many of those in sexual health hear the word “theory” and consider health behavior change theories or learning theories that they chose to include (or not) in their interventions.

This presentation is about much more than theories in a narrowly defined field of “health education.” Many theories across the disciplines deal with humanity, and can prove useful in helping us understand how we can better the field of human sexuality. I believe two functions of theory can be useful for sexual health initiatives: (1) changing attitudes in society and (2) instilling hope that the current state of affairs can change.

**Action and population:** Sexuality scholars should work with scholars from other disciplines to effect change in the world within human sexuality.

**Outcome:** Development of theory across disciplines with trained scholars can advance the field to be beneficial to solving problems and creating a stronger theoretical basis for future interventions.

**Discussion and recommendations:** The Social Ecological Model gives us a way to understand how this process works with regard to sexuality on the personal, institutional, and cultural levels. When we write theory, we can help change cultural beliefs, institutional policies, and individual thinkers. This happens in a couple of ways—by educating the individuals who will, in turn, talk to others about it, contributing to society, and by allowing academics, institutions, and cultural dialogue to engage with a topic that is supportive of sexual health. Recommendations include ways to collaborate with colleagues from other disciplines.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## LGBTQI+ Population in a Service in Health System in Brazil: How We Work and Where We Want to Go

Cesar Bridi Filho<sup>a</sup>, Lucas Viero Furlan<sup>b</sup>, Bibiana Massem Homercher<sup>c</sup> and Danielle Visentini<sup>d</sup>

<sup>a</sup>Fisma—Faculdade Integrada De Santa Maria, Santa Maria, Brazil; <sup>b</sup>Secretaria Municipal de Saúde de Santa Maria, Santa Maria, Brazil;

<sup>c</sup>Universidade Franciscana—UFN, Santa Maria, Brazil; <sup>d</sup>UFMS—Universidade Federal de Santa Maria, Santa Maria, Brazil

The Unified Health System in Brazil is one of the few public services that are fully free of charge to the general population, including the LGBTQi+ groups. This experience report shows how it is possible, at the municipal level, to serve the LGBTQI+ population including the transsexualizing process (up to the hormonization process).

The health team works at 5 levels of care: trans adults; non-binary teenagers; children (family orientation); families/partners; and assistance to health teams. In partnership with activist groups and users, the clinic began activities in 2019 and seeks to reach various

groups of the LGBT population and municipal services. The reference Service in the City of Santa Maria/RS has only a basic service team that, despite the long period of the pandemic, has created ways to access and continue the Service.

In addition to showing our work plan, our objective is to discuss the multiple possibilities available when working in a public health space.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Embarazos A Temprana Edad en México. Revisión Teórica Desde Una Visión de Género y De la Sexualidad

Juan José Carrillo Cruz

Instituto de las Mujeres en Tamaulipas, Victoria, Mexico

**Introducción:** En la actualidad existen investigaciones sobre el fenómeno del Embarazo Adolescente, no obstante, estas investigaciones no han superado el abordaje tradicional que se ha preocupado más por las consecuencias para el erario público, que por el significado que el embarazo en sí mismo tiene para los adolescentes, su construcción de género y su sexualidad.

**Objetivos:** Describir los enfoques de las principales investigaciones sobre el embarazo a temprana edad bajo una visión de género y sexualidad.

**Método y Material:** Se utilizó análisis sistemático del objeto de estudio, que consiste en un abordaje de las partes medulares de los artículos más relevantes que tengan relación directa con lo planteado durante el periodo del 2012 al 2017. En las bases de datos de BibTeX EndNote, RefMan, RefWorks, y Google académico.

**Hallazgos:** La mayoría de los 15 artículos abordados que caracterizan al embarazo adolescente prematuro como un problema, provienen de una perspectiva epidemiológica, y todos los relacionan a los riesgos corporales, y tomando en cuenta a los impactos que éste

conlleva en materia de salud en el recién nacido. Desde este punto de perspectiva de género y sexualidad se afirma que las causas ligadas a la gestación y al embarazo sucedido en la adolescencia se dan más como una manifestación de la desigualdad social y/o de la pobreza.

**Discusión:** En la actualidad se delata la gran contribución a la noción que ha realizado el estudio desde distintos ámbitos del tema acerca del embarazo en la adolescencia bajo la perspectiva de género y sexualidad, pero cabe enfatizar que en el caso mexicano existen pocos trabajos al respecto bajo esta línea de investigación.

**Recomendaciones:** Es indispensable seguir investigando el Embarazo Adolescente desde una óptica que analice cómo las construcciones de género y las situaciones de desigualdad influyen en el desarrollo de la sexualidad en la adolescencia.

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

## Comportamento Sexual Dos Usuários Que Solicitam Profilaxia Pré Exposição(Prep)No Centro de Referência Ist Aids de Diadema/São Paulo/Brasil

Alexandre Yamaçake, Reginaldo Branco, William Cristhofer, Elaine Bello, Ana Bentes, Denicia Medeiros and Maiky Prata

CR Diadema, Diadema, Brazil

**Antecedentes:** Nos últimos 10 anos, o país relatou aproximadamente 190.000 novos casos de infecção pelo HIV, estatísticas mostram que 94% das pessoas sabem que os preservativos são a melhor forma de evitar o HIV durante as relações sexuais. Infelizmente, o sexo desprotegido ainda é comum entre os brasileiros. Descrição A fim de fortalecer a luta contra o HIV, existem opções para quem faz sexo com muitos parceiros ou sexo desprotegido. Conhecido como PrEP, um acrônimo para prevenção pré-exposição, consiste no uso diário por pessoas não infectadas.

**Implementado:** em Diadema 2018, existem 150 registros válidos hoje, a maioria dos quais são homens gays. Essa droga se tornou tão popular entre gays, em sites de namoro que se tornou um privilégio de “selo de segurança”, uma medida protetora contra ao HIV. Existe um critério de elegibilidade, e os resultados for aceitável receberá por 30 dias e depois gradualmente por 90 dias, o que mostra que a PrEP é um modo de vida, não um método de tratamento. Lições aprendidas.

Não há garantia de que o uso da PrEP esteja diretamente relacionado ao declínio do uso do preservativo,

mas a certeza da eficácia do medicamento contra o HIV, devemos atuar sob a ideia de prevenção conjunta, que reúne diversos meios de prevenção de doenças, e as previne para todos, não globalmente. No entanto, esta droga é inútil na prevenção de outras IST

**Conclusão:** Um profissional aproximou-se do usuário que iniciou a relação sexual e disse que ele teria o mesmo prazer colocando um preservativo. O usuário descobriu o contrário e decidiu não o usar. Este é o exemplo mais típico de como essas estratégias

não funcionam. Nesse sentido, precisamos de informações unificadas sobre quando iniciar e parar a PrEP. Essa abordagem pode ser particularmente importante porque as pessoas mudaram seu comportamento sexual e o uso da PrEP após a crise de Covid-19.

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

## A Call for Platform Responsibility: The Glaad Social Media Safety Index

Jenni Olson

GLAAD, Berkeley, USA

From algorithms and AI to content moderation and data privacy — the policies and practices of the major social media platforms have enormous impacts on us all. GLAAD's inaugural Social Media Safety Index (SMSI) report findings indicate that Facebook, Instagram, Twitter, YouTube and TikTok are effectively unsafe for LGBTQ users across all of these categories.

How can these companies be held accountable and what are some of the recommendations and solutions

being put forth by leaders in the field? Social Media Safety Project director Jenni Olson will discuss the report and talk about GLAAD's leadership in advocating for safer spaces for LGBTQ people online.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Invisibilidade Das Necessidades de Saúde Sexual Da População Brasileira No Contexto Da Atenção Primária À Saúde

Iracly Sofia Barbosa, Kênia Lara Silva, Mariana Santos Felisbino-Mendes and Maria Imaculada de Fátima Freitas

Universidade Federal De Minas Gerais, Belo Horizonte, Brazil

O acesso universal aos serviços de assistência à saúde sexual e reprodutiva está incluído entre os Objetivos de Desenvolvimento Sustentável (ODS) na Agenda 2030. Para assegurar esse acesso, a Atenção Primária à Saúde (APS) tem reconhecido papel. Entretanto, as ações ofertadas neste nível de atenção quase sempre se restringem às demandas reprodutivas, ficando invisibilizadas as demandas sexuais.

Nosso objetivo foi identificar as necessidades e problemas relativos à saúde sexual dos usuários da

APS de um município brasileiro, a partir dos próprios usuários e dos enfermeiros das Equipes de Saúde da Família (ESF), que foram escolhidos porque são responsáveis por acolher as demandas dos usuários e gerenciar o cuidado nos serviços de APS.

Esta é uma pesquisa qualitativa, baseada na Teoria dos Roteiros Sexuais de John Gagnon. Foram realizadas entrevistas em profundidade com 22 participantes, sendo 13 usuários e 9 enfermeiras. As enfermeiras foram definidas por sorteio. Os usuários foram

definidos parte por sorteio e parte pelo método bola de neve, estratégia necessária para garantir diversidade de gênero da amostra. Os dados foram analisados por meio da Análise Estrutural da Narrativa, permitindo identificar a categoria: A intimidade silenciada.

As principais necessidades e problemas encontrados foram relacionadas à cultura (Vivência de violência sexual e preconceitos; Crenças religiosas limitantes), relações interpessoais (Dificuldade de orgasmo pelas mulheres heterossexuais; Sensação de inadequação do corpo) e questões intrapsíquicas (Medo e solidão na descoberta da sexualidade; Sofrimento mental relacionado com a vida sexual).

As questões da sexualidade têm repercussões na vida e saúde dos sujeitos e precisam ser visibilizadas para que se atinja a integralidade na assistência à saúde. É urgente a necessidade de ampliar as ações de educação sexual na APS. A qualificação dos enfermeiros para esse trabalho é essencial, pois a abordagem do profissional é decisiva para que as demandas em saúde sexual apareçam.

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

## Modern Contraceptive Use Among Sexually Active Young Women in Nigeria

Yusuf Olushola Kareem, Zubaida Abubakar, Babatunde Adelekan, Karima Bungudu, Ulla Mueller and Erika Goldson

UNFPA, Abuja, Nigeria

Nigeria with its current growth rate is projected to be the most populous country in Africa and the third most populous country in the World by 2050. The majority of its population which are mostly young persons are exposed to early sexual initiation and unintended or unplanned pregnancies. However, there is limited research on the use of modern contraceptive use among this sexually active young population.

This study used the 2018 Nigeria Demographic Health Survey to identify factors associated with the use of modern contraceptives for those who are not in a union but are sexually active and those who were married. A total of 7,358 young women (15–24 years) were eligible for the study. The descriptive summaries of variables were presented in frequencies and percentages, while the inferential analysis was performed using multivariable logistic regression at  $p$ -value  $<.05$ .

Our finding showed that only 11.1% of young women used modern contraceptives with a higher proportion among those not in union ( $p = 16.8%$ ; 95%CI: 14.9–18.8) compared to those currently in union

( $p = 8.3%$ ; 95%CI: 7.3–9.3). For young women who were not in a union, the significant factors associated with modern contraceptive use were; region, ethnicity, owning a phone, desire for children, having an STI in the last 12 months and lifetime sexual partners.

However, for those who were married; current age, age at first sexual experience, education, wealth quintiles, religion, number of living children, knowledge about HIV, husband education, sexual negotiation and household decision making were factors associated with modern contraceptive use.

Our study suggests that family planning programs and services in Nigeria should be intensified to meet the needs of young adults, particularly among married women. Similarly, programmes and interventions should take cognizance of the regional, ethnic differences and other factors in their approach in order to be effective.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sexually Transmitted Infection Screening Among Women: Stigma in the Southern United States

Stacey Griner<sup>a</sup>, Jaquetta Reeves<sup>c</sup>, Nolan Kline<sup>b</sup> and Erika Thompson<sup>b</sup>

<sup>a</sup>University of North Texas Health Science Center, Fort Worth, USA; <sup>b</sup>Research Laboratory LR12E504, Department of Psychiatry, Farhat Hached Hospital, Faculty of Medicine of Sousse, University of Sousse, Tunisia; <sup>c</sup>Tunisian Society of Clinical sexology, Tunisia

**Introduction and objectives:** Young adults are disproportionately burdened by sexually transmitted infections (STIs) and the most prevalent STIs in young adulthood are chlamydia and gonorrhea. STI screening rates are low among this age group, especially in the Southern United States. Because barriers to screening include privacy, confidentiality, and stigma, this study examined the social factors influencing STI screening among young adult women.

**Method(s) and sample:** Qualitative data were collected via in-depth interviews with sexually active women, age 18–24, enrolled at a large public university in the South ( $n = 24$ ). Interviews were guided by the Diffusion of Innovations theory and were audio-recorded and transcribed. Interviews were analyzed thematically with a priori and emergent codes by two coders ( $Kappa = .83$ ). A theme of stigma associated with STI screening in the South emerged.

**Findings and discussion:** Participants felt that the university's location in the South influenced the perceptions of women's sexuality, and the gendered expectations between men and women having sex. For men, sexual activity was viewed positively and for

women, it was stigmatized. Participants also discussed that the South was socially "traditional" and that a stigma persisted around sexual and gendered behaviors, including pressures to conform to being a "southern belle." Political conservatism and religion also shaped STI screening, as participants discussed pressures surrounding abstinence until marriage. Further, lack of sexuality education in schools was another contributor to stigma, since abstinence-only education is commonly provided in this region. Participants felt offering information on STI screening at colleges/universities would be beneficial to address these barriers.

**Recommendations:** Social and regional influences must be accounted for in future research and interventions to meet the STI screening needs of college women. Findings from this research can inform the development of targeted interventions for women in the South who may perceive heightened stigma to STI screening.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## To Find Out the Predicting Factor That Influences Marital Adjustment, Social Intelligence, Emotional Intelligence and Sexual Satisfaction of Working Women

Simple Abhilash

Annamalai University, Kochi, India

**Introduction:** The status of women in India has changed through the ages. A working woman's role expectations lead to overstrains managing both home and work spheres. They have to face marital adjustment problems. The adjustment and marital relationship are major challenges in most families. The main question raised during the study was—Is it possible to predict the marital adjustment of working women by knowing their social intelligence, emotional intelligence, and

sexual satisfaction? The study has been framed by taking Marital Adjustment as a dependent variable and Social Intelligence, Emotional Intelligence and Sexual Satisfaction as independent variables.

**Objectives:** The present study was aimed to find out the predicting factor that influences Marital Adjustment, Social Intelligence, Emotional Intelligence and Sexual Satisfaction of working women of Kerala (India).

**Method and samples:** A Normative survey method was adopted for the present study. The study made use of a sample of 612 working women, selected based on a “stratified random sampling technique” from various organized sectors. The instruments employed were the Marital Adjustment Questionnaire, the Social Intelligence Scale for Adults, the Emotional Intelligence Scale for Adults and the Sexual Satisfaction Scale.

**Findings and discussion:** Analysis revealed that a combination of Social Intelligence and Sexual Satisfaction significantly predicts Marital Adjustment of working women, and therefore Emotional Intelligence does not strongly predict the outcome

significantly. Multiple Regression was done for developing an equation for predicting Marital Adjustment of working women from their Social Intelligence, Emotional Intelligence and Sexual Satisfaction.

**Recommendation:** Further study is needed to explore the reason behind why Emotional Intelligence has no significant main effect on Marital Adjustment of Working Women and to understand the interplay between these independent variables on the marital adjustment of working women.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Obstetricians’ Perceptions of “Obstetric Violence”: A Qualitative Research

Ahlem Mtiraoui<sup>a,b</sup>, Amal Rhouma<sup>a</sup>, Raja Hamadou<sup>a</sup>, Jaafar Nakhli<sup>a,b</sup> and Selma Ben Nasr<sup>a</sup>

<sup>a</sup>Research Laboratory LR12ES04, Department of Psychiatry, Farhat Hached Hospital, Faculty of Medicine of Sousse, University of Sousse, Tunisia; <sup>b</sup>Tunisian Society of Clinical sexology, Tunisia

**Introduction and objectives:** Current debates and global activism are increasingly drawing on the concept of “obstetric violence” as a form of gender-based violence. It is gradually gaining recognition as a significant worldwide problem. In this context, giving birth could be a traumatizing experience for those who are victimized and could lead to a negative impact on women’s quality of life, in regards to their sexual and mental health. Research on this topic is scarce, especially in Tunisia. Our study aimed to investigate perceptions and attitudes towards “obstetric violence” among Tunisian obstetricians.

**Methods and sample:** We carried out a qualitative study among a group of obstetricians working in both private and public institutions in the region of Sousse, Tunisia. Data were collected through Focus Group interviews until saturation was reached. Three topics were discussed: the concept of “obstetric violence,” its determinants and the possible strategies to improve the quality of care that women receive during labour.

**Findings and discussion:** Nine obstetricians were interviewed. All of them failed to define obstetric

violence. Determinants of the concept were inconsistent. The presence of “obstetric violence” has been associated with factors relative to the parturient such as her marital status, her educational and socioeconomic level as well as her employment status. Poor working conditions in public hospitals were stated as a major factor contributing to obstetric violence during childbirth.

Mean strategies suggested to reduce “obstetric violence” in institutional context consisted in improving working conditions, implementing educational interventions among health professionals and spreading information and awareness among women regards the legal framework.

**Recommendations:** This study pointed out the conceptual confusion surrounding “obstetric violence” among obstetricians. It also stressed the need for positive actions in order to prevent “obstetric violence” and consequently guarantee inalienable women’s rights.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## El Orgullo Nos Une

Leonardo Arenas Obando and Macarena Herrera

Aids Healthcare Foundation, Santiago, Chile

**Introduction:** En Chile, la principal vía de transmisión del VIH es la sexual, concentrándose en varones que declaran tener sexo con otros hombres, población gay y mujeres trans. De acuerdo a datos de UNAIDS, hay 72 mil personas que viven con VIH, de las cuales 10 mil personas no saben que viven con VIH. 15 mil personas conocen que viven con VIH y no se encuentran en tratamiento antirretroviral. El rango etareo de las nuevas infecciones se ubica entre los 20 y 39 años.

**Action and population group concerned:** Con el objetivo de acercar al público objetivo a realizarse el Test de VIH y “poner en agenda” diversos temas ligados con la sexualidad, prácticas sexuales, infecciones de transmisión sexual y VIH – SIDA, es que diseñamos una estrategia audiovisual, difundida en nuestro canal de Youtube, que convoca a conversar estos temas de manera positiva.

**Outcome:** Los influencers que entrevistan a lxs invitadxs son reconocidos por la comunidad LGBTIQ+ como representantes de sus demandas más sentidas, permitiendo una vinculación natural.

La Web Serie “El Orgullo Nos Une” 1ra. Temporada contó con 10 capítulos, siendo exhibida en el Canal Youtube de AHF Chile. Su lanzamiento fue el 23 de noviembre de 2020. En los primeros 90 días de difusión, alcanzó 6.684 vistas, siendo el grupo etareo entre 25 y 35 años el que más accedió a los contenidos de la web serie.

**Discussion and recommendations:** La estrategia de contenido más cercanos a las poblaciones objetivos, con temáticas como el abordaje de las disidencias sexuales en series y películas, la responsabilidad sexo-afectiva, sexo y amor en contexto de VIH, etc., ha permitido a las personas acceder a una propuesta novedosa y actual. Eso lleva a compartir el contenido audiovisual y sentirse convocado a realizarse el test de VIH.

**Link:** [https://www.youtube.com/watch?v=HVUUuT\\_GnrU&t=192s](https://www.youtube.com/watch?v=HVUUuT_GnrU&t=192s)

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

## Vulnerabilização de Populações LGBTQI+ Nos Serviços de Saúde

Danielle Visentini<sup>a</sup>, Lucas Furlan<sup>b</sup> and Cesar Bridi Filho<sup>c</sup>

<sup>a</sup>Universidade Federal de Santa Maria, Santa Maria, Brazil; <sup>b</sup>Faculdade Integrada de Santa Maria, Santa Maria, Brazil; <sup>c</sup>Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

As iniquidades cometidas por profissionais de saúde que, devido a preconceitos de gênero, não executam ações em saúde que poderiam, consistem na vulnerabilização de populações LGBTQI+ que, neste caso, incide o sobre acesso aos serviços de saúde (ASS). Isto posto, essa revisão sistemática buscou investigar, a partir de estudos empíricos, as diferentes formas de como a vulnerabilização da população LGBTQI+ se apresenta nos serviços de saúde por meio de iniquidades. Os termos “lgbtq”, “access to health services” e “vulnerability” e suas variações foram utilizados como estratégia de busca nos seguintes bancos de dados: Pubmed e Virtual Health Library.

Os seguintes critérios de elegibilidade foram utilizados: (i) estudos empíricos, completos e disponíveis; (ii)

amostra composta por população LGBTQI+; (iii) presença de ao menos um processo de vulnerabilização relacionado ao acesso aos serviços de saúde. Após a análise com base nos critérios de elegibilidade, 7 estudos foram selecionados, totalizando uma amostra com 40.504 participantes LGBTQI+, vítimas de um ou mais tipos de vulnerabilização. Identificou-se que a população LGBTQI+ enfrenta iniquidades no acesso aos serviços de saúde ocasionadas por um processo de vulnerabilização relacionado a fatores como: tratamento para transtornos mentais (70,7% da amostra), prevenção e rastreamento do câncer de mama, cervical e colorretal (28,1%), prevenção e assistência no contexto da pandemia de COVID-19 (3,3%), garantia de direitos sexuais e reprodutivos (0,9%), preconceito

explícito durante o acolhimento (0,5%). Esses dados indicam a necessidade de mais ações relacionadas ao combate à discriminação e o preconceito de gênero institucionalizado em serviços de saúde.

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

## I Know He Loves Me—Using Visual Storytelling to Capture Black Women’s Experiences of IPV in the UK

Rianna Raymond-Williams

Shine Aloud UK, East Ham, United Kingdom

Intimate partner violence (IPV) is a form of domestic violence perpetrated by a current or former partner in an intimate relationship against the other partner. This violence can take a number of forms, including physical, verbal, emotional, economic, and sexual abuse. In line with sexual health week in the UK last September we created a short animation centering on the experience of a Black female victim-survivor of IPV.

Through my own experience as a researcher and practitioner, I am aware that resources and provisions catering to the needs of black and minoritised women in the UK are scarce, yet Black and minoritised women experience a range of negative reproductive and sexual health outcomes, in addition to barriers accessing sexual health and reproductive health care. Some of these include difficulty negotiating condoms use, increased rates of domestic violence, language differences, concerns about confidentiality, and cultural stigmas.

The use of digital media helps to address a heavy and emotive topic in a creative way, whilst contributing

to the conversation about culturally relative and sensitive service provision and resources for Black and minoritised communities within health care as a whole.

Stereotypes about Black women continue to impact how they engage with services. For example, “the Mammie,” who is a caregiver for everyone but herself, “the Jezebel,” who is highly promiscuous and sexually available and “the angry black woman,” who is bad-tempered, hostile, and overly aggressive.

Yes, some black women may be caregivers, strong, opinionated, and even assertive. But black women are also precious, vulnerable, and in need of support and protection. Black women are not a monolith and too often negative words have been used to decrease our right to seek protection, support, and justice.

<https://m.youtube.com/watch?feature=youtu.be&v=Nvt2Zhb4P9o>

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## TRACK 7: EDUCATION

### Ignorance Is Not Innocence: Lessons From Europe and North America for the Implementation of Relationships and Sexuality Education

Katrina Marson<sup>a,b,c</sup>

<sup>a</sup>Swinburne University, Melbourne, Australia; <sup>b</sup>The Churchill Trust Australia, Canberra, Australia; <sup>c</sup>Rape and Sexual Assault Research and Advocacy, Melbourne, Australia

**Introduction and objectives:** Access to education about sex, relationships and bodies is vital to sexual wellbeing.

In 2019 I undertook a Churchill Fellowship in Europe & North America, examining the implementation of relationships and sexuality education (RSE).

I sought to discover why, in the face of credible evidence in favour of RSE, so many jurisdictions fail to turn the best intentions into action. What preconditions are necessary for RSE to take off? How can RSE implementation efforts be sheltered from ignorance, fear-mongering and opposition? How can communities be mobilised to fight for their young people's wellbeing?

This session will give a practical blueprint to advocates, governments, schools, teachers, parents, communities—and of course, young people—who are considering implementing RSE.

**Method:** I identified a cross-section of individuals, organisations and jurisdictions that enjoyed success in RSE design and/or implementation. I met with academics, politicians, public servants, private providers of RSE, internationally renowned organisations/initiatives and practitioners. I observed RSE lessons for different age groups. I used case studies to identify trends, insights and practical experience. My primary method was conducting semi-structured interviews with individuals, during which I was often provided with resources.

**Findings and discussion:** The right to access comprehensive RSE is instrumental to sexual wellbeing. Yet we fail to ensure this right, often out of fear of sexualising children.

I observed six factors for the successful implementation of RSE:

1. Advocacy and lobbying
2. Commitment from governments
3. Recognition of RSE as a specialist subject
4. Equipping schools and teachers to deliver effectively
5. Engaging parents and communities
6. Evaluation and accountability

I also observed strategies to mitigate opposition to RSE, which can be ferocious, and is a significant risk to implementation.

**Recommendations:** I make recommendations aligned with the six factors outlined, as well as strategies to mitigate opposition.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sex Education: The Teacher's Discourses About the Relation Between the Children And the Media, Concerning Sex Education And the Childhood

Aikaterini Samartzi

EDRA Social Cooperative Activities for Vulnerable Groups

This study focuses on the teacher's discourses about the relation between the children and the media, concerning sex education and widely childhood. The teachers' input reflects the anxieties and the dominant discourses that exist around these issues. The study begins with a critical discussion of the available literature concerning the potential impact of media and "moral panics," their role in sex education and the children's use of sexual material.

Moreover, the study analyses the social construction of childhood and sexuality. Given the lack of explicit and official protocol for sex education in Greece and due to the fact that young people are familiar with all the material provided by the New Media and their part as informal education, this project aims to point

out the factors that reinforce these gaps. In addition, considering that there is an absence of an adequate number of research studies focused on reflections of teachers about this topic, the project concludes through Thematic Analysis and Discourse Analysis of 12 semi-structured interviews with teachers.

This study focuses on the way the adults and specifically teachers contextualize the children's relationship with media, their sexuality, sex education, the use of sexual material and childhood. Through the data analysis, the research study aims to invoke the social, cultural and moral discourses of teachers' inputs. As I found out through teachers' narratives, allegations of child protection and sexuality are governed by the dominant narratives of family institutions and of the

church, which have been established in heteronormative frameworks and social norms, for the construction of a demarcated and “approved” political and cultural identity. I suggest an in-depth consideration of how church and religion are related to the construction of

sexuality and their role in the perpetuation of the existing status quo.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Educación Sexual Desde El Enfoque de Corresponsabilidad A Nivel Comunitario. Primeros Pasos en Articulación de Actores en El Desarrollo Profesional

Estela Citrín and Patricia Piriz

Hospital Pereira Rossell, Montevideo, Uruguay

**Introduction and rationale:** En Uruguay existe un entramado conformado por un conjunto de instituciones, programas, leyes, instancias intersectoriales y sectoriales, redes formales e informales y espacios de intermediación con sociedad civil, que cuentan con roles concretos respecto a la educación sexual y la salud sexual y reproductiva de la población. De esta forma, se visibiliza la necesaria corresponsabilidad de todas las instituciones sociales en esta temática.

**Project/Population and settings:** Se han realizado importantes esfuerzos para lograr la articulación de los actores sociales en la implementación de las políticas públicas relativas a la salud sexual y reproductiva. Uno de ellos es la “Estrategia intersectorial y nacional de prevención del embarazo no intencional en adolescentes”, desarrollada desde 2016 por los Ministerios de Salud Pública, Desarrollo Social, Educación y Cultura, la Oficina de Planeamiento y Presupuesto, la Administración Nacional de Educación Pública, el Instituto del Niño y el Adolescente del Uruguay y la Administración de los Servicios de Salud del Estado, con el apoyo del Núcleo Interdisciplinario

Adolescencia, Salud y Derechos Sexuales y Reproductivos de la Universidad de la República y del Fondo de Población de las Naciones Unidas, UNFFPA.

**Outcome:** Se entiende que cada persona que integra una institución, sin distinción de puesto o nivel dentro del organigrama, aunque en diferente medida, tiene responsabilidad a la hora de concretar la articulación en territorio de las políticas públicas.

**Discussion and recommendations:** Desde esta responsabilidad, actores de la salud y de la educación se plantean el objetivo de promover la creación y fortalecimiento de espacios intersectoriales para el abordaje de la Salud Sexual y Reproductiva de adolescentes basado en un enfoque de derechos humanos, género y generaciones. La Diplomatura en Medicina Sexual de la Universidad de la República del Uruguay ofreció la oportunidad de articular interinstitucionalmente en el desarrollo profesional de médicos y docentes.

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

## Pussypedia: On Creating Better Sexual Health Readers

Zoe Mendelson and Maria Conejo

Pussypedia, Mexico City, Mexico

Most of the sexual health information that’s available on the internet is terrible. That’s why we created Pussypedia. The project shares verified information in

beautiful and accessible formats, but it also aims to help people learn to fish. We want to talk about our website Pussypedia.net and our book, Pussypedia.

Specifically, we'd like to talk about our approach to approachability. We had rigorous methodologies for researching and fact-checking. But we turn out a product that's frank, joyful, and easy to understand.

We do not believe you have to sacrifice complexity to make fun and engaging content. We will talk about the decisions that went into the tone of the language and art direction for the site. We will talk about the relationship between language, shame, and data. We will talk about how the book is written to create a

wiser consumer of information out of the reader. Through the book, we try to train the reader to expect a breadth of information, a whole informational landscape rather than lone statistics or facts. We teach about evaluating study design. And we try to train readers to consider what cultural narratives may be influencing the ways research is conducted.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Development of an Afrocentric Sexual Health Curriculum for Midwifery, Nursing and Medical Students and Providers in Tanzania

Simon Rosser<sup>a</sup>, Dickson Mkoka<sup>b</sup>, Gift Lukumay<sup>b</sup>, Lucy Mgopa<sup>b</sup>, Maria Trent<sup>c</sup>, Michael Ross<sup>b</sup>, Nidhi Kohli<sup>a</sup>, Agnes F. Massae<sup>b</sup>, Ever Mkonyi<sup>a</sup>, Stella Mushy<sup>b</sup>, Dorkasi Mwakawanga<sup>b</sup>, Corissa Rolhoff<sup>a</sup>, Inari Mohammed<sup>a</sup>, James Wadley<sup>d</sup> and Zobeida Bonilla<sup>a</sup>

<sup>a</sup>University of Minnesota, Minneapolis, USA; <sup>b</sup>Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania; <sup>c</sup>Johns Hopkins University, Baltimore, USA; <sup>d</sup>Lincoln University, Philadelphia, USA

**Introduction and rationale:** Sub-Saharan Africa has some of the greatest sexual health challenges in the world, yet there are no evidence-based, Afrocentric, sexual health curricula to train healthcare providers.

**Project/Population and settings:** "Training for Health Professionals" is an NIH-funded, 5-year study being conducted at the Muhimbili University of Health and Allied Sciences (MUHAS) in Dar es Salaam, Tanzania.

Phase 1: In 2019, we conducted 18 focus groups with 121 midwifery, nursing and medical students and providers and 11 key informant interviews with cultural, religious, political and community leaders.

In Phase 2 (Sept 2020), we piloted the curriculum with 24 students.

In Phase 3 (2021–2022), we will conduct a randomized controlled trial assessing the curriculum's effects on 420 midwifery, nursing and medical students' knowledge, attitudes and behavioral skills in addressing patients' sexual health concerns.

**Outcomes:** Students and providers want training in sexual health. They identified HIV/AIDS, STIs, sexual violence (including intimate partner violence and female genital mutilation), early pregnancy (including unwanted pregnancy and abortion), male sexual

dysfunction, homosexuality, and non-procreative sexual behaviors (especially masturbation and pornography use by males) as the most common sexual health issues in Tanzania. Without training, providers are uncertain how to handle sexual health concerns, especially in resource-constrained settings. Key informant interviews identified 10 common myths as community-level barriers to good sexual healthcare. Stigma and taboo negatively impacted healthcare to key populations (i.e., LGBT and sex workers). The pilot showed high acceptability and promising effects on students' knowledge, attitudes, and clinical skills.

**Discussion and recommendations:** "Training for Health Professionals" is one of very few randomized controlled trials of a comprehensive sexual health curriculum for healthcare students and the first to be conducted in Africa. Depending on results, we will partner with health universities across Africa (and globally) to train faculty in delivering this new, evidence-based curriculum.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## A Comic for Sexual Education: Guide for Parents and Adolescents in Spain

Alejandro Villena Moya<sup>a</sup>, Carlos Chiclana-Actis<sup>a,b</sup>, Enrique Normand De Pascual<sup>a</sup>, Nuria Ferrer Chinchilla<sup>a</sup> and María García Mejías<sup>a</sup>

<sup>a</sup>Unidad Sexología Clínica. Dr. Carlos Chiclana, Madrid, Spain; <sup>b</sup>Instituto de Adicciones Universidad San Pablo CEU, Madrid, España

**Introduction and rationale:** In Spain, sex education is a developing challenge at educational, social, and political levels. Difficulties around sexuality have increased among young people in recent years. One of the shortcomings that we found in our educational experience in affective-sexual workshops with parents is the lack of resources to work on different aspects of human sexuality with their children.

**Project/Population and settings:** An interactive comic was designed, where parents can be informed, educated, and interact with their children. It includes topics that refer to social networks, pornography use, gender stereotypes, emotional dependence, and social pressure, through cartoons, readings and QR codes that redirect to online educational material. The comic was designed for parents who want to work with teenagers in the different areas covered by human sexuality.

**Outcome:** This comic is presented as a useful tool to foster family communication, to generate a pleasant environment and climate that encourages conversations about the different aspects of sexuality, to prevent and act on the challenges and difficulties that adolescents encounter in this evolutionary stage and to promote their sexual health.

**Discussion and recommendations:** The tool can also be used by educators or teachers. It is recommended to expand these resources to different areas of sexuality and sexology that can continue to enrich the conversations of adolescents. It can be a useful tool to work on psychoeducation with young patients in sex therapy.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## How to Improve Your Sexual Desire? A Guide for Couples

Alejandro Villena Moya<sup>a</sup>, Sara Hernando<sup>a</sup> and Carlos Chiclana-Actis<sup>a,b</sup>

<sup>a</sup>Unidad Sexología Clínica, Dr. Carlos Chiclana, Madrid, Spain; <sup>b</sup>Instituto de Estudio de las Adicciones, Universidad San Pablo CEU, Madrid, Spain

**Introduction and rationale:** sexual desire motivates us, among many other objectives, to bond with other people through intimate sexual relations. Western culture prioritizes values such as success, effectiveness, and efficiency, sometimes neglecting connection with oneself and one's partner. This rhythm and high levels of stress can alter the quality of our sexual life as a couple. More and more people suffer from sexual difficulties or sexual boredom, decreasing sexual desire, attraction to their partner and motivation to discover different forms of intimacy.

**Project/Population and settings:** This guide was designed with practical exercises so that couples could enhance aspects such as communication of sexual tastes and preferences, develop conflict resolution skills, increase their creativity, increase their sexual assertiveness and empathy. The project was designed for adult couples. It aims for each person to find their

own comfort and confidence in different areas related to sexuality and life as a couple.

**Outcome:** This guide was shown as a useful tool to work with the general population in psychoeducation workshops, as well as to work in therapy with couples who come with a wide range of sexological difficulties, where interpersonal or couple problems are underlying. The development of the activities can favor the quality of sexual, affective, and relational relationships of couples.

**Discussion and recommendations:** It is recommended to use this guide as a basis for the construction of solid couples with the ability to communicate, empathize, set limits, and live a full, pleasurable and free sexuality.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Propuesta de Un Programa de Prevención De la Violencia Sexual Facilitada Por la Tecnología

Mariana Alonso-Fernández and Manuel Gámez-Guadix

Autonomous University of Madrid, Madrid, Spain

**Introduction and rationale:** La revisión de literatura ha evidenciado la gravedad en las consecuencias sufridas por las víctimas de la violencia sexual facilitada por la tecnología (VSFT), la ausencia de respuestas eficaces por parte de las víctimas, los observadores o testigos y la sociedad, un marco legislativo insuficiente para reflejar la gravedad real de los daños, así como la necesidad aumentar los estudios empíricos sobre el tema objeto de estudio y las medidas preventivas para frenar el avance de esta forma de violencia sexual, siendo las intervenciones educativas una de las medidas prioritarias.

**Project/Population:** La población diana de la siguiente propuesta son los alumnos/as del segundo ciclo de educación secundaria obligatoria de los institutos de Madrid, en las edades comprendidas entre los 13 y los 16 años. El programa consta de 16 sesiones semanales de una hora de duración que se extenderán durante 4 meses del curso escolar, más 3 sesiones de seguimiento.

**Outcome:** Se espera reducir las experiencias de victimización y perpetración de la VSFT, aumentar las

estrategias de afrontamiento y la competencia social de los participantes. Se aporta una perspectiva de género e interseccionalidad con el objetivo de facilitar la adquisición de una visión crítica a los participantes sobre esta forma de violencia, para que puedan prevenirla y/o combatirla.

**Discusión:** El presente trabajo es, en base a la literatura revisada, la primera propuesta de un programa a nivel nacional e internacional específico de este fenómeno, por lo que supone un potencial avance en su prevención. Ha sido elaborado tratando de suplir limitaciones observadas en otros talleres o programas que se centran en la dicotomía hombre-mujer o en la violencia offline que ocurre dentro del contexto de pareja o expareja afectiva. Se exponen los mecanismos de evaluación que permitirían juzgar su efectividad al implementarse, las limitaciones y las aportaciones.

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

## Motion Design Videos Enable Burundian Youth to Discuss Sexuality on Social Media

Christian Elvis Sinzinkayo

Yaga, Bujumbura, Burundi

CSE is for young people. However, in Burundi, hierarchical age norms and taboos around sexuality hinder young people from expressing themselves sexually and being involved in the development of CSE. To fill this gap, Yaga Burundi, the first digital information platform for young people in Burundi, proposed to the authorities that they be the channel of interaction with young people. Eight Motion Design videos on CSE topics were developed in co-creation with young people and the authorities.

Through online consultations with young people, scenarios on the following topics were identified: bodily changes; positive body image; menstruation; healthy

relationships, positive masculinity; STI prevention; virginity; and sexual consent. Scripts were written by Yaga with the support of Rutgers and Motion Design videos created with the support of RNW Media by young Burundian scriptwriters, designers and actors. Intensive negotiation was needed to prevent falling back to moralistic and fear-based messaging when submitted to the Ministry of Health for approval. But through thorough lobbying, a consensus was reached and the videos were published on social media. These have been very well received by young people.

The videos have been viewed more than 600,000 times on Facebook and Instagram, with a total reach

of 7,000,000. Many young people identified themselves with the animated characters and recognized the scenarios from their own experiences. An analysis of a selection of 599 comments from all 8 videos by Yaga showed that 74% of the comments were positive. 89% of the comments were responses to other comments, or a question or explication about the topic, indicating that these videos have greatly contributed to triggering

a discussion on these topics among young people on social media. In conclusion, the authorities were less reluctant to use social media as they reached out to a wider audience and in a more interactive manner.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## “Es Momento de Crecer” Libro de Educación Sexual Para Niñ@s

Leticia Flores

Private, Guadalajara, Mexico

Es un libro creado e inspirado con base en mis 20 años de experiencia en el trabajo con niñ@s, padres de familia y maestros en Educación Sexual.

Este libro va dirigido a niñ@s, así como también a padres y maestros como una muy importante herramienta de apoyo para buscar y lograr un desarrollo psico sexual de nuestros hij@s y alumnos.

Es un libro que responde a inquietudes y preguntas de niñ@s con información e imágenes atractivas que los llevara a obtener herramientas para vivir una sexualidad más plena, sana y responsable.

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

## Sexuality Education Among Health Care Students in Western Australia

Julie Mann and Jacqui Hendriks

Curtin University, Wa, Fremantle, Australia

**Introduction:** Even though the documented need for sexuality education in tertiary health care is decades old (WHO, 1975), sexuality and its components have only recently been comprehensively considered (Wagner, 2005; Sounamäcki et al., 2009).

**Objectives:** To understand the depth of knowledge and skills pertaining to sexuality that medical and nursing students recall being exposed to in Western Australian programs; to explore the availability and impact of attitudes-based sexuality education within health care programs, and to convey findings to health care programs.

**Methods and sample:** Purposive sampling was used (Bradshaw et al., 2017; Etikan, 2016), encouraging a minimum of twelve participants for data collection (Ando, 2014; Trotter, 2012). Limitations to purposive sampling were recognised at the onset of this research.

Participants consisted of persons having attended recently or currently being attending a Western Australian medical or nursing program.

**Findings and discussion:** During the analysis, six main themes emerged: (1) Diseased-focused Knowledge, (2) Diversity of Sex, Gender, and Sexuality, (3) Cultural Influences, (4) Supplementary Education and Skills Practice, (5) Patient Age, and (6) Positivity and Non-judgement

Participants considered sexuality to be an important part of their learning and practice of good health care; they desire extensive knowledge, skills practice, and attitudes discussion of sexual health to provide best practice to their patients. Students report the greatest need for information on how to help diverse patients who will inevitably present with issues that are not covered in current health care education programs.



**Recommendations:** These preliminary findings indicate that education should extend beyond disease-focused knowledge and integrate positivity and non-judgmental principles to sexuality-specific care. More full-bodied data might be achieved by using a cross-sectional explanatory sequential design (Creswell &

Plan Clark, 2007; Zheng, 2015). Such research would require abundant time and resources but would help establish the relationship between sequential data sets.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sex Education Needs of Men With Spina Bifida

Kumi Kasai<sup>a</sup> and Tomoya Unno<sup>b</sup>

<sup>a</sup>Ibaraki Prefectural University of Health Sciences, Ami-machi, Inashiki-gun, Japan; <sup>b</sup>Ryugasaki city, Ryugasaki-shi, Japan

People with Spina Bifida have sexual dysfunction and disability. These factors give rise to their negative thinking and anxiety about sexuality and difficulty in building relationships with partners. This study identified the sex education needs of men with spina bifida. The participants were aged between 18 and 40 years. Individual semi-structured interviews—face-to-face, telephone, or ZOOM—using interview guides, were conducted. The interview content was about the sex education they had received, its usefulness, the sex education that they wanted, and the necessity of sex education specific to Spina Bifida. Interview transcripts were analyzed with qualitative descriptive analysis.

Nine men participated in this research, of which seven were in their 20s and two in their 30s. We concluded that men with Spina Bifida need reliable advice from healthcare providers, both general and Spina Bifida-specific sex education, and knowledge of the experiences of people with similar diseases and disabilities.

Moreover, they require information about building a good relationship with their friends and partner,

explaining their disease and disability to their girlfriend or their partner, the method of contraception, the sexual behavior which suited them, pregnancy and childbirth, inheritance of the child, fertility treatment, and child-rearing.

These results will be useful primarily for sex education for men with Spina Bifida in their late teens to 30s. People with Spina Bifida have bladder rectal disorders that are difficult to visually identify, and there is a possibility of infertility and genetic transmission of the disease to their children. Thus, information is required in a wide range of fields from relationship to child-rearing. In the future, further consideration of the specific content of desired education, timing, educators, and methods is necessary.

**Source of funding:** JSPS KAKENHI Grant Number 20K19175

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Sex Education at Home in Contemporary Japan

Yusuke Hayashi<sup>a</sup> and Misaki Matano<sup>b</sup>

<sup>a</sup>Musashi University, Nerimaku, Toyotamakami, Japan; <sup>b</sup>The University of Tokyo, Bunkyo, Hongo, Japan

Currently, sex education in Japanese schools is inferior to that of other developed countries. This situation goes against the world standard to actively adopt UNESCO's "comprehensive sexuality education." The current situation in Japan can be described as a "developing society

of sexuality education." For example, at the classes of health and physical education of Japanese Junior High Schools, the term "sexual contact" is used instead of "sexual intercourse" and students are not even taught how to wear condoms or contraception.

Recently, sex education at home has been attracting attention due to the inadequacy of and the dissatisfaction of sex education at schools. Many books about sex education at home have been published in the last few years. It is considered important to have the opportunity to learn about sexuality at home from childhood. In addition, the COVID-19 pandemic since 2020 has prevented children from attending school, further increasing interest in sex education at home.

However, while the practice of sex education at home is important, it can be expected that the outcome of the education will be restrictive. If people continue to promote sex education at home without expectation for school education, there will be a large disparity in children's knowledge of sexuality between

families. Also, regarding sex education at home, there is no consensus on what, when and how to teach children about sexuality.

Therefore, we planned an internet survey in 2021 to investigate the actual situation of the practice of sex education at home and the awareness of parents regarding sex education. Respondents were female with children aged 25–49 in Japan. We asked them what they have taught their children, when they taught them, and their awareness of their children's sexual experiences. This presentation provides an overview of this survey.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## The Use of Interactive Digital Platform for Experiential Learning in Comprehensive Sexuality Education (CSE): A Case From Indonesia

Naura Nabila Haryanto<sup>a</sup>, Ely Sawitri<sup>a</sup> and Marina Todesco<sup>b</sup>

<sup>a</sup>Rutgers WPF Indonesia, South Jakarta, Indonesia; <sup>b</sup>Maastricht University, Maastricht, The Netherlands

During the pandemic, a digital version of Dance4Life CSE curriculum Journey4Life (J4L) was developed and implemented in Indonesia. J4L uses experiential learning methods to increase students' knowledge and empowerment to make informed decisions through engaging peer facilitating. It is aimed to develop health-seeking behaviours with a specific focus on building social-emotional learning (SEL) competencies. In Indonesia, 64 Champions4Life under Rutgers WPF Indonesia and its local partners delivered 8 sessions of the J4L among 1804 adolescents aged 13–18 using WhatsApp and Zoom.

A questionnaire was administered at baseline and endline by Dance4Life & Rutgers Indonesia, and measured changes in knowledge, attitudes, and norms. Overall, 65 participants participated in the baseline survey and 43 at endline. To analyse the result, the Chi-squared test was applied to categorical variables, and the Wilcoxon test was utilised to discrete variables measured on a 4 or 5-point scale.

We found changes in confidence, gender-equal attitudes, and SEL competencies: (1) The mean level of confidence to decide sexual intimacy were increased

from 2.65 points to 3.29; (2) The mean level of agreement that boys should help with household chores significantly arise from 3.05 to 3.38 points; (3) The mean level of social awareness increased towards bringing discussion regarding condom to romantic partners from 3 to 3.53 points. Self-awareness arises also, from 3.23 to 3.78 where self-trust is increased in discussing that issue.

Although the challenges mostly lie on internet & gadget infrastructure, self-confidence, gender-equal attitudes, and SEL, competencies increased after exposure to this model. Thus, the digital version of J4L can be used as an alternative way to deliver CSE when distance learning occurred. It should be used as complementary to face-to-face CSE in normal circumstances. To continue this version, the implementer should map out first what kind of digital platform is cost and technology-friendly to be used by young people in the country.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Relaciones de Género Dentro Del Espacio Universitario. Análisis Del Discurso de Jóvenes Estudiantes De la Fes Aragón De la Unam

Ariadna Benavides

Instituto Mexicano De Sexología, Mexico City, Mexico

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 vida académica está permeada por el género, y a pesar de que institucionalmente se expresa un discurso de equidad y no discriminación, existen prácticas sociales y discursivas que siguen perpetuando desigualdades de género. El objetivo de la investigación fue conocer cuáles son los discursos sobre las relaciones de género entre estudiantes, así como entre estudiantes y profesores 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 señalan que siguen existiendo actitudes machistas por parte de compañeros y profesores; estas actitudes varían dependiendo de la carrera en cuestión siendo Derecho e Ingeniería Mecánica donde se manifiestan más abiertamente. Las entrevistas

evidenciaron un discurso de los estudiantes que reproduce estereotipos y mandatos de género tradicionales, así como prácticas discursivas que denotan violencia de género.

El ACD develó que hay un aparente trato equitativo por parte de los profesores hacia las estudiantes, que se traduce en prácticas discursivas abiertamente violentas en las carreras de ingeniería mecánica y derecho o de acoso verbal siendo un ejercicio de violencia más sutil.

Es importante reconocer la existencia de estas prácticas en la vida académica universitaria, el contexto en el que ocurren y la vinculación con el desempeño académico. Se recomienda la realización de talleres de sensibilización y reflexión sobre género con el estudiantado y profesorado para generar relaciones más equitativas dentro del ámbito universitario.

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

## Tunisian Parents' Point of View for Integrating Sex Education in School

Haifa Ghabi, Amina Aissa, Azza Ben cheikh Ahmed, Yosra Zgueb, Samih Meddouri, Uta Ouali and Rabaa Jomli

Department of Psychiatry A, Razi Hospital, Tunis, Tunisia

**Introduction and objectives:** Sex education in schools is essential for the education of the citizen and the construction of the person.

In Tunisia, this program is not part of the school curriculum. Sexologists, psychiatrists, and child psychiatrists are fighting for the project to be carried out.

The objective of our study is to assess the opinion of parents on the need for integrating sex education into the school curriculum and to assess their fears.

**Method(s) and sample:** This is a descriptive cross-sectional study. An online questionnaire was

distributed. Data analysis was done using SPSS software.

**Results:** The majority of the participants are women with an average age of 36.2 years, most of the participants refuse the integration of sex education in the school setting, the two most important reasons are religion and young age students. The future of their children especially regarding sexual relations, the loss of virginity, and pregnancies outside the legal framework represent the most expressed fears by parents.

**Conclusion and recommendations:** Most parents in Tunisia are against integrating sex education into the

school curriculum. These results suggest that parents need to be aware of the importance of sex education.

A larger national study is needed.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## El Arte en la Educación Sexual Integral “Una Experiencia Holística Para Mejorar la Salud de Las Personas”

Lyzbeth Alvarado<sup>a,b,c</sup>

<sup>a</sup>WAS (World Asociación for Sexual Health), Lima, Peru; <sup>b</sup>APSES (Asociación Peruana de Sexología y Educación Sexual), Lima, Perú; <sup>c</sup>Universidad Nacional Mayor de San Marcos, Lima, Perú

**Introducción Y Justificación:** De manera intuitiva o por cultura general podemos asociar Arte y Sexualidad al recordar algunas obras artísticas cuyo contenido evoca aspectos de la sexualidad humana. De hecho, desde el inicio de la humanidad hasta la época actual, las personas han representado sus vivencias a través del arte. Por otro lado, pese a que la sexualidad es inherente al Ser Humano; ha pasado por un proceso social e histórico que la ha convertido en un tema tabú; trayendo grandes repercusiones en la salud sexual de las personas y dificultando la tarea de brindar Educación Sexual Integral (ESI).

Entonces ¿Qué relación hay entre arte y sexualidad? ¿Cómo nos ayudaría el arte para lograr una Educación Sexual que sea verdaderamente Integral e inclusiva?

El presente trabajo aborda estos puntos para dar una visión holística de la ESI y brindar una propuesta a través del arte, que la haga más inclusiva; de modo que se pueda incorporar en las políticas públicas de cada país y más personas puedan acceder a sus beneficios.

**Proyecto/Población Y Entornos:** Ya que el uso de recursos artísticos no requiere experiencia previa, se adapta con facilidad al contenido de la ESI. Por lo tanto, la ESI a través del Arte es aplicable a todo tipo de población en diversos rangos de edad.

**Discusión Y Recomendación:** ESI no solo es abordar bajo guías teóricas los temas respecto a la sexualidad; sino también hacerlo de modo interactivo, con herramientas que permitan la libre expresión a cualquier edad y sobre todo con metodologías que puedan incorporar al aprendizaje de modo que fluya y se logre de manera natural.

El arte en sus diversas formas resulta siendo un aliado perfecto para trabajar ESI y una herramienta que mejora la comunicación y expresión de estos temas haciéndolo más inclusivo.

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

## The Experiences of People With Physical Disabilities in Obtaining Sexuality-Related Information

Etsuko Sakairi

The University of Auckland, Wixom, USA

How do people with physical disabilities experience sexuality education in contemporary Japan? What messages regarding sexuality do they receive and how do those experiences shape the way they see themselves as sexual beings?

This presentation is from my doctoral study, in which I recruited both people with physical disabilities and their carers to explore how people with physical disabilities experience “sexuality” in contemporary Japan. To make the research process inclusive and

accessible for people who have various kinds of disabilities, this qualitative research project offered multiple research activities: (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, or (3) via e-mail. For carers, an open-ended online questionnaire and face-to-face interviews were employed. By collecting responses from 27 people with physical disabilities and 50 usable responses from carers, differences and similarities in perspective between these two groups were highlighted. In this presentation, I present the experiences of people with disabilities regarding the sexuality education they received. Some topics which emerged are: (1) The differing amount of sexuality-related information provided in general schools compared to special education schools, (2) Influence of

their friends' attitudes, and (3) Influence of their family members' attitudes.

My analysis finds that general schools provided more information regarding sexuality than special education schools, especially through interaction with same-aged peers. However, the attitudes of those peers, as well as those of family members, become important factors in whether people with disabilities feel they are expected to become sexual beings. I recommend that sexuality education needs to be provided not only to people with physical disabilities but also to their peers. Furthermore, parents need to expect their children with disabilities to be sexual beings since this expectation would have a huge impact on their self-esteem.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## La Mirada Sexológica: Un Podcast Cercano, Diverso E Inclusivo

Pablo Mangas<sup>a</sup>, Desirée Llamas-Díaz<sup>b</sup>, Jesús Colmenero<sup>c</sup> and Rubén Torres<sup>b</sup>

<sup>a</sup>University of Granada, Granada, Spain; <sup>b</sup>University of Málaga, Málaga, Spain; <sup>c</sup>Higher Technical School of Architecture of Madrid, Madrid, Spain

**Introducción:** En la actualidad, cada día son más los proyectos emergentes de divulgación sobre sexualidad, aunque en muchas ocasiones llevados a cabo por personas ajenas a la Ciencia Sexológica. La Mirada Sexológica (LMS) se presenta como uno de los únicos espacios en lengua hispana, en formato podcast, conducido por dos psicosexólogos: Desirée Llamas y Pablo Mangas. LMS pretende divulgar contenido sexológico de calidad desde una óptica cercana, diversa e inclusiva, pero también científica.

**Proyecto:** LMS pretende dar voz a personas cuyos relatos son menos visibles en la sociedad, para otorgarles el espacio y protagonismo que merecen. Al desarrollarse en un entorno virtual, cualquier persona con acceso a Internet podría beneficiarse. El rango de edad de los/as oyentes oscila entre 16-65 años (40% entre 22-27 años) y provienen de multitud de países de habla hispana, por lo que, tan solo conociendo esta lengua se podrían generar, a través de LMS, aprendizajes significativos.

**Resultados:** Tras más de un año de recorrido y cerca de treinta episodios publicados, se ha hecho pedagogía sobre diversos temas relacionados con la Sexología, contando con colaboraciones de activistas, educadores/as y clínicos/as de reconocido prestigio nacional e internacional. Las estadísticas del podcast van en aumento con más de 3.500 oyentes cada mes.

**Discusión:** De acuerdo al feedback recibido durante este tiempo, LMS se establece como uno de los únicos podcasts existentes en lengua hispana donde se divulga contenido científico desde una óptica sexológica. Desde aquí se anima a investigadores/as, divulgadores/as científicos/as y expertos/as en Sexología a colaborar con el equipo de La Mirada Sexológica, para que el público general pueda seguir aprendiendo que la Sexología está presente en todos y cada uno de los ámbitos de la vida.

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

## Los Vínculos Erótico-Afectivos Dentro Del Espacio Universitario. Análisis Del Discurso de Jóvenes Estudiantes De la Fes Aragón De la Unam

Ariadna Benavides<sup>a,b</sup>

<sup>a</sup>Instituto Mexicano De Sexología, Mexico City, Mexico; <sup>b</sup>Universidad Nacional Autónoma de México, Mexico City, Mexico

Dentro del espacio universitario además de las situaciones de enseñanza-aprendizaje se desarrollan otro tipo de experiencias y de vínculos que van a la par del proceso formativo. Durante la juventud las relaciones erótico-afectivas toman un lugar de particular relevancia, muchas de estas se originan en la convivencia universitaria, integrándose a los años de formación académica. El objetivo de la investigación fue conocer cuáles son los discursos sobre los vínculos erótico-afectivos 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.

Se encontró que existen diversas formas de relacionarse (free, amigos con derechos, etc.) que coexisten con vínculos tradicionales de pareja; según las y los jóvenes, la confianza, la exclusividad y la responsabilidad son los aspectos fundamentales de una relación de noviazgo.

El ACD mostró que existe una ambivalencia discursiva entre la fidelidad y la infidelidad, donde se exige

la primera, pero la segunda es esperada; la práctica discursiva de los vínculos erótico-afectivos manifiesta roles tradicionales de género, y ejercicios de violencia. Finalmente, el discurso de las y los estudiantes develó que tener una pareja durante la carrera universitaria contribuye a un buen desempeño académico, si la pareja apoya e impulsa al estudio, pero se vuelve contra-productiva si la pareja es absorbente y no deja entrar a clases o hacer tareas.

Como profesionales de la educación es importante reconocer la relevancia de los vínculos erótico-afectivos en el ámbito universitario; identificar cómo influyen en el desempeño académico y si estos reproducen situaciones de violencia de género. Se recomienda la implementación de talleres para estudiantes y docentes que aborden las temáticas de: género, diversidades relacionales y violencia de género.

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

## Sexual Pleasure in Secondary School Sex Education in Finland

Kristiina Vesanen

University of Helsinki (Student), Helsinki, Finland

Sexual pleasure is not only a vital part of sexual health but also a sexual right. However, the long history emphasizing a problem-based approach to sexuality has also impacted sex education mainly based on promoting risks and dangers. The growing body of evidence shows that pleasure-inclusive sex education is related to multiple positive outcomes such as better sexual decision-making and practicing safer sex.

This paper aims to explore how sexual pleasure is discoursed in secondary school sex education in Finland by reviewing three dissertations and their findings on sexual pleasure. According to the data, the focus on sex education lies in biology and reproduction, and sexual pleasure is not addressed at all or is discussed to a minor extent.

The current approach excludes especially the sexual pleasure from girls, disabled bodies, and other than heterosexual orientations. This narrow framework to sex education is a major ethical as well as a health issue. The research shows that sex education that incorporates pleasure positively correlates with lower rates of unwanted pregnancies and sexually transmitted diseases.

Additionally, a sex-positive approach increases tolerant attitudes towards the diversity of sexuality. The crucial responsibility of sex education is to break the taboos around sexual pleasure and inform pupils about their sexual rights, and that includes teaching on pleasure.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Evaluating the Sexual Health Education for Professionals Scale in a Pilot Course for Healthcare Professionals: A Tanzanian Trial

Michael Ross<sup>a</sup>, Sebalda Leshabari<sup>b</sup>, Rolhoff Corissa<sup>a</sup>, Dickson Mkoka, Gift Lukumay<sup>b</sup>, Lucy Mgopa<sup>b</sup>, Maria Trent<sup>c</sup>, Nidhi Kohli<sup>a</sup>, Agnes F. Massae<sup>b</sup>, Ever Mkonyi<sup>a</sup>, Stella Mushy<sup>b</sup>, Dorkasi Mwakawanga<sup>b</sup>, Zobeida Bonilla<sup>a</sup>, James Wadley<sup>d</sup> and Simon Rosser<sup>a</sup>

<sup>a</sup>University of Minnesota, Twin Cities, USA; <sup>b</sup>Muhimbili University of Health Sciences, Dar es Salaam, Tanzania; <sup>c</sup>Johns Hopkins University, Baltimore, USA; <sup>d</sup>Lincoln University, Philadelphia, USA

**Introduction/Objectives:** There are few instruments that comprehensively evaluate sexual health programs and interventions for clinical healthcare workers and related professionals, and none are validated in Africa. The Sexual Health Education for Professionals Scale (SHEPS) was used in a pilot study of a workshop for midwifery, nursing and medical students in Tanzania. We sought to investigate its effectiveness in evaluating a multiday, Afrocentric, comprehensive sexual health curriculum.

**Methods/Sample:** The sexual health workshop at the Muhimbili University of Health Sciences (MUHAS) was open to nursing, midwifery and medical students in the last years of their academic courses, in October 2020: 24 students (based on the date of enrollment) took part. The course was taught by faculty at MUHAS as part of a major NIH-funded study. The SHEPS was administered by paper and pencil at baseline immediately before the workshop, immediately after the workshop, and at a 3-month follow-up.

**Findings/Discussion:** SHEPS total scores and scores on the three subscales (knowledge of sexual health; attitudes to sexual health issues; and competence in

dealing with sexual health issues) were compared using ANOVAs and generalized eta squared measures of effect, for baseline, post-intervention, and follow-up. Despite small sample size data on total scale and all three subscales it showed large and significant rises between baseline and post-test, which remained high with non-significant decreases between post-test and 3-month follow-up. Analyses of SHEPS scores by gender (female, male) or by professional area (midwifery, nursing, and medical students) showed significant large increases between baseline and post-test, remaining at the same level on 3-month follow-up. SHEPS measured improvements in all three areas plus total score following a comprehensive intervention.

**Conclusions/Recommendations:** The SHEPS appears effective at measuring pre- post- changes in knowledge, attitudes and competence in healthcare students; robust across gender and health care discipline; and appropriate for evaluation of East African healthcare students.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Introducing the Global Education Institute (GEI) of the World Professional Association for Transgender Health (WPATH)

Gail Knudson, Ren Massey, Jamie Hicks and Blaine Vella

World Professional Association for Transgender Health, Chicago, USA

The World Professional Association for Transgender Health (WPATH) is a non-profit, interdisciplinary professional and educational organization of over 2700 members devoted to transgender health. Our mission is to promote evidence-based care, education, research, public policy, and respect for transgender health (<https://www.wpath.org>).

Currently, our membership is based primarily in the US, Canada and Western Europe and we are striving to partner with global health agencies to make our organization and membership more globally representative. Our main goal in doing so is to increase access to competent, compassionate healthcare for trans and gender diverse individuals globally.

We publish the WPATH Standards of Care and plan to release the most updated version, Version 8, later this year. We would like to make participants aware of this and engage partners in the distribution of our document upon release.

As part of our Global Education Institute, we would like to showcase our new virtual learning courses Foundations in Transgender Health, Ethics, Medicine, Child and Adolescent Health, and Mental Health. We

have trained well over 5000 participants over the past 3 years and transitioned to a web-based platform in 2020 (<https://www.wpath.org/gei>).

Please reach out to us at [blaine@wpath.org](mailto:blaine@wpath.org) and/or Jamie at [jamie@wpath.org](mailto:jamie@wpath.org) to connect. We look forward to hearing from you!

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Facilitators and Barriers of Consent Communication—Insights From Irish Secondary School Pupils’ Understanding of Consent

Siobhán O’higgins, Elisabeth Achteresch, Pádraig Mcneela, Theresa O’rourke and Maureen D’eath

Active\* Consent, NUI Galway, Galway, Ireland

**Introduction and objective:** While many countries have begun to move towards comprehensive sexuality education, many programmes fail to address sexual consent. Previous research found the sociocultural constraints that impede adolescents’ consent negotiations include social norms, gendered sexual scripts, and implied consent norms. Highlighting the importance of education initiatives that target younger populations, based on adolescents’ perception and use of consent behaviours.

**Project:** A survey was developed, working with young people, to assess secondary school pupils’ consent attitudes, social norms around consent communications and sexual comfort, and their understanding of consent in the context of three vignettes. In open-ended questions, pupils identified potential barriers and facilitators of consent communication. Pupils’ insights then informed the development of a secondary school workshop to increase awareness and empowerment about consent behaviours thus, enhancing their sexual competency.

**Outcome:** In five schools (mixed and single sex) working with 15–18 year olds, 583 pupils responded

about barriers and identified fears as the biggest barrier: including the fear of rejection, ruining the mood, being judged by their partner or peers, and disappointing the other person. Other barriers were: consent being an uncomfortable topic, poor consent competency (i.e., lack of knowledge, skills, confidence, or capacity to effectively negotiate consent), perceived pressure to engage in sexual acts and social stigma surrounding sex and consent. 548 pupils identified facilitators as the opposites of the barriers and that being in a healthy, trusting relationship would ease consent communication and provide comfort and safety. Communication with partners was perceived to be key. Pupils further indicated that having knowledge and skills about consent communication, plus normalizing consent would facilitate communicating consent.

**Recommendations:** These findings highlight the need to address sexual consent in sexuality education, and to challenge the social stigma surrounding sex and consent.

**Conflict of Interest and Disclosure Statement:** No conflict of interest



## Introducing Medical Students to Sexual Health and Medicine: A Tunisian Experience

Ons Kaabia<sup>a,b</sup>, Mouna Derouiche<sup>b</sup>, Achraf Saoudi<sup>b</sup>, Amani Guezguez<sup>b</sup>, Jihen Hammouda<sup>b</sup>, Marwa Dhouibi<sup>b</sup>, Mariem Barikalla<sup>b</sup>, Shayma Mannai<sup>b</sup>, Cheyma Badri<sup>b</sup>, Rabî Blaîech<sup>b</sup>, Maila Belkilani<sup>a</sup>, Chaima Ben Fredj<sup>a</sup>, Fatma Oumarou<sup>a</sup>, Maryem Mejri<sup>a</sup>, Yossra Hamdi<sup>a</sup> and Rim Bouchahda<sup>b</sup>

<sup>a</sup>Tunisian Society of Clinical Sexology, Sousse, Tunisia; <sup>b</sup>Université de Sousse, Faculté de Médecine de Sousse, Hopital Farhat Hached, LR12ES03, Sousse, Tunisia

**Introduction and rationale:** When faced with sexual problems, people will turn to a source that they consider competent and well informed, their General Practitioner (GP). Thus, a future GP should acquire basic knowledge in sexology which would allow them to be more comfortable in sexual health consultations and to approach the sexual practices of patients without moral judgment.

**Project/Population and settings:** We conducted a cross-sectional study comparing the knowledge, attitudes and practices of students in two groups in the fourth year at the Faculty of Medicine of Sousse before and after the initiation to clinical sexology after a cluster random sampling. Data was collected through an anonymous online questionnaire. Since these were comparisons of two paired samples, the Macnemar test was used to compare the qualitative variables and the Student's t test for the quantitative variables.

**Outcome:** Our results suggest that the introduction to sexology during medical studies has an impact mainly on the knowledge of learners in matters of

normal sexuality and sexual health-related complaints. It also positively impacts their attitudes towards patients presenting with sexual problems and helps them in their practice when facing Sexual Health issues.

**Discussion and recommendations:** The use of active pedagogy with innovative learning means such as Team-Based Learning could explain the achievement of the cognitive objectives of this initiation to sexology. An exclusively theoretical education, even if it is active and innovative, cannot achieve objectives in the affective and psychomotor domains nor drastically change the attitudes and practices of learners when faced with a sexual complaint. To overcome the gaps observed in attitudes and practices of freshly certified GP, immersion in the clinical environment is strongly recommended. When impossible, the association of active pedagogy and simulation may be as effective.

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Las Distintas Formas de Ser Una Persona No Binaria

Rinna Riesenfeld

El Armario Abierto, Femess, WAS, Cdmx, Mexico

**Objetivo:** Visibilizar distintas formas de vivenciar el espectro de género y sus dificultades.

**Material y Métodos:** Se realizaron entrevistas a personas que se viven no binarias en cualquiera de sus matices y sus formas.

Ser parte del espectro no binario no es fácil. El machismo y el género que son tan impositivos y castigadores para normalizar la dicotomía, entre lo femenino y masculino, la mujer y el hombre abriendo una brecha entre ambos como si fueran bandos irreconciliables, en medio, las personas no binarias que rompen los paradigmas.

**Conclusiones:** Las personas no binarias se están visibilizando de distintas maneras: en los cuerpos, roles, imagen, actitudes, vivencias, identidades y las expresiones de género, que se presentan de forma alterante, mixta, fluida, sin género, sin embargo, encontrar un lugar en esta sociedad sin ser cuestionados es difícil, desde el nombramiento hasta los servicios de salud, pasando por el cotidiano social. La cultura no binaria intenta expresarse desde la libertad y autenticidad del ser más allá de las normas del género. Autores como Judith Butler, Miquel Missé,

Gerard Coll-Planas, Raquel (Lucas) Platero están abriendo brecha.

Las personas no binarias rompen paradigmas sociales, políticos, económicos y dentro del sector salud, lo que genera cambios y retos importantes dentro de una sociedad construida en una dicotomía de

género, por un lado, por otro, romper con las líneas del género se castiga con la violencia.

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

## Podcast With Sex Education Channel

Ana Fanganiello<sup>a,b</sup>, Rafael Zeni<sup>a,b</sup>, Teresa Embiruçu<sup>a,b</sup>, Marina Zaneti<sup>a,b</sup> and Bernardo Rahe<sup>a,b</sup>

<sup>a</sup>Universidade Federal de São Paulo, São Paulo, Brazil; <sup>b</sup>coletivo ser, São Paulo, Brazil

**Introduction and rationale:** In the current Brazilian political and social scenario, sex education in formal environments (schools, universities and health services) is increasingly difficult. In this way, the present work aims to show in a descriptive way how the construction and results of a podcast focused on information and education in sexuality were made. A way to bring sexual education to a diverse audience, through a media channel still under development in our country.

**Project/Population and settings:** The project was created by five people from the health area, two psychologists, two psychiatrists and one gynecologist. All with training in sexuality and aimed at a specific health population as well as the general population interested in the topic. The project's idea is to bring content of high scientific relevance, with an accessible

language for the general population and that also arouse the interest of health and education professionals. There are three seasons with 28 episodes in total.

**Outcome:** Present the themes of the episodes and how they are structured, in addition to analyzing data from streaming platforms to quantify the reach of this form of media.

**Discussion and recommendations:** The interest and need for knowledge of the general population and professionals on issues related to sexual health is evident. The low offer of adequate content for this type of media is clear, making the podcast a viable way to bring more and more information

**Conflict of Interest and Disclosure Statement:** No conflict of interest

## Actitudes de Estudiantes Universitarios de Enfermería, Aplicando El Modelo Holónico Para El Cuidado en Salud Sexual.

Mariel Nohemí González Irineo

Universidad Del Valle De México, Coyoacán, México

**Introducción:** La salud sexual parece omitirse en el cuidado de enfermería y podría estar asociado a las actitudes que se tienen respecto al mismo, que van desde el rechazo, confort o comprensión. Así, el cuidado de enfermería en la salud sexual podría optimizarse si se proporcionan en espacios educativos, los conocimientos, habilidades y se mejoran las actitudes que enfermería desarrolla y aplica.

**Objetivo:** Identificar el tipo de actitudes en el cuidado enfermero al término de un curso que incorporó el Modelo Holónico de la sexualidad,

dirigido a estudiantes universitarios mexicanos de enfermería.

**Métodos y muestra:** Estudio cuantitativo, descriptivo y transversal no experimental. Muestreo no probabilístico, 60 estudiantes de enfermería de una Universidad de México. Se utilizó el programa estadístico SPSS versión 21, aplicando pruebas de estadística para conocer las características descriptivas.

**Resultados:** Los datos descriptivos de las y los participantes corresponden a: menores de 26 años (87%) y género femenino (60%). Las actitudes manifestadas

al inicio del curso educativo fueron normativas/confort (53%) y de rechazo (7%); al concluir el curso, las actitudes percibidas fueron de tipo comprensivas (80%), analizadas desde dos componentes: el primero de tipo cognitivo, donde el 87% correspondieron al componente cognitivo-comprensivo y el 13% al cognitivo-normativo; el segundo de tipo conductual, donde el 100% demostró actitudes conductuales-comprensivas.

**Conclusión:** Los planes de estudio deberán considerar la enseñanza de la salud sexual para estudiantes de enfermería con un modelo integrador, ya que la reproductividad y el erotismo no deben ser

únicamente los fines de las intervenciones enfermeras. Esta investigación demostró que a través del modelo Holónico (género, erotismo, reproductividad, vínculos afectivos) se pueden mejorar las actitudes de futuros profesionales de enfermería.

**Recomendaciones:** Se propone abrir espacios y oportunidades académicas para el gremio de enfermería, que faciliten los conocimientos en sexualidad más recientes por y para profesionales del cuidado.

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

## Vida Religiosa E O Desenvolvimento Da Sexualidade: Um Estudo Exploratório Em Um Seminário Católico No Sul Do Brasil

Danielle Visentini<sup>a</sup> and Cesar Bridi Filho<sup>b</sup>

<sup>a</sup>Universidade Federal de Santa Maria, Santa Maria, Brasil; <sup>b</sup>Universidade Federal do Rio Grande do Sul, Porto Alegre, Brasil

A sexualidade tangencia os cuidados corporais e as relações de gênero, transcorre também pela busca do amor e do contato com o outro. Embora seja algo natural do ser humano, há espaços em que há pouca discussão e até mesmo a inexistência de diálogo, pois ainda é considerada um tabu, principalmente em espaços de formação religiosa. O objetivo deste estudo foi investigar o desenvolvimento de sexualidade na vida de jovens religiosos.

Trata-se de pesquisa qualitativa de cunho exploratório, contou com a participação de 24 seminaristas masculinos em um seminário de ordem religiosa numa cidade do interior do Rio Grande do Sul, Brasil. As informações foram coletadas junto as seminaristas através de entrevistas, associadas a etapa de acolhimento, bem como no auxílio do processo de discernimento e compreensão da própria sexualidade. Detectou-se que o campo da sexualidade é incipiente

nesse contexto, principalmente ao que tange a subjetividade dos seminaristas. A maioria deles, que estavam em acompanhamento psicológico, apresentaram questões referentes à própria sexualidade. Dois aspectos eram recorrentes nas narrativas dos seminaristas, o primeiro refere-se em não saber lidar com neutralidade com o sexo feminino, e o segundo estava relacionado em assumir e aceitar a sua sexualidade. Percebeu-se que o medo era um dos motivos que impediam os seminaristas a falarem sobre essa temática. Além disso havia pouca discussão sobre a temática da comunidade religiosa sobre o assunto. É necessário desconstruir ideias como sexualidade associada ao pecado e trabalhar no sentido de integrá-la no estilo de vida religioso.

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

## El Diario de Cayetana Libro de Educación Sexual Integral

Laura Cueva

Laura Cueva Sexologa, Torreón, Mexico

En la actualidad resulta para la generación de padres y tutores difícil abordar los temas de sexualidad con los

hijos de una manera natural. Las creencias, los tabúes y los mitos están limitando la enseñanza adecuada de

la sexualidad. Es necesario que los niños y adolescentes vean de una manera natural, cotidiana la sexualidad. Este proyecto educativo pretende introducir con una historia común y actual los temas de sexualidad, porque debe haber conceptos que no causen prejuicios, los jóvenes pueden reflexionar sobre la diversidad de condiciones familiares y personales que hay para comprender la importancia de la equidad entre seres humanos, esta cualidad vital que podrá mejorar cualquier experiencia de vida.

La educación sexual integral debe provenir principalmente de los padres pues son quienes transmiten el sistema de creencias y valores que quieren para ellos.

Este libro puede ser un apoyo más para que desde edades tempranas los padres faciliten herramientas de aprendizaje sobre sexualidad con un enfoque sencillo y franco.

Una alternativa más para ir complementando la educación sexual, porque no debe ser un tema de una sola vez. Una manera de abrir un espacio de confianza y comunicación entre padres e hijo. Este libro es una opción más para educar a nuestros hijos en temas de sexualidad.

Este libro ha sido un reto para quien desarrollamos proyectos educativos de manera independiente intentando acercar la educación sexual integral a diferentes poblaciones, por lo que ésta experiencia personal es una denuncia a girar la mirada de editoriales y organizaciones hacia la educación sexual integral.

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

## Teach, Co-Teach or Invite a Sexual Health Educator Into the Classroom to Deliver Sex Education?

Julie Descheneaux and Joanne Otis

UQAM, Montreal, Canada

**Introduction and objectives:** Recent studies about delivering sex education (SE) do not use a theoretical model as recommended in programs implementation. Also, they do not take into consideration the multiple roles of teachers: (a) teaching the program themselves, (b) co-teaching it, (c) inviting a sexual health educator to teach it. This study measures the intentions of teachers and their determinants to deliver SE according to these roles.

**Method and sample:** Quebec teachers completed an approximately 60-min online questionnaire. The theoretical framework of health behavior change (Godin, 2012) was used. Hierarchical logistic regressions were conducted to assess the relationship between the determinants of intention and intention to teach SE, co-teach, or invite a sexual health educator in their classroom.

**Results:** A total of 295 teachers were selected for analyses. The main predictors of intention were a) for the teaching model of SE ( $R^2 = 58\%$ ): sense of self-efficacy in sexual health education ( $OR = 6.07$ ;  $p < .001$ ), moral norm ( $OR = 5.35$ ;  $p < .001$ ), descriptive

norm ( $OR = 3.37$ ;  $p < .01$ ), comfort teaching SE ( $OR = 3.09$ ;  $p < .01$ ), having taught SE in the past year ( $OR = 2.89$ ;  $p < .01$ ), and age ( $OR = 0.92$ ;  $p < .001$ ); b) for the co-teaching SE model ( $R^2 = 46\%$ ): moral norm ( $OR = 7.97$ ;  $p < .001$ ), education level ( $OR = 3.40$ ;  $p < .05$ ), teaching multi-age or multi-level groups ( $OR = 2.36$ ;  $p < .05$ ), feeling competent to work in partnership ( $OR = 1.27$ ;  $p < .05$ ) then age ( $OR = 0.95$ ,  $p < .001$ ) c) for the model of inviting sexual health educator into one's classroom ( $R^2 = 55\%$ ): moral norm ( $OR = 3.81$ ;  $p < .001$ ), anticipated regret ( $OR = 2.45$ ;  $p < .05$ ), descriptive norm ( $OR = 2.38$ ;  $p < .05$ ), and comfort teaching SE ( $OR = 0.45$ ;  $p < .05$ ).

**Conclusion and recommendations:** The study suggests that schools implement differentiated and complementary strategies to optimize the implementation of an SE curriculum. Schools should motivate teachers to commit to delivering SE in either role.

**Conflict of Interest and Disclosure Statement:** No conflict of interest