Asia-Oceania Federation of Sexology

AOFS NEWSLETTER

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Issue 9

AOFS now has its own website: www.aofs-asia.org

While the website still has work to be done on it we can now be proud of having our own internet entity as befits a growing regional organization. We have a pictorial image which belongs to us and we can use in any AOFS activity.

It is very positive to have an international platform to inform our members, our region and the international community about our activities.

2014 AOFS/SAS Conference 22-25 October, Brisbane , Australia.

The website is being constantly updated with new information. The Scientific Committee is working on an exciting full 3 day program. There will be a day on men's and women's sexuality issues, and a keynote/plenary presentation addressing sexuality and obesity. The epidemic of obesity with metabolic syndrome , diabetes and hormonal disruptions has huge implications for positive sexuality. Dynamic keynote speakers are being invited for all streams so that we gain maximum benefits from the conference. However, the conference is also our forum to disseminate regional information. If you are conducting research or have particular opinions please participate by submitting abstracts for inclusion in the program. We would like to see each member AOFS country submit abstracts to participate in the conference.

A new feature we want to introduce is to showcase AOFS member's original work. So if you have written a book or sexual educational material, designed a new sexual aid or developed a new theory or model for sexual behaviour, we are providing space for showing this work in the foyer during the conference. More information available on the website.

Sponsorship is very important to conference success and Menarini Asia-Pacific, and both of the Australian Universities, Sydney and Curtin , that have sexuality programs are supporting us.

WAS
WORLD ASSOCIATION FOR SEXUAL HEALTH

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Inside this issue

MENARINI
ASIA-PACIFIC

THE UNIVERSITY OF SYDNEY

Curtin University

INTRODUCING A COUPLE OF AOFS CCONFERENCE KEYNOTE SPEAKERS

Professor Kevan Wylie (UK)

Prof. Kevan Wylie

Professor Kevan Wylie is of course our WAS president and we are very happy for him to be part of opening our conference. The AsiaOceania region is full of potential and we appreciate the assistance and recognition given us by our international parent organization.

Kevan is a Consultant at the The Porterbrook Clinic, Sheffield and the Directorate of Urology, Royal Hallamshire Hospital. He is Honorary Professor at Sheffield Hallam University; Honorary Reader in Psychiatry & Sexual Medicine and Honorary Clinical Lecturer in Urology, University of Sheffield; Adjunct Associate Professor, University of Sydney and a Visiting Professor at Yerevan State Medical University (Department of Sexology). He is also Lead consultant and Clinical Director for Gender Dysphoria Service, Sheffield and Clinical lead for Porterbrook Clinic and Lead clinician RHH Andrology Service.

He will be our keynote presenter in the men's stream and will speak on Small Penis Syndrome amongst other things. A workshop is a possibility.

Professor Berit Lilienthal Heitmann (Denmark)

Prof. Berit Heitmann

Comes to us with a very interesting background she is not a doctor by training, but a dentist. However, she is very interested in the determinants of obesity – what makes us become overweight and what implications obesity has for our health. And given that we are being overwhelmed by an obesity epidemic worldwide , this is very important for us as sexologists. Professor Heitmann always starts out from an awareness that there is a difference – between genders . Overweight men are ascribed a positive attribute – they have authority! A well-educated overweight woman is fat! – And it's undoubtedly her own fault.

Since 2001 she has been Director for Research, (and 2011-2012 acting Director) of the Institute of Preventive Medicine, at the Bispebjerg and Frederiksberg Hospitals - a part of Copenhagen University Hospital, The Capital Region, Copenhagen and Professor in nutritional epidemiology, at the National Institute of Public Health, University of Southern Denmark. Since 2011 she is also Honorary Professor at Sydney University, The Boden Institute.

Professor Heitmann's main areas of expertise include diet and the determinants and consequences of obesity. This background fits in well with her keynote presentation on obesity, sexuality and relationships on Saturday. This section of the program will include diabetes, metabolic syndrome and testosterone.

Professor Arif Adimoelja (past AOFS President) receives award

Professor Arif Adimoelja received the Medal of Honour from the Dean of School of Medicine, Airlangga State University during its 100 years doctor education celebration in Indonesia. 27 doctors (80% of them have passed away) have received the Medical Medallion Award from the State University as appreciation of their excellent dedication in teaching, research and social work in medicine. In addition, Professor Adimoelja was recognized for the initiation of andrology, sex, men's health and aging.

INDIA BANS GAY SEX— **India's Reversal on Gay Rights**

NEW DELHI — The Indian Supreme Court reinstated on Wednesday a colonial-era law banning gay sex, ruling that it had been struck down improperly by a lower court. The 1861 law, which imposes a 10-year sentence for "carnal intercourse against the order of nature with man, woman or animal," was ruled unconstitutional in a 2009 decision.

Anjali Gopalan, founder of a charity that sued to overturn the 1861 law, said she was shocked by the ruling. "This is taking many, many steps back," Ms. Gopalan said. "The Supreme Court has not just let down the L.G.B.T. community, but the Constitution of India." S. Q. R. Ilyas, a member of the All India Muslim Personal Law Board, which filed a petition in support of the reversal, praised Wednesday's ruling. In his opinion "These relationships are unethical as well as unnatural."

India has a rich history of eunuchs and transgender people who serve critical roles in important social functions and whose blessings are eagerly sought.

Despite this history, Indians are in the main deeply conservative about issues of sexuality and personal morality. National surveys show that Indians widely disapprove of homosexuality and, on average, have few sexual partners throughout their lives. The pressure to marry, have children and conform to traditional notions of family and caste can be overwhelming in many communities. So gay men and women are often forced to live double lives.

Asian nations typically take a more restrictive view of homosexuality than Western countries. In China, gay sex is not explicitly outlawed, but people can be arrested under ill-defined laws like licentiousness.

The law banning homosexuality is rarely enforced in India, but the police sometimes use it to bully and intimidate gay men and women. In rare cases, health charities that hand out condoms to gays to help prevent the spread of H.I.V. and AIDS have had their work interrupted because such efforts are technically illegal under the law.

But inspired by gay rights efforts elsewhere, activists in India have in recent years sought to assert their rights, holding gay rights marches and pushing for greater legal rights and recognition. As part of this effort, the Naz Foundation, a gay rights advocacy group, filed suit in 2001 challenging the 1861 law, known here as Section 377. After years of wrangling, the group won a remarkable victory in 2009, when the Delhi High Court ruled that the law violated constitutional guarantees for equality, privacy and freedom of expression.

India's Supreme Court and Parliament have openly battled for decades, with Parliament passing multiple constitutional amendments to respond to various Supreme Court rulings. But it seems that legalizing gay sex was one step too far for India's top judges, and in a rare instance of judicial modesty they deferred to India's legislators.

Edited from nytimesworld December 11, 2013

Abolish The Term "Marriage" From All Federal or State Issued Certificates. Governments Should Issue Civil Unions Only

A group called Young Naturists America strongly believe in the founding fathers' vision of a secular United States and a clear cut separation between church and state.

Marriage is not a gay rights issue, it is a human rights issue. The government should be protecting the rights of the people - all the people.

By abolishing the term marriage, states and federal agencies will only be allowed to offer civil union certificates. Thus removing any religious implications and paving the way for a more accepting society.

Those wanting a certificate with the term "Marriage" would be able to obtain such documentation from a religious institution only after they have obtained their official Civil Union Certificate.

http://youngnaturistsamerica.com/gay-rights-and-young-naturists-america/

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH) Conference
14-18 February 2014, Bangkok

For the first time in its history, the World Professional Association for Transgender Health held its Biennial International Symposium outside of Western Europe and North America. The meeting was held in Bangkok from 14-18 February 2014 and attracted over 500 participants from a vast range of disciplines. In addition, a transgender community stream played an important role in bridging the gap between the "professional" and "beneficiary" audiences.

More than 30 Australians and New Zealanders attended the meeting, with strong representation from members of ANZPATH [Australian and New Zealand Professional Association for Transgender Health].

The meeting opened with two notable presentations, one by Dr Preecha Tiewtranon on the Development of Sex Reassignment Surgery in Thailand, and the other on the Experience of Uterus Transplantation from Mothers to Daughters by Liza Johannesson from Sweden. The transgender community sessions were well attended and opened the way for improved dialogue.

AOFS and SAS members

Dr Graham Neilsen, Professor Kevan Wylie , Ms Yuko Hogashi with Ms Lin Fraser,

Dr Preecha Tiewtranon is a reknown Thai transgender surgeon, who has performed more than 3,500 sex change operations during the past 30 years.

He is Associate Professor and Chairman, Plastic Surgery Unit, King Chulalongkorn Memorial University, Bangkok: Plastic Surgeon at Samitivej Hospitals, Bangkok, and Director, Preecha Aesthetic Institute

ANZPATH members

Provided by Graham Neilsen

SEXUAL CONCERNS IN GYNAECOLOGICAL CANCER SURVIVORS A PROFESSIONAL SHARING

Dr B Srilatha, Clinical Sexologist, Singapore

As clinical sexologists, we help people with concerns or problems in their sexuality. Although as a broad field, sexual medicine addresses the impact of general health on relationship quality, gynaecological cancer poses a not often discussed clinical challenge. The roller-coaster sequence of sexual problems are started from the time of initial symptoms and diagnosis and continue beyond cancer-related specific treatments such as surgery, radiotherapy and chemotherapy.

Whether we like it or not, all these events take a toll on the physical intimacy and eventually also on the sexual and over-all quality of day-to-day life. It takes a brave heart and much coping skills to deal with the emotional drain during this period and for most patients, sexual interest wanes completely. In the words of Mrs J, 47: “My life turned upside down not only from the detection of cervical cancer but also from the emotional impact. Sex was nowhere in my thoughts at that time.” With the help of a caring partner, and after three years of denial-acceptance, coping-adaptation and success-ful clinical management, she has started feeling more “normal” and is ready to go back to her daily routine as much as possible. She and her partner realized that no matter how much they tried to minimize the importance of sex and focus on other aspects of their relationship, they missed it as an integral part of a healthy, married life. However, the variety of effects related to cancer and treatment (such as fatigue, swollen limbs and fear of pain) also made it more difficult to rekindle Mrs J’s sexual interest. Silently, she was dreading discomfort, pain or bleeding. Additionally, the nagging thought of a possible relapse of cancer was equally traumatizing.

She is not alone. This is a common scenario among patients with gynaecological cancer where about 60 to 70 per cent suffer from combined sexual and psychological problems while their partners go through indirect psychological and sexual concerns. While a majority of our patients think that some level of pain during attempted sexual intercourse is normal, others are too embarrassed to talk to their gynaecologists or may not know how to bring the topic up. “I was completely shut off physically for three years and am still recovering from that,” said Mrs J when I first spoke to her. Indeed she seemed unsure if she was ready for a normal life. It appeared that the condition affected her even more emotionally than it did physically. Through in-depth discussion, she came to understand that there was no quick-fix solution to the problem. She became realistic with the fact that more time was needed to work on a comprehensive programme including behavioral and psychosexual therapy and counselling sessions.

It was even more difficult for Mrs S, a 62-year-old woman diagnosed with endometrial cancer. After undergoing the management triad of surgery, chemotherapy and pelvic radiation, she had additional issues to handle such as bladder, bowel irregularities and vaginal narrowing (having a constricted vagina). It all resulted in a tendency to avoid not only physical intimacy but also anything remotely sexual. A multi-pronged approach had to be taken to include couple counselling and specialist intervention for the specific issues faced by her. Along the way, she found that counselling helped her and her partner to better understand the cancer and treatment-related effects, fostered mutual support within the relationship and also helped her to develop coping as well as problem-solving skills. Sex therapy helped her to revive and recreate sensual pleasure. Psychotherapy was particularly effective in helping with her body image concern, as also with her coping of general anxiety, depressive thoughts, physical or emotional stress and fatigue. Her symptoms of dryness and pain significantly improved with correct amounts of vaginal moisturizer and water-based lubricant, which also aided in vaginal lubrication. After a few setbacks, she is now convinced that her quality of life is improving.

With the current advancements leading to early detection and timely treatment, many of our patients with gynaecological cancer are returning to normal lives with an expectation of long-term survival. Ensuring that their quality of life is restored is a major responsibility, which is addressed by health care professionals like us. Women may also need some help to rebuild the damage done to their confidence, self-esteem and psyche. Sexual function is a complex phenomenon with much mind-over-body influence. As clinical sexologists, we take into consideration the length of time the couple was asexual before seeking help, their level of motivation in resuming normal sexual life, their level of desire for physical intimacy, the quality of their non-sexual relationship and their expectation of the therapy-related outcome. Together, we aim to help the couple nurture a cordial ambiance that will both physically and psychologically prepare them to be “normal” with each other once again.

TOO MUCH TOO SOON—HELPING CHILDREN WITH SEXUALITY

(extract from Sunday Life Newspaper Magazine 10/11/13, original article by Melissa Jacob)

Psychologist Sarah Calleja, SAS Victoria member

- 70% of boys and 53.5% of girls have seen porn by age 12; 100% of boys and 97% of girls have seen porn by age 16. *(*The Sex Lives of Australian Teenagers *by Joan Sauer)*

- 88% of scenes in mainstream pornography contain some sort of physical or verbal aggression. 94% of which is directed towards women. *(*Aggression and Sexual Behavior in Best-selling Pornography Videos, *University of Arkansas)*

It was a rainy afternoon and six-year-old Lachlan was searching for his favourite cartoons on the family iPad. His search returned naked adults in strange positions. Rough positions. Lachlan didn't know he had accidently stumbled across porn. "I want to rape you in the ass," was one of the lines delivered by a male actor. In Lachlan's mind anything related to bottoms was hilarious so he took the iPad to school to show his friends. His kindergarten friends.

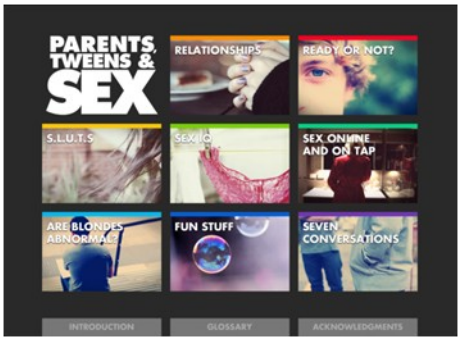
Maree Crabbe, a community educator who specialises in pornography and young people, says, "What parents need to understand is that the relationship between young people and porn has shifted. Porn has become incredibly accessible, in ways unprecedented. What people see when they come across porn now is no longer a centrefold. It's commonplace to see moving images with deliberately aggressive scenarios such as gagging, choking, spanking and multiple partners penetrating a woman as they call her abusive names." The type of material that Lachlan discovered is, according to Crabbe, at the centre of the pornography bell curve.

The accessibility of pornography on mobile phones and tablets is not only a problem for parents but also for schoolteachers. Heath, the head of welfare at a high school in regional NSW, says, "Not only have I had to deal with kids possessing and sharing hard-core porn, but they're also creating it by sexting and by filming other students."
It's difficult for parents to navigate the increasingly complex topic of tween and teen sexuality. Sarah Calleja, a clinical sexologist and counselling psychologist, says, "Gone are the days of the birds and the bees. Parents need to understand that sexual images come into the house from billboards, advertising and social media, and kids are trying to make sense of all this."

In collaboration with Swinburne University of Technology, Calleja has created a Victorian Design Award-nominated iPad app called Parents, Tweens and Sex (PTAS). The app is designed not only to educate kids, but also to help parents overcome the awkwardness of dealing with topics such as sexual readiness, puberty and pornography.

The app is a sex-education resource with quizzes, questions and video grabs of hypothetical situations that can be used as ice-breakers or conversation starters for parents who might find it difficult to broach the subject. Calleja says that the goal of the app is to create a "shared dialogue" between parents and their children but she reminds us that such opportunities, mainly courtesy of the media, present themselves every day.

"Celebrities having mistresses, Miley Cyrus twerking – these are all opportunities to talk to your children," she says. "But don't just talk to them, ask for their opinion on these issues and when they give it, listen. That will show them that you value what they have to say. Then, when they are confused or conflicted by what they see, they will come to you. You will be their go-to person."



Sarah will be presenting at the Brisbane conference, showing us the app and the research and data behind it.

INTERESTING STUDIES

SEXUAL DYDFUNCTION IN MEN SUFFERING FROM GENITAL WARTS

Kucukunal A et el
Reference: J Sex Med 2013;10(6):1585– 1591

A prospective cross-sectional pilot study investigated whether genital warts increased the likelihood of sexual dysfunction, and if this was associated with depression or anxiety, in 116 men with and 71 without genital warts. Men with genital warts were found to be significantly more likely to have sexual dysfunction than controls ($p<0.001$). Significant between-group differences were seen for Arizona Sexual Experience Scale (ASEX) subscores ($p<0.001$), and men with genital warts had significantly higher Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) scores than controls. BDI and BAI scores were significantly correlated with ASEX total and subscores ($p<0.001$).

Sexually transmitted diseases and genital warts are common. This paper highlights that these patients not only have a higher rate of depression and anxiety but also sexual dysfunctions and should be assessed and treated for these.

COPPER WIRE TO TREAT CAVERNOUS HEMANGIOMA OF THE PENIS

Zhang D; Zhang H; Sun P; Li P; Xue A; Jin X
Reference: J Sex Med : 2013 Oct 9:1743-6109

Copper wire therapy might be a viable way to treat cavernous hemangiomas of the penis.

A cavernous hemangioma is a buildup of blood vessels. Such lesions are benign and uncommon. Scientists are not certain what causes them. A man with a hemangioma on his penis may feel anxious about its size and how it looks cosmetically.

A variety of treatments are available for cavernous hemangiomas, but each has its drawbacks. For example, surgical excision can damage other tissue. Cryotherapy (freezing tissue so that it can be removed) is another option, but patients can lose a large amount of blood. It also takes a significant amount of time to heal and there is a risk of necrosis (cell death) in surrounding areas.

Zhang et al noted the need for alternative methods for treating cavernous hemangiomas. After learning about copper wire and needle treatments for similar conditions, they decided to try the therapy with a small group of men.
They worked with seven patients with penile cavernous hemangiomas. The patients ranged in age from 12 to 32. The largest lesion was 4 x 2 cm.

Surgeons used indwelling copper wires that were 10 cm long and 0.2 mm in diameter. Each piece of wire had its lacquer covering removed and was sterilized. Patients were given local anesthesia. The copper wires were distributed evenly through the hemangiomas with a surgical suture needle. After the procedure, the penises were dressed with elastic bandages. The patients were given oral antibiotics to prevent infection. When swelling dissipated, the copper wires were removed.

On average, the operation lasted 16.4 minutes. Copper wires remained for a mean of 12.3 days and patients stayed in the hospital for a mean of 6.7 days. After the wires were removed, healing took about one to two weeks. All visible lesions disappeared. All of the patients were either “satisfied” or “very satisfied” with the results.

Two months after surgery, one patient had a recurrence. He underwent a second procedure and had no problems after that.

The authors acknowledged that copper poisoning is one complication of this treatment. However, none of the patients had reactions to the copper. They also acknowledged that because of the small sample size, the lack of a control group, and little previous research on the subject, they could not call the therapy a “therapeutic reference standard.”
However, they considered copper wire therapy to be a safe, simple, cost-effective, and minimally invasive technique for treating penile cavernous hemangioma .

Skinny legs pumping a wild bicycle

Debi Hamilton July 2013

Permission given to reproduce this poem about a prostate patient.

i. Once upon a time,
not so very long ago
and not far from here,
the wandering thread of one
man's life curled itself, without
thought, around a job,
a family, a bank account,
a car, a partner;
around a far-flung future;
around a body that was
careless, bullet-proof.

ii. The thread had begun
more than fifty years before,
in the simple way
lives do, a new boy slipping
into the world to take up
the art of being
himself, finding his place in
a family, to
shape and be shaped by parents,
three brothers, and the business
of a river town.

iii. Quite invisible
to itself, the thread unfurled
around camp fires
and lazy fishing trips; it
spooled from skinny legs pumping
a wild bicycle;
it looped reluctantly to
school, where it did its
homework and found itself drawn
to the family business.
It found its first love.

iv. And so the boy grew
into a man, carrying
whatever this meant
into his boundless future.
He pulled the thread of his life
through a diploma,
then stretched it across the world
for two years. Later,
without learning the words for
the doings of his heart, he
married, had children.

v. Years on, he would see
the cost of living without
reflection, but for
now the thread of his life ran
straight through the valley of hard
work, bigger houses,
business success. The sun shone
on his endeavours.
What went on inside himself
stayed in the realm of darkness,
alien to words.

vi. Then one day the thread
snagged, stopped in its tracks
for a while. That world
he'd skated on proved to be
thin ice. His marriage ended—
a cold hard lesson.
He moved, he grew, he unearthed
some of the darkness.
The snagged thread disentangled,
found a new path to travel,
fell in love again.

vii. Eleven years on,
here is the scene in which the
thread comes unravelled.
Picture this—packing boxes
stacked, Christmas carols on the
radio; a new
city, house, job are waiting.
They are to marry.
The phone rings. He has cancer.
There's someone standing at the
window with a scythe.

viii. It seems a nightmare,
like Christmas among the doomed.
Deep in his body
a vicious mystery has
taken over. Surgery
is booked and cancelled.
His neck pain isn't tension.
It is in his bones.
They move house; find themselves on
a new planet. He tries to
write letters of hope.

ix. The letters do help.
The doctors wheel in their guns—
oral castration
and a fierce battle plan.
The thread of his life seems frail,
then sturdy, then frail
again. He takes up talking,
starts meditating.
He has no time for whingers,
so whose are those tears he
sees in the mirror?

x. Across town, the thread
of another life waits to
meet his. He has made
an appointment. She wonders
what he will bring, how she will
help. This is her work.
He comes in with his cape on—
the cape of coping.
Kind of superman, she thinks.
She sees he is not ready
yet to take it off.

xi. He doesn't take it
off, but he fiddles with it.
He is still working,
doing laps of the cosmos,
constructing all the castles
he wants to live in
forever with his sweetheart.
The castles become
urgent. He will build them with
the sheer force of his desire
to go on living.

xii. He visits again.
The doctors' guns aren't working
but they have reserves.
Next stop, chemotherapy.
This time, they talk about the
cape, but he still can't
take it off. He's always worn
it; people admire
him in it. She says she'd like
him to leave it at the door
when he visits her.

Xiii. The next few months are
conducted off-stage. He calls—
his blood tests are clear.
Weeks later, his sweetheart calls.
He's disappeared. It's frightening.
The woman rings him.
He's not answering his phone.
Afterwards she learns
he'd taken off the cape, had
to be treated for extreme
identity loss.

xiv. She rings him again.
He's out of hospital; he's
on the road to a
ten-day retreat. They've called the
artillery—he's having
radiation, and
is now on his way to find
what the peace movement
can offer as a back-up.
In the face of all this, he's
married his sweetheart.

xv. Six months later, he's
back. The war for his body
goes on. He's weary.
His memory is dicey.
And as for sex—it's vanished.
Just like menopause,
she thinks. She's pleased to see he's
taken off the cape.
What does he need? A place to
cry, he says. His eyes leak tears.
They float in the room.

xvi. How is he doing?
Strangely well. The war has knocked
down the wall between
him and the grace of the world.
Here's what matters—his sweetheart,
his children, all those
lives that thread themselves through his.
Would he go back, she
asks? No, in spite of it all.
And now there is Zytiga.
He is full of light.

Invitation to participate

Our region, Asia covers a wide area and many diverse cultures. In order to achieve our goals of increasing the sexual well-being of our region we need to unite through networking, education and participation in joint ventures. This Newsletter is one way for us to work together in sharing information on activities happening in the region and what individual sexual health professionals are doing.

We ask that all members of AOFS contribute to this newsletter by submitting their country's Sexology Conference and educational meetings information, information on special education/professional development programs, outcomes of sexological or education programs, acknowledgement awards given to members of AOFS, fun activities held by members and anything else that you feel would be of interest to other members of AOFS. Photos are welcome. We are planning 3 editions per year.

Please send contributions to the Newsletter to Margaret Redelman at:

aofsasia@gmail.com

Warm regards

Dr Margaret Redelman, Australia

Editor

Regional conference

6th Sexual Dysfunction Conference

Sydney, Australia 25th - 27th April 2014

www.conferenceworks.com.au/sdc

Any queries regarding the conference should be directed to Jenny Crosbie.

E: jenny@conferenceworks.net.au

M: 0409 505 104

THE AOFS CONFERENCE IS 'OUR' CONFERENCE.

FOR US TO MEET WITH EACH OTHER TO SHARE KNOWLEDGE AND HIGHLIGHT WHAT IS HAPPENING IN OUR REGION.

PLEASE PARTICIPATE ACTIVELY BY SUBMITTING ABSTRACTS TO PRESENT YOUR WORK .