



AOFS NEWSLETTER

November 2015

Issue 16



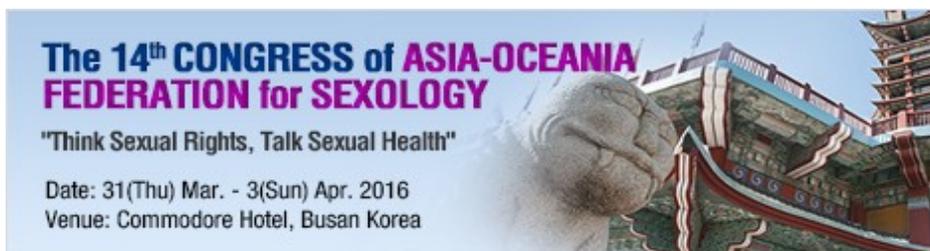
Dear AOFS Member,

This will be the last edition of the AOFS Newsletter for 2015 and I would like to wish everyone, on behalf of myself and the Executive Committee of AOFS, a happy healthy and safe ending to 2015 and a wonderful positive and successful 2016. The world is becoming a slightly crazy place but maybe we 'sexologists' can be a positive example of multicultural co-operation and how people can work together with tolerance and good will to achieve great things. And, of course, next year we have our biennial AOFS Conference hosted by our Korea member when we can all come together to share and progress our specialty of sexuality.

To make the Korean Conference really successful we need to support the conference by attending and also by presenting new, interesting and progressive material for sharing between colleagues and for informing a new young generation of sexologists. Please think about any presentations you may wish to make and any symposia your organisation may wish to present.

The conference website is www.aofs2016.org/register/2016

AOFS information	1
International men's day 8th International Conference on Sexology Prof. Kwangsung Park	2
World Sexual Health Day	3
Mary Hodson Sex Therapy New Zealand	4
Dr Farooq Nasim Bhatti Sexual dysfunction incidence and treatment in conservative Muslim society living in UnIslamic (pro Western) social setup like Pakistan.	5
Interesting article	6
Interesting article	7
Editor: Dr Margaret Redelman Assisted by: Elaine Harvey	



Please put these dates into your diaries:

- Deadline for Pre-Registration: 30, Nov 2015
- Deadline for Abstract Submission: 31, Dec 2015
- Deadline for Lecture Submission: 15, Dec 2015

And remember the generous group discounts that the Local Organising Committee have arranged for this conference:

- 10% discount for group registration more than 10 persons
- 20% discount for group registration more than 20 persons.

The AOFS Council and AGM Meeting is scheduled for Saturday 2nd April.

I am looking forward to seeing old friends and new friends in Busan  
Warm regards  
Margaret Redelman President AOFS



## International Men's Day 19 November 2015

This is a day for many people to reflect on the contributions, sacrifices and progress made by men in society. Such progress includes that of men working together with women to make educational, economic, social, and technological advances in society. Topics that may be discussed or showcased through various media, activities and events on the day may include:

- Men's and boys' health.
- The importance of gender equality.
- Improvements towards gender relations in all societies.
- Positive male role models for younger generations.
- Men's roles in community, family, relationships and childcare.
- Healing and forgiveness.

Meetings, workshops or group gatherings may also be held on this day to focus on overcoming challenges such as domestic violence and drug abuse. International Men's Day is supported by various organizations worldwide, including the United Nations (UN) and the Men's Network.

### International Men's Day, India

A whole day seminar on Men's Health and LOH will be held on 19th November for post graduate medical students and interested medical practitioners under the auspices of the Indian Andropause Society, with academic partnership of CSEPI, Men's Health Society of India and Andrology India. Around 200 delegates are expected to attend.

Prof.Dr.G.Venkata Ramana  
Prof and HOD, Osmania Medical College  
President - Indian Andropause Society.

## 8th International Conference on Sexology

ICONS 2016 will be structured by Indian Association for Sexology.

12-14 February 2016  
Chennai, Tamil Nadu, India

**Website:** <http://sexologyconference.com>  
**Contact person:** Dr.T.Kamaraj

**Deadline for abstracts/proposals:** 1st January 2016

## Prof. Kwangsung Park has been appointed Editor-in-Chief of Sexual Medicine

We congratulate Prof. Kwangsung Park on his appointment as the next editor-in-chief of Sexual Medicine, the ISSM's open access journal.

Prof. Park earned his MD and PhD degrees at Chonnam National University in Gwangju, Korea. He is currently a Professor of Urology at Chonnam National University Hospital.



International Men's Day symbol



Conference venue: Green Park Hotel



Chairman  
Dr. T. Kamaraj

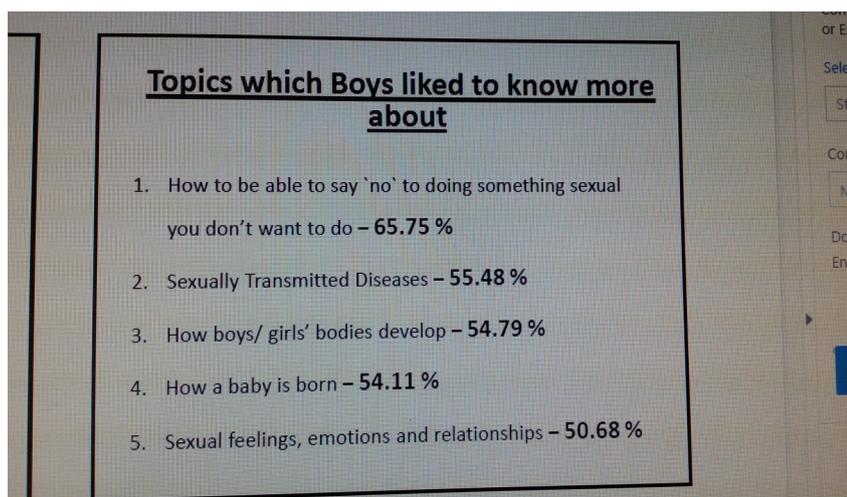
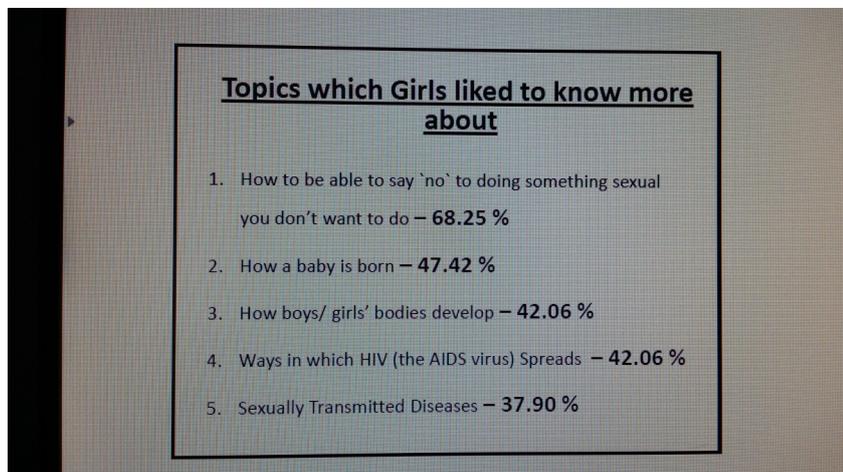


Prof. Kwangsung Park

## World Sexual Health Day member activities

### Sexual right as Human right - Symposium and Signature Campaign inauguration at Madras University, India

A questionnaire was distributed to gain an idea of what young people were thinking and the kind of information and education that they would find useful.



Samples of results.



### Australia

SEXtember was a social media campaign that ran throughout September, to celebrate World Sexual Health Day. Prominent Psychologists, Sexologists and Sexual Health Educators were invited to share their insights on sexuality in various contexts, with a new topic featured every day.

SEXtember content remains accessible and aims to create awareness around sexual language and topics, allowing us to help influence sexual culture to create mindful, respectful and enjoyable sexual attitudes and behaviours.

SEXtember will be featured as an online event for National Psychology Week 2015, conducted by the Australian Psychological Society.

[www.psychology.org.au/PsychWeek/EventView.aspx?ID=3520](http://www.psychology.org.au/PsychWeek/EventView.aspx?ID=3520)

## **New AOFs Members: Mary Hodson and Sex Therapy New Zealand**

### **Mary Hodson**

Director and Media Liaison Sex Therapy New Zealand, a division of STNZ 2010 Ltd. Advanced Sex Therapy; BA (Ed), Dip Occupational Therapy (Distinction), Tertiary Tutor Training Certificate, NZ Council for Educational Research, (C.SP) M European Society for Sexual Medicine, MNZ Association of Counsellors, New Zealand Registered Occupational Therapist, M Occupational Therapy NZ.



Mary Hodson

Mary has been in private practice since 1992 offering a range of occupational therapy and counselling services. In 2005 she decided to focus on sex therapy. She has responsibility for clinical practice in the Bay of Plenty, Central North Island and Wellington. She holds clinics in Tauranga, Hamilton and Wellington. Mary has delivered 41 public presentations, appeared on television, in magazines and newspapers and has taken part in radio broadcasts related to her work.

Mary has been working in counselling, health and disability related fields since 1983. Although, her early work included physical occupational therapy, much of the work at that time was with families that were struggling to cope with either alcohol abuse and its attendant problems or with anxiety, depression, compulsive and personality disorders or serious physical disability. In order to cope with the tremendous demand for alcohol treatment and prevention she established and chaired the Far North Alcohol and Drug Abuse Council. Between 1987 and 2001 she taught neurology, kinesiology, clinical sciences occupational and Human Services courses at Polytechnics.

Mary is the immediate past-chairperson and a founder member of the Bay of Plenty Therapy Foundation (Inc.) which exists to provide free counselling from qualified and experienced counsellors for people who are ineligible for funded counselling from any other source and are unable to pay for counselling.

### **Sex Therapy in New Zealand, a division of STNZ 2010 Ltd.**

Sex Therapy New Zealand, is a nationwide counselling service for anyone seeking help with intimacy and sexuality concerns. It is also a referral network for clinicians seeking expert help for their patients and clients.

Mission: to provide best practice assessment and treatment, delivery of education programmes, participate in research, provision of supervision for other professionals and to raise public awareness through the media by promoting life enhancing intimacy and sexuality.

The biggest challenge and most pressing goals are to -:

- 1 Ensure that everyone in New Zealand that receives sex therapy, receives a uniformly high quality of service that is grounded in sound knowledge of human sexuality, sexual dysfunction and the ethics of clinical practice and is backed by rigorous professional education and training.
- 2 Be instrumental in establishing an internationally accredited course of training for sex therapists in New Zealand.
- 3 Be instrumental in setting up a collaborative and supportive network of sex therapists in New Zealand.
- 4 Liaise and collaborate with our SAS colleagues in Australia to establish an Australasian Professional Body

To this end Sex Therapy New Zealand is liaising with Auckland University to collaborate on the task of reviewing the existing sex therapy courses and starting to look at what is required to establish an internationally accredited training course.

Sex Therapy New Zealand is also planning to call together others that are interested in setting up a collaborative and supportive network of sex therapists in New Zealand. Professional development happens annually for the Sex. Therapy New Zealand team.

**Mary Hodson 15/10/15**

## Introducing: Dr Farooq Nasim Bhatti

website [www.manhealth.com.pk](http://www.manhealth.com.pk)

1. MBBS PAK- 1988 (internship in Venereology and Dermatology)
2. One month certificate course in Venereology and Dermatology Tehran, Iran - 1991
3. One month training in Sexual Dysfunction clinic (Urology dept) Beijing, China - 1998
4. One month training in Sex Therapy at Queen Mary Hospital University of Hong Kong in department of psychiatry with Professor M L Ng - 1998
5. One month Human Sexuality course at Queen Mary Hospital University of Hong Kong in department of psychiatry with Professor M L Ng - 1998
6. Diploma from 'The American Board Of Sexology', in 1999
7. FAACS in 2011
8. Paper presentations in Kuala Lumpur, Malaysia 1997, Hong Kong 1998, Singapore 2004, Hamburg 2004, Mumbai 2006, Madrid 2012, Turkey 2013 and Singapore 2015.



Dr Farooq Nasim Bhatti

## Sexual dysfunction incidence and treatment in conservative Muslim society living in UnIslamic (pro Western) social setup like Pakistan.

Dr Farooq Nasim Bhatti. 4-H Johar Town.

[drfarooqnasim@hotmail.com](mailto:drfarooqnasim@hotmail.com)

Pakistanis are conservative Muslims. Sex and sex education is a taboo. From childhood, parents educate children in Islamic norm of sexuality eg no extra marital sex and no masturbation (minor sin in Islam) but taught as major sin. Hakims, quacks and homeopathic practitioners convey that masturbation is injurious to penile muscles and causes impotence. Semen loss is perceived as injurious to physical and sexual health. Islamic norms on sexual behavior are not followed. These norms are, early marriage at puberty, no free mixing of males and females, hijab (covering sexually attractive parts) and if not satisfied with one wife, can marry up to 4 women.

Secondly, late marriage (average age 24) is common due to education and economic settling age. Extra marital relations are common practice in society but performed in great secrecy and with guilt feelings. Masturbation is associated with guilt feelings of sin and fear of impotence and the ruining of physical health. All these sexual activities lead to sexual neuroses and psychogenic sexual dysfunction. The most common complaints are fewer erection or no erections, shorter ejaculation time and white semen drops on sexual stimulation.

In my clinic in Lahore and Islamabad more than 85% of patients are below 40 years of age and more than 90% present with psychogenic sexual dysfunction. In sexual dysfunction the psychogenic element is significant due to the social impact of being impotent ie 'Not a Man' (called namard in Urdu).

The majority of patients describe masturbation as the cause of their sexual dysfunction due to weakening of the penile muscle and by loss of semen. I treat these patients by sex therapy counseling and using SSRI's and Benzodiazepines to balance the autonomic nervous system, and advise to marry and avoid extra marital relations. The most common complaints of fewer erections or no erections, shorter ejaculation time and white semen drops on sexual stimulation are cured and normal sexual functions restored in 10 weeks of weekly sessions of sex therapy and pharmacotherapy. PDE5 Inhibitors are not registered in Pakistan and I treat 98% of my patients with sexual dysfunctions without PDE5 inhibitors.

### CONCLUSION

In conclusion, the reverse ratio of psychogenic to organic sexual dysfunction in Pakistan as compared to European and American studies is due to the lack of sex education and wrong information about masturbation and semen loss. The European and American recommendation of PDE5 inhibitors as first line treatment for sexual dysfunctions is not followed and 98% cure in psychogenic sexual dysfunction is achieved by sex therapy, counseling and psychotropic drugs (SSRI, Benzodiazepines). This reduces PDE5 inhibitor dependence and later on non responsiveness to PDE5 Inhibitor .

Interesting article: I was curious how and if women judge 'good looking penises'? Is this important beyond function within casual and committed relationships?

### What is a Good Looking Penis? How Women Rate the Penile Appearance of Men with Surgically Corrected Hypospadias.

Ruppen-Greeff NK, Weber DM, Gobet R & Landolt MA.

The Journal of Sexual Medicine [J Sex Med] 2015 Aug; Vol. 12 (8), pp. 1737-45

#### Abstract

**Introduction:** Some men with corrected hypospadias perceive their penile appearance to be abnormal, although health professionals consider these results satisfactory.

**Aim:** The aim of this study was to investigate how relevant women consider single aspects of penile appearance to be. Moreover, we studied whether women perceive hypospadias-affected surgically repaired genitals (HASRGs) to be as normal-looking as circumcised genitals and identified the most relevant predictors that influence whether a penis is perceived as normal.

**Methods:** In this cross-sectional study, 105 women in different age groups (age range: 16-20, 25-30, and 40-45 years) completed a standardized questionnaire.

**Main Outcome Measures:** Participants had to rate the importance of eight penile aspects and to indicate how normal they found the appearance of standardized photos of 10 HASRGs and of 10 circumcised genitals. Furthermore, they were asked about demographic characteristics and their sexuality.

**Results:** Results showed that women considered the position and shape of the meatus as the least important penile aspect. Furthermore, results showed that HASRGs with distal hypospadias were perceived to be as normal-looking as circumcised genitals, whereas genitals with more proximal hypospadias were perceived as significantly less normal. However, the difference need not be considered clinically relevant, as the effect size was small. Observer-related predictors of a more positive perception of HASRGs were higher age, higher sexual interest, and perceiving the general cosmetic penile appearance as more important and penile length as less important.

**Conclusions:** Overall, women were found to consider the "position and shape of the meatus" as the least important penile aspect. These findings may stimulate reflections regarding the relevance of surgical correction of the meatus in minor forms of hypospadias. In addition, this study indicates that women perceived genitals of men with distal operated hypospadias (which represents the majority of hypospadias) to be as normal as nonaffected, circumcised genitals.

**Keywords:** Appearance; Circumcision; Genital Perception; Hypospadias; Meatus; Patient Outcome Assessment; Penile Size; Penis; Sexuality

### Prevalence and risk factors of sexual dysfunction in postpartum Australian women.

Khajehei M, Doherty M, Tilley PJ, Sauer K

The Journal of Sexual Medicine [J Sex Med] 2015 Jun; Vol. 12 (6), pp. 1415-26

#### Abstract:

**Introduction:** Female sexual dysfunction is highly prevalent and reportedly has adverse impacts on quality of life. Although it is prevalent after childbirth women rarely seek advice or treatment from health care professionals.

**Aim:** The aim of this study was to assess the sexual functioning of Australian women during the first year after childbirth.

**Methods:** Postpartum women who had given birth during the previous 12 months were invited to participate in this cross-sectional study. A multidimensional online questionnaire was designed for this study. This questionnaire included a background section, the Female Sexual Function Index, the Patient Health Questionnaire (PHQ-8), and the Relationship Assessment Scale. Responses from 325 women were analyzed.

**Results:** Almost two-thirds of women (64.3%) reported that they had experienced sexual dysfunction during the first year after childbirth, and almost three-quarters reported they experienced sexual dissatisfaction (70.5%). The most prevalent types of sexual dysfunction reported by the affected women were sexual desire disorder (81.2%), orgasmic problems (53.5%), and sexual arousal disorder (52.3%). The following were significant risk factors for sexual dysfunction: fortnightly or less frequent sexual activity, not being the initiator of sexual activity with a partner, late resumption of postnatal sexual activity (at 9 or more weeks), the first 5 months after childbirth, primiparity, depression, and relationship dissatisfaction.

**Conclusion:** Sexual satisfaction is important for maintaining quality of life for postpartum women. Health care providers and postpartum women need to be encouraged to include sexual problems in their discussions.

*Keywords:* Childbirth; Postpartum Depression; Quality of Life; Relationship Satisfaction; Sexual Dysfunction

In my experience many women (and men) time the decline of their sex life after children and often the first child. This study, which I'm proud to say includes SAS members, is important if it flags the importance of giving individuals more sexual information and assistance during and after pregnancy.

### Prevalence of Baseline Erectile Dysfunction (ED) in an Australian Cohort of Men with Localized Prostate Cancer.

Ong WL, McLachlan H, Millar JL

The Journal of Sexual Medicine [J Sex Med] 2015 May; Vol. 12 (5), pp. 1267-74

#### **Abstract:**

**Introduction:** Erectile dysfunction (ED) is a common complication following prostate cancer treatment. Post-treatment erectile function (EF) preservation is strongly dependent on the baseline EF prior to treatment.

**Aim:** To assess the baseline EF among patients with localized prostate cancer, and the factors associated with baseline EF.

**Methods:** All men with clinically localized prostate cancer had their baseline EF assessed prior to brachytherapy at our institution. Six hundred ninety-nine men who completed the International Index of Erectile Function five-item questionnaires pre-treatment between 2001 and 2013 were included in the study. Data on patient factors (medical comorbidities and smoking history) and prostate cancer clinicopathological characteristics were recorded. Ordinal logistic regressions were used to estimate the effects of each variable on the severity of ED.

**Main Outcome Measures:** Baseline EF among men with localized prostate cancer, and factors associated with ED.

**Results:** Prior to permanent seed brachytherapy, 335 (48%) patients reported no ED, 129 (17%) mild ED, 42 (6%) mild-moderate ED, 37 (5%) moderate ED, and 165 (24%) severe ED. In multivariate analyses, age, diabetes, and hypertension remained to be independently associated with ED, with diabetes most strongly associated with worse ED (odds ratio = 2.6; 95% confidence interval = 1.3-5.3).

**Conclusions:** ED is common among patients with localized prostate cancer prior to any curative treatment.

Assessment of baseline ED is important prior to curative treatment of prostate cancer in order to offer appropriate advice on likelihood of EF preservation post-treatment and avoid patient dissatisfaction with treatment outcomes due to unrealistic expectations.

*Keywords:* Epidemiology; Erectile Dysfunction; IIEF-5; Prostate Cancer

I included this Australian study as I am seeing increasing numbers of men who are very angry about their poor sexual function after prostatectomy in spite of 'nerve sparing' procedures. Good psycho-sexual-socio-relational history and sensible expectations may result in greater acceptance of sexual options other than intercourse in this patient population.

## Invitation to participate

Our region, Asia covers a wide area and many diverse cultures. In order to achieve our goals of increasing the sexual wellbeing 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 3-4 editions per year.

Please send contributions to the Newsletter to Margaret Redelman at:

[aofsasia@gmail.com](mailto:aofsasia@gmail.com)

Warm regards

Dr Margaret Redelman OAM, Australia

Editor

## Regional conferences

### 12-14 February 2016

8th International Conference on Sexology

Chennai, India

[www.sexologyconference.com](http://www.sexologyconference.com)

### 31 March—3 April 2016

14th AOFS Congress

Busan, Korea

[www.aofs-asia.org](http://www.aofs-asia.org)

[www.aofs2016.org](http://www.aofs2016.org)

### 14-15 May 2016

7th Sexual Dysfunction Conference

Auckland, New Zealand

[www.sdc.conferenceworks.com.au](http://www.sdc.conferenceworks.com.au)

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 IN BUSAN.

THANK YOU TO ALL THE MEMBERS WHO CONTRIBUTED TO THIS EDITION OF THE AOFS NEWSLETTER