Asia-Oceania Federation of Sexology

# AOFS NEWSLETTER

June 2014

Issue 10


## 13th AOFS Conference Update

1 The website is up and running for registration

http://www.aofs-asia.org/conference-2014/conference

2 The Program is being regularly updated as speakers and symposia are confirmed

3 Invitation to submit abstracts

All the topics are important but **Sexuality and Fertility/pregnancy/and parenthood** is a special case as this is an area that is often not dealt with very well. There is often an assumed belief that this area of life is "natural" and "private". However, as sexologists we know that this often translates to troubled, scary, dysfunctional sexuality and a source of personal and relationship pain. Our region, in particular, has a shyness and modesty cloud over sexuality in this phase of life. We know that many couples function reasonably well sexually until this period and that sexual function problems often occur for the first time or are exacerbated with fertility issues and pregnancy.

Please consider submitting an abstract to present on the situation in your country or therapy/management strategies that are being used in your country. This way, we can share information, understanding and treatment options and grow this area.

4 Take advantage of the early bird registration, especially the group option. The AOFS Conference committee has deliberately made the registration fees very low to enable as many participants as possible to attend. This is at the expense of speaker and committee benefits. However, to facilitate an inclusive collegiate feeling we have included the Welcome Function and the Conference Dinner in the registration fee.

WAS
WORLD ASSOCIATION FOR SEXUAL HEALTH



Editor:

Dr Margaret Redelman

Inside this issue

## EXCITING FIRST TIME OPPORTUNITY TO SHOWCASE MEMBERS ACHIEVEMENTS

Wonderful opportunity to let colleagues in other countries know what you are doing.

Our region is known for creativity and productivity. We have some outstanding people living and working in our region. The committee for the 2014 AOFS Conference is offering for the first time an exciting new opportunity for SAS and AOFS members to present their own works, such as books, educational materials, journal articles and sexual aides to the broader international community. Works must have full presenter ownership or written signed approval for presentation by contributing persons.

There will be trestle tables provided to display these works throughout the 3 days of the conference for promotion and sale. Tables and space will be provided at no cost but a token 10% of sales profits is requested for SAS to cover costs.

Abstract submission of the books, educational materials and sexual aides is needed for approval to present.

## Dr Vivienne Cass Keynote presenter on Women's Day, Friday 24 October

Adjunct Associate Professor, Curtin University, Western Australia

Dr Vivienne Cass

Dr Cass is a consultant in clinical psychology and human sexuality; author of sexology books, sex education materials, sex education phone apps; writer of sex theories on sexual identity and attractions.

She has over 30 years experience in private practice, working in general clinical psychology and sexual therapy. She has lectured extensively in various areas of sexology including sexual problems, transgender issues, sexual orientation, abuse and offending. Her work in the area of women's sexual difficulties and her theory of gay/lesbian identity formation have earned her an international reputation and she has a number of publications in these areas.

She has written 'The Elusive Orgasm: A woman's guide to why she can't and how she can orgasm' (published in 6 languages); is the creator of a set of sex education posters on clitoral anatomy (The Illustrated Clitoris) for educators and health professional; has created Explore Women's Sex, a sex education app for iPhone, iPad and iPod - for general public and education/health professionals; and formulated: Cass Theory of Gay and Lesbian Identity Formation.

The Elusive Orgasm and The Illustrated Clitoris are available fromwww.brightfire.com.au. Explore Women's Sex is available from the App Store:http://bit.ly/LMWwH2. Dr Cass' complete publications list and select pdf's available from brightfire.com.au.

## **Sexual Attitude Reassessment Seminar** (SARS) - extra program on Sunday 26 October

Dr Sandra Pertot

Dr Christopher Fox

SARS (http://en.wikipedia.org/wiki/Sexual_Attitude_Reassessment) is a process-oriented, structured group experience to promote participants' awareness of their attitudes and values related to sexuality, and to assist them in understanding how these attitudes and values affect them professionally and personally.

Society of Australian Sexologists is committed to developing sexuality as a discrete professional entity and helping train members to the highest levels possible. As sexuality work impinges in a very personal way on the sexuality professional, programs such as SARS become very important in the training process. SAS is planning to include more SARS programs with its national conferences. Supervision is also an important aspect of clinical work and SAS is working to grow its supervisor base so that all sexuality clinicians have the opportunity to have individual and group supervision.

## MEMBER ACTIVITY

## SEXUAL DYSFUNCTION CONFERENCE, Sydney, 25-27 April 2014

## Conference President Dr Margaret Redelman

This multidisciplinary conference is held biennially rotating between Australia and New Zealand. The invited keynote speakers were Dr Mandy Deeks and Dr Chris McMahon.


Dr Mandy Deeks

**Mandy Deek** is a psychologist from the Jean Hailes Foundation for Women's Health spoke about "**Sexual Dysfunction and Menopause: Is it hormones, me or…?"**
She spoke about the fact that major physical symptoms of menopause can impact quality of life for many women, including sexual function. Menopause provides an ideal opportunity for women to discuss sexual problems and often for the first time. The effects of menopause on sexual function range from minor to severe are individual, and likely to be influenced by many biopsychosocial factors, much the same as affects sexual function. The bi-directionality means that a good history is needed to successfully address the sexuality situation.


Dr Chris McMahon

**Dr Chris G McMahon** is a Sexual Health Physician and the current President of the International Society of Sexual Medicine (ISSM), a co-chairman of the 2015 4th International Consultation on Sexual Dysfunction (ICUD) and a chairman of the International Society of Sexual Medicine (ISSM) medical and research standards committee. He is an Associate Editor of the Journal of Sexual Medicine and an associate section editor of the British Journal of Urology.
He spoke about **"Update on the Management of Premature Ejaculation"**. He re-iterated that premature ejaculation (PE) is a common male sexual disorder which is associated with substantial personal and interpersonal negative psychological consequences and reduced quality of life for both sufferer and partner. Normative community studies demonstrate that the distribution of the IELT is positively skewed, with a median IELT of 5.4 minutes (range, 0.55–44.1 minutes), decreases with age and varies between countries, and supports the notion that IELTs of less than 1 minute are statistically abnormal compared to men in the general western population. The off-label use of the anti-depressant SSRIs, the serotonergic tricyclic clomipramine and Dapoxetine have revolutionized the approach to and treatment of PE.

## Presentations by SAS members

1 Some Less Common Sexuality Presentations: Sexsomnia and Sexual Headaches: Dr Margaret Redelman
2 The Treatment Seeking Trajectory of Women with Genital Pain Conditions: Kathy Bond
3 Sexual Rehabilitation after Prostate Cancer Treatment: Dr Michael Lowy
4 "When 3's a crowd" - Managing Post-Partum Sexual and Relationship Difficulties: Dr Anita Elias
5 Menopause Panel : Dr Margaret Redelman
6 What Affects Male Sexual Desire: What We Know and Still Need to Find Out: Elaine George
7 Did Someone Say Sex? Now what do I do? : Tanya Koens
8 Testosterone, the Male Hormone: Controversies of Treatment: Dr Michael Lowy


Back row L to R: Alice Hucker, Tanya Koens, Selma Van Diest, Michael Lowy, Elaine George, Kathy Bond, Andrea Haas, Nenad Alempijevic

Front row L to R: Sarah Calleja, Margaret Redelman, Ruth Simons, Patrick Lumbroso

# USE and MISUSE of TESTOSTERONE

**Professor FX Arif Adimoelja**

Centre for Study of Men's Health, Reproduction, Sexual Health and Aging,
Naval Teaching Hospital Dr Ramelan / School of Medicine, Hang Tuah University, Indonesia

National Symposium and Workshop on Anti Aging Medicine ( NASWAAM)

Bali, 14-16March 2014

Professor FX Arif Adimoelja

CHARACTERISTICS of TESTOSTERONE

Testosterone (T), dihydrotestosterone (DHT), dehydroepiandrosterone (DHEA), androstendione, androstendiol as steroids belong to the group androgens. T was characterized and well-known as the male sex hormone (1930's). T is produced in men by the Leydig cells in both the testis and in small amount by the supra-renal glands. In smaller amounts it is also produced in women by the ovaries. In men, T-blood levels range between 300 and 1000 ng/dL (10-28 nmol/L). Females, on the other hand, produce about 1/15th of this amount, leading to an average blood levels of only 25 to 90 ng/dL (1-2.5 nmol/L).

Bio-synthesis of T is the conversion of cholesterol through the intermediate products of sex steroids hormones; pregnenolone, progesterone and androstendione to T, or the conversion of cholesterol through DHEA and androstendione to T. The production of T is then secreted in to the blood stream. 96-98 % of T is bound to protein molecules, either to albumin or globulin. Only about 2-4% overshoots of T is the result of the so called bio-active fraction Free-T, which has the capacity to interact with cells and organs to cause important physiological changes of the human body. Recent data show that some androgens and nutrient supplements can interfere with the loosening of binding capacity of T-bound proteins to produce higher active Free-T concentration in the blood-serum levels.

RESPONSABLE USE of TESTOSTERONE

T is necessary for the development of the genital and reproductive organs in males. T is necessary throughout the life of the human male (and female). Current reports also mention that T is necessary in anti-aging and regenerative medicine. The bio-physiological properties of T to the human male organs and body are far reaching:

- to maintain the size (anatomical) and physiological role of penis, testis, scrotum
- development of secondary sex characters (hair growth, deepening of voice, etc.)
- cognition, memory
- maturation of sperm
- growth
- libido, erection, sleep erections, ejaculation, satisfaction
- aggressiveness
- bone marrow red blood cell formation
- promotion of sodium and water retention
- increased calcium retention in bones
- increased muscle mass, muscle strength
- prevention of obesity (central or abdominal obesity, apple shaped obesity)
- skin care
- anabolic effect ……

SIDE EFFECTS of TESTOSTERONE

Testosterone is involved in maintaining adequate nitrogen balance (improving tissue healing and maintaining the muscle mass of the body**.** T is well tolerated in the human body maintaining its androgenic and anabolic effects. However, side-effects can occur when supra-physiological exogenous-T is administered. The most common side-effects are:

- gynecomastia
- testicular atrophy
- excessive water retention
- high blood pressure
- high LDL cholesterol

Lecture continued

PRESCRIBING T for UNPROVEN INDICATIONS (MISUSE)
Regular prescribing and use of T for unproven medical indications can be categorized as misuse of T and may happened because of commercial marketing pressure to physicians, health personnel and users/patients. Areas of possible T misuse include the increase prescription of T to prevent aging ("andropause"), sexual capability and for body-building. Long-term use of high dose of T may reduce both testis volumes and arrest spermatogenesis in young reproductive age men causing infertility problems, these conditions are mostly reversible.

ANABOLIC ANDROGENIC STEROIDS (AAS)
Anabolic androgenic steroids are synthetic analogs of T. Examples of these analogs are nandrolone deaconate (Decca Durabolin®), oxandrolone (Anavar®). More potent analogs but with more side-effects are fluoxy-mesterone (Halotestin®), trenbolon acetate (Parabolan®), metandrostenolone (Dianabol®), oxymetolone (Anadrol®).

ABUSE (NON LEGAL USE) vs. USE (LEGAL USE)
Abuse of AAS may create potential side-effects, such as decreasing levels of HDL-Cholesterol, testicular atrophy, male Infertility, BPH, gynecomastia and acnae. It is very difficult to predict which side-effects may occur.

Use of androgens with precaution is normally safe and without side effects. T is necessary to regenerate human cells, organs, body and mind. HRT with long acting T-undecanoate 1000mg ( Nebido®) is recommended to prevent speedy aging process, obesity and hypogonadisms.

## TESTOSTERONE SUPPLEMENTATION TREATMENT AND BODY IMAGE:

### **RESEARCH** presented at NASWAAM, Bali, March, 22-24, 2013

**Professor FX A Adimoelja**

**Introduction:** Obesity no longer symbolizes prosperity or attractiveness in the new millennium. Abdominal obesity may not represent an attractive body image in either gender. Obesity predicts morbidities such as Metabolic Syndrome and decline in production of sex hormones. Over the age of 40 men may start developing obesity due to decline in production of testosterone. Many terms have been given to the process of aging in men—Andropause, PADAM, ADAM, SLOH and LOH. There is research suggesting that 30% of younger age men may also develop decline in production of testosterone due to ***precocious aging***. Hypogonadism occurring in the reproductive age may be due to unhealthy life style, behavior and concomitant patho-physiological health conditions. This process may result in the clinical symptoms ( hypertension, high cholesterol, High LDL, Low HDL, diabetes type 2 and other cardio-vascular-diseases) known as Testosterone Deficiency Syndrome .

**Objectives:** 28 men, mean age 34 y.o. (range 33 – 42 y.o.) with abdominal obesity (*central-obesity),* average **WC = 96 cm** (range 96-106 cm), average body weight of **65 Kg** (range 56-85 Kg), average **height 164 cm** (range162-173 cm). No serious clinical symptoms reported. All these men longed to possess a perfect fashion shaped body (athletic body) with a non fatty-look belly. Only 9 men exercised regularly (jogging, swimming, treadmill). All 28 men did not restrict their meals .

**Method:** Blood levels measured for decline in serum testosterone (*hypo-gonadism*), raised total cholesterol, triglycerides, LDL/HDL, fasting blood sugars and PSA levels. Other clinical symptoms. TST injections with long-acting-testosterone undecanoate were given as recommended for all hypogonadal abdominally obese men with or without METS for one year. .

**Preliminary Results after TST injections:** 15 (54 %) men were satisfied with reduced belly circumference (WC = 90 cm or less), and no weight gain; 7 (35 %) men did have reduced WC but still over 90 cm and no weight gain; 6 (21 %) had raised WC and body weight. No raised serum PSA levels were noted. Further study with more subjects and longer periods should be done.

## AUSTRALIAN REPORT ON TRANS-GENDER ISSUES

by Ian Trevallion, M.Reprod.Med, MPH, Psychologist

*(Ian is in private practice in Southern Sydney as a sex therapist and fertility counsellor)*

Norrie May-Welby

## Norrie May-Welby

(born **Bruce Norrie Watson**, 23 May 1961)
is a Scottish-Australian transsexual person who pursued the legal status of being neither a man nor a woman, between 2010 and 2014 through the Australian Parliamentary legal system.

If there's one thing you learn to appreciate as a sex therapist it is the variety that people come in. The diversity that we see in loving relationships, from idealised monogamy, through polyamory, to relationship anarchy, demonstrates just how hard it is to say what is 'normal' and what might be 'dysfunctional'. We finally end up understanding that whatever people do, they just want to be accepted and to happy.

And so it is with the recent decision of Australia's High Court delivered on 2 April 2014 (Case S273/2013). The court determined that the NSW Registrar of Birth Deaths & Marriages has the power to (and indeed is required to) enter into its records, where appropriate, a notation for 'non-specific' in its recording of 'sex'.

For those interested the transcript of the case and the judgement make fascinating reading.

This case was prompted by Norrie, an androgynous Sydney resident, who was born with male physical characteristics, but who, after gender reassignment surgery, retained some physical characteristics of both males and females.

Complicating the issue further Norrie identified as neither a male nor a female, and so sought to have his/her birth records appropriately modified to "sex: non-specific".

The decision by the Country's highest court will have implications for all transgender, androgynous and intersex people, with many expected to seek changes to their records.

At this stage the implications are mainly for official birth records. The Sydney Morning Herald of 3 April 2014 suggested that it is only the Commonwealth Marriage Act that will struggle to embrace the determination, as it requires the parties to a relationship to be male and female.

Beyond this the effects will be for the individuals affected to feel greater recognition and acceptance.

But importantly, the determination will encourage us as a community to reflect upon gender, upon relationships, and the upon the individual's capacity to find their own place in society.

It will also make our work as counsellors a little easier, as we will be able to get more quickly past the anger felt by our clients, to better assisting them with whatever other issues they are facing.

## ARTICLE

## Relationship between Sexual Dysfunction and Psychological Burden in Men with Infertility: A Large Observational Study in China.

Jingjing Gao, Xiansheng Zhang, Puyu Su et al

J Sex Med 2013;10:1935-1942

Study from the Department of Urology and Academy of Public Health of the First Affiliated Hospital of Anhui Medical University, Hefei, Anhui, China

Infertility is known to be associated with psychological and sexual problems but the relationship between these two aspects in infertile men is not well understood.

The results in this study showed that the incidence of PE and ED in the infertile group were significantly higher than in the fertile group. Anxiety and depression were also higher in the infertile group.

## ARTICLE

### Increased Risk of Sexual Dysfunction in Male Patients with Psoriasis: a Nationwide Population – Based Follow-up Study

Yi-Ju Chen, Chih-Chiang Chen, Ming-Wei Lin et al

J Sex Med 2013;10:1212-1218

Interesting article from Department of Dermatology, National Yang-Ming University, Taipei, Taiwan

An association between psoriasis and sexual dysfunction (SD) was explored with the aim of clarifying the risk of developing a SD in male patients with psoriasis.

The psoriatic group had higher rates of diabetes, hypertension, hyperlipidaemia, coronary heart disease, stroke and psychiatric disease. All independent risk factors for the most prevalent SD – erectile dysfunction (ED). The risk of developing a SD in psoriatic patients was not elevated till ages 41-60 and older.

The sex life of skin disease suffers is significantly affected. This suggests that psychological distress from a physically disfiguring skin condition contributes to the SD in patients with psoriasis. It has been reported that psoriasis patients who see themselves as sexually undesirable tend to be older and have higher levels of plaque desquamation. Sexual distress is particularly prominent when genital skin is affected.

The etiology of ED in patients with psoriasis is likely to be multifactorial. This study suggests that psoriasis may be an independent factor for ED with the underlying mechanism being systemic inflammation contributing to endothelial dysfunction. More research is needed.

## ARTICLE

### Does Circumcision Affect Sexual Function, Sensitivity or Satisfaction? A Systemic Review

Brian J. Morris DSc, PhD* & John N. Krieger MD#

J Sex Med 2013; 10:2644-2657

*School of Medical Sciences, University of Sydney, NSW, Australia

#Department of Urology, University of Washington School of Medicine, WA, USA

Introduction:

Circumcision is a common procedure performed for thousands of years for health, medical need, aesthetics, tradition and religion. The health benefits have been well documented: lower risks of HIV and other viral and some bacterial sexually transmitted infections; lower rates of penile cancer and possibly prostate cancer; elimination of phimosis, paraphimosis and balanitis; and lower rates of UTIs. Female sexual partners have lower rates of cervical cancer, oncogenic types of human papillovirus, bacterial vaginosis, herpes simplex virus type 2, trichomonas vaginalis and Chlamydia trachomatis.

Despite established medical facts and the unaffected sexual function of millions of men, there is continued concern that circumcision may reduce male sexual function and pleasure.

**Aim of the study:** To conduct a systemic review of scientific literature

**Method:** Review of PubMed, EMBASE and Cochrane databases on 25 March 2013 with defined circumcision plus terms.

**Results:** 2,675 publications. 36 met inclusion criteria of containing original data. Studies reported 40,473 men (19,542 uncircumcised and 20,931 circumcised).

The higher quality studies uniformly found that circumcision had no overall adverse effect on penile sensitivity, sexual arousal, sexual sensation, erectile function, premature ejaculation, ejaculatory latency, orgasm difficulties, sexual satisfaction, pleasure or pain during penetration.

## Cultural differences between the Netherlands and Australia

## Selma Van Diest

Selma Van Diest

About 1.5 years ago I migrated from the Netherlands to Australia as a qualified clinical psychologist and sex therapist. I am currently working in a private practice in North Adelaide (SA) and have recently taken on the role of acting President for SAS (Society of Australian Sexologists) South Australia.

Since being in Australia I have had several interesting conversations about the cultural differences between the Dutchies and the Ozzies. At the recent Multidisciplinary Sexual Dysfunctions Conference in Sydney Margaret Redelman touched on this topic again and we thought it would be interesting to share some of my experiences with these differences.

I would like to add in a disclaimer first: I have only been in Australia for 1.5 years and I might not have discovered everything yet, so excuse me if I provide an inaccurate description.

**Sexual diversity:**

Let's start by discussing this as I probably can't go wrong here. The population of the Netherlands is approximately 16.7 million; the largest city is Amsterdam with a population of 1.5 million. A survey conducted amongst the Dutch population showed that 6% of the population claims to be homo/bi sexual, but approximately 13% of the overall population has had sex with a person of the same gender at least once in their life. In 2001 same sex marriage was recognised by law. Between 2001 and 2011 14,813 same sex couples married (1.9% of total marriages); note that 1078 of the same sex couples divorced in this 10 year time frame (0.3% of total divorces).

Now let's compare this to the other side of the world: Australia. The total population is 22.7 million people; the largest city is Sydney with 3.9 million inhabitants. From a large survey conducted in 2009 we learned that 1% of the population of Australia claims to be in a same sex relationship. Obviously the number of same sex marriages is 0 as same sex marriage is not legislated in Australia (yet). In 2013 Kevin Rudd called a referendum to approve same sex marriage in Australia however the proposition was rejected. Same sex *partnerships* are legalised and are most prevalent in ACT, least prevalent in WA and SA.

**Sexual health professionals:**

In the Netherlands there are 3 different schools that offer a post Master program on Sexual Health. The Dutch Sexology Society currently counts 630 professional members. The use of the term 'sexologist' is protected and regulated by the society's code of conduct. The result of this and the large number of these professionals is a strong acknowledgement of the profession and an understanding of the impact of sexual problems on general (mental) health which has resulted in sex therapy being included in general mental health care in different settings.

Society of Australian Sexologists currently has 105 members. As a professional working in this field I am aware that these small numbers don't represent all the allied health professionals working in this specialised field. I can imagine the impact of these low membership numbers and coordinated care on the patients/clients and on the possible referral sources: confusion about the profession, embarrassment to discuss the topic and the need for help, and under acknowledgement of the need to discuss the topic by medical professionals.

One option that could contribute to improvement of these negative connotations is a strong promotion of the profession and psycho education to the general public as well as the professionals (both those already established and those still at university). To provide an example of how this could be established: In the Netherlands we made a short movie about the work area of a Sex Therapist and what clients and referrers could expect when visiting or referring to a Sex Therapist. Maybe we can use this concept in an Australian setting or translate the film into English?

Article continued

**Sexual normalisation:**

In the Netherlands I was accustomed to an overwhelming availability of books and information about love, sex, gender differences, same sex marriages and gender diversity. When aiming at youth, the content of these books are appropriately adjusted to the age of the child and all subjects are explained in 'Sesame-Street-language'. There are materials for children at primary school level which provide profound education on sexuality and love and are developed to support teachers with materials to read and exercises to encourage open discussions with the children. There are also quite a few television programs about homosexuality, gender problems and sexual preferences. With the Dutch Sexology Society we organised a seminar titled 'differences in sexual taste' where we discussed BDSM, polyamory and female friendly porn; it was a memorable day. One other thing that might be culturally different between the two countries is the availability and normalisation of sex toys (e.g. vibrators and lubricants). In The Netherlands these are available in most chemists and even in some electronic appliance stores; talking about normalisation...

In Australia I have seen some books and materials too, I must admit. Yet, it doesn't seem to be a major part in education to children and teenagers as a regulated part of the school curriculum. It seems that the subjects of porn, sex toys, gender problems and BDSM are still only discussed on a professional level and are not a part of regular conversations with friends, TV programs or newspapers/magazines. For clients, this can result in feelings of shame and an inability to describe areas of difficulty. I have heard explanations like this quite often: 'I feel really ashamed to say this, but I think there is something wrong with my... eh.. ability to.. you know what...'

What could be the cause of these differences that I have noticed in daily practice? Is it a matter of courtesy, individual levels of shame, the Dutch bluntness, the Australian macho culture??

With all my Dutch knowledge, experiences and the leftovers of my blunt attitude I am determined to assist in improving the Australian attitude towards sex, sexual health and the profession of a Sex Therapist by creating awareness of the prevalence of sexual problems, the impact of these problems on general mental health and the opportunities for people to seek counselling. I think we can definitely establish these positive changes with the collaboration and passion of all Australian professionals whom I have met so far and who are already

SOCIETY OF AUSTRALIAN SEXOLOGISTS
SOUTH AUSTRALIA

## HUMOUR AND REASSURANCE

## Memory and aging ?

Have you ever walked into a room with some purpose in mind, only to completely forget what that purpose was? Turns out, doors themselves are to blame for these strange memory lapses.

Researchers have discovered that passing through a doorway triggers what's known as an "Event Boundary" in the mind, separating one set of thoughts and memories from the next. The brain files away the thoughts from the previous room and prepares a blank slate for the new locale.

Psychology ProfessorGabriel Radvansky from the University of Notre Dame says "Recalling the decision or activity that was made in a different room is difficult because it has been compartmentalized."

The study was published in the Quarterly Journal of Experimental Psychology.

## 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

2014 AUSTRALASIAN SEXUAL HEALTH CONFERENCE
NOW AUSPICED BY THE AUSTRALASIAN SEXUAL HEALTH ALLIANCE (ASHA)

CONDOMS & BEYOND, COMPLETING THE SEXUAL HEALTH PICTURE

www.sexualhealthconference.com.au/ehome

9-11 October 2014

Sydney Masonic Centre, Sydney, Australia.

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 .