



AOFS NEWSLETTER

November 2017

Issue 23



AOFS News

The most important news for AOFS is the forthcoming biennial conference to be held in Chennai, India 17-19 August 2018.

The website has new updated information on registration and accommodation. Keep in mind the early bird registrations ending in December.

It is certainly time to consider what information you want to share with colleagues in the region and send your abstracts in a timely fashion.

The website is : www.aofs2018.org

THE WORLD ASSOCIATION FOR SEXUAL HEALTH (WAS) STATEMENT ON THE USA REJECTION OF UN RESOLUTION OF VIOLENCE AGAINST WOMEN

The USA has recently rejected a resolution proposed to the UN Human Rights Council that has the stated goal of reducing violence against women because of a provision related to access to safe abortions. The World Association for Sexual Health (WAS) condemns the rejection of this resolution and reaffirms its denouncement of the Global Gag Rule. The lives of many women may be threatened due to the lack of support from the USA delegation to this important statement. We fully stand behind the UN's continued effort to support and sustain sexual health policies including access to sexual health services including abortion.

See the complete Statement here: <http://www.worldsexology.org/the-world-association-for-sexual-health-was-statement-on-the-usa-rejection-of-un-resolution-of-violence-against-women/>

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Dr Margaret Redelman OAM	

**15th Congress of
Asia Oceania Federation for
Sexology**

Theme : "Sexual Health - For Quality Life"

Hosted by



Date : 17, 18 & 19 August, 2018
Venue : Hotel Hyatt Regency, Chennai, India

Inside this issue

World Sexual Rights Day 2017

at Aakash Fertility Centre & Hospital, Chennai, Tamil Nadu, India
on Thursday 29th June 2017

Organizers :



World Sexual rights Day Meeting

on 29 June 2017, at Aakash Fertility Centre, Chennai, Tamil Nadu, India

Dr. T. Kamaraj

Chairman, Indian Association for Sexology
Director, Indian Institute of Sexual Medicine
Director, Dr.Kamaraj Hospital for Men's Health

Dr. K.S. Jeyarani Kamaraj

WAS Advisory Committee Member
Vice-chair of WAS Media Committee
Secretary OGSSI



Organizers :



India is a huge country with a very large population. Sexual violence against women is endemic especially with economic disempowerment and the poor or negative sexual education. But changes are slowly happening. The written word speaks to large numbers on social media. Here are some excerpts from articles that have appeared on the net.

<https://www.hrw.org/news/2017/05/05/indian-women-have-right-live-without-fearing-sexual-assault>

Indian Women Have Right to Live Without Fearing Sexual Assault

Effective Strategy Needed to Prevent and Respond to Sexual Violence.

By Aruna Kashyap, Senior Counsel, Women's Rights Division @ajkashy

2017, the Indian Supreme Court upheld the death sentences of four men convicted of rape in the brutal 2012 gang-rape of a 23-year-old student in Delhi that garnered outrage both in India and abroad. Women's rights groups across India rallied for justice and found public support – no one wants men who committed such a heinous crime roaming free.

But comprehensive change beyond this one notorious case is urgently needed. To make public spaces and homes safer for Indian women and girls, the government should adopt a multi-sectoral national policy with clear budget lines on preventing and addressing sexual assault. This policy should incorporate at least four distinct pillars: prevention, criminal justice and police accountability, health response, and sexuality education.

While handing down the death penalty might have emotional appeal, there is no evidence that it serves as a deterrent. Today, sexual assault remains a pervasive and underreported problem. Women's right to equality means they not only deserve justice after being sexually assaulted, but have the right to live a life with dignity and freedom from violence. However, the central and state governments have done little to take on the challenge of making public spaces safer for women and girls around the clock. For example, even the ambitious Smart Cities program, which seeks to create model cities across India, has yet to make women's safety a core pillar of what make cities "smart." Short-sighted and counter productive approaches like Anti-Romeo Squads have threatened women's freedom and safety. These vigilante squads in Uttar Pradesh and Jharkhand have morally policed and harassed women with the supposedly noble objective of protecting them from street harassment.

What could make a difference? Women's rights groups have developed innovative ways of breaking into male spaces and pushing the agenda of public safety forward. Notably, a pan-India movement called Why Loiter?, named after a path breaking book, brings together young women who walk the streets during the day and at night, bike around, or sit in parks, asserting their equal right to move freely and without harassment. Safetipin, a mobile-based app, crowd sources information from women on which public spaces they deem to be safe. Indian authorities should support such initiatives, help scale them up, and act on the information they provide. To date, there has been no systematic effort to proactively identify and fix public spaces that are unsafe, for example, those without street lights and toilets.

One of the least discussed strategies for combating sexual violence is the dissemination of accurate information to promote healthy and respectful relationships. The government should introduce mandatory sexuality education in schools and colleges. Teaching boys and men about consent, power, gender equality, love, consensual sex, and sexual and reproductive choices and health is critical to building a society that understands and respects women's bodies.

The court verdict on Friday was a response to a shocking and highly publicized act of sexual violence. But the verdict on society is still that far too many women and girls are subject to sexual violence that is not reported and that does not receive an appropriate response from authorities. The government should use this moment of public attention to galvanize a renewed and expanded effort to protect women and girls' safety and rights.

<https://vsanthakumar.wordpress.com/2017/10/09/indians-uneasiness-with-sex/>

This uneasiness include men's coercive sexual behaviour towards females - both violence and rape and 'milder' forms of sexual harassment in relationships/marriage and everywhere that affect the dignity and freedom of women. Given the general reluctance to divorce, the financial dependence of women on their husbands, and the not-so-enabling social attitude towards female divorcees, it is not surprising if women tolerate a higher level of sexual violence within the marriage. The social unwillingness to recognize rape within marriage as a legal crime could be a reflection of the severity of the problem.

We need to see this behaviour as one aspect of an underlying problem – an uneasiness with matters related to sex on the part of Indians. Even when not violent, the majority in Indian society does not handle sex in a healthy and relaxed manner. One manifestation of this unhealthy attitude towards sex is the excessive anxiety whenever a man and woman, who are not married, spend time together in a closed room. This often leads to different forms of moral policing. In many countries people see the sexual relationship between two consenting adults as a private affair.

Indian society controls female sexuality much more than many others.....

<https://www.voanews.com/a/india-campaign-against-child-abuse/3855636.html>

India Campaign to Teach 5M Children About Sex Abuse. By Anjana Pasricha.

Civil society groups in India are working together on a new campaign to end child sexual abuse by 2021 by raising awareness and action to the widespread problem. In a country where most families prefer to keep cases of child sex abuse under wraps, the latest one came to light because it was simply not possible to ignore it when a pregnancy occurred. The young 10 year old victim had remained silent about the abuse all along because her stepfather warned her not to say anything.

"Break the Silence" became the rallying cry as World Vision India launched a campaign. Along with civil society groups, it aims to raise awareness among five million children, parents and communities across 200 districts about the problem and how to address it. Child rights campaigners say although child sex abuse is rampant, there is a deafening social silence because the abusers are usually caregivers or persons in trust — parents, close relatives, or those known to the child such as teachers and neighbours.

The scale of the problem is widespread — a 2007 government survey found that 53 percent of children had faced some form of sexual abuse. A more recent one conducted by World Vision India among 45,000 children revealed this bleak picture has not changed over the years. Most of the time, the perpetrators are male, the victims however can be both girls and boys. Children from affluent families are as much at risk as those from economically disadvantaged backgrounds. Child rights campaigners say most perpetrators get away with their crimes.

<http://www.blankslatechronicles.com/sex-education-india/>

Adolescent Education Program (AEP) of India, launched in 2007, is considered one of the most comprehensive ones by UN. But some question if it is actually being used in schools and getting to the children?

www.newsdeeply.com/womenandgirls/articles/2017/04/05/indias-devadasis-trapped-cycle-poverty-sex-work

India's devadasi system, which “dedicates” girls to deities and to a life of sex work in the name of religion, was banned nationwide back in 1988. However, the practice persists in some parts of India. By Sutirtha Sahariah .

Devadasi, which means “servant of God,” is the centuries-old practice of dedicating young girls to Hindu deities. These girls usually belong to the Dalit caste, the lowest of India's social classes. Once dedicated, they are considered to be inhabited by goddesses and married to Hindu gods, meaning they are never to marry men of flesh and blood.

They are, however, expected to have sex with men – usually from castes considered higher than theirs in the social order. These men enter into arrangements with the girls' families, one at a time. These “patrons” are expected to pay for the upkeep of the devadasis and their parents, as well as any children they might bear. Because of the devadasis' religious status, men can have sex with them without being considered unfaithful to their wives. If a devadasi is abandoned by her patron – which activists say often happens after a few years – another man can take his place.

For centuries, the devadasi lived in temples and were expected to oversee their maintenance. In the past century, they started living outside the temples. A succession of local bans, culminating in a nationwide ban in 1988, led to a sharp decrease in the practice. However, activists report that dedications continue in secret. As recently as 2013, estimates put the number of devadasis at 450,000, with most of them found in the states of Karnataka, Telangana and Andhra Pradesh.

Today, many aspects of devadasis' lives remain unchanged. They continue to participate in religious festivals, notably by keeping fasts and sometimes by dancing. Many also continue to be sexually exploited.

“It is a system that's thrived on the hegemonic structure of the society,” say Asha Kotwal, general secretary of the All India Dalit Mahila Adhikar Manch, a movement focusing on Dalit women's issues. “In the name of culture, it legitimizes the subjugation of Dalit women's bodies to sustain the social hierarchy based on caste and push them into a life of largely unpaid sex work.”

When a devadasi is abandoned and doesn't find a new patron, she may have to look after her parents as well as her children, and can wind up in extreme poverty. According to the Bangalore-based NGO Sampark, which helps devadasis become financially self-sufficient, many give up this traditional system to move into commercial sex work in large cities.

**Annual Conference of Council of Sex Education and Parenthood International (CSEPI),
an affiliate member of AOFs.**

33rd National Conference of Sexology

33rd National (Annual) Conference of Sexology was held at Jaipur, India on 8th - 10th September 2017. This was organized by Council of Sex Education and Parenthood International (CSEPI). About 320 delegates from all over India, Sri Lanka and Bangladesh participated in the conference. The theme of the conference was *Promoting Sexual Health: Challenges & Solutions*. Various issues related to sexual health were debated and discussed. There was active participations from delegates.



Sexuality, Gender and Rights Institute - Nepal, 2017 <http://www.creaworld.org/announcements/sexuality-gender-and-rights-institute-nepal-2017> Contact Person: Sushma Luthra; Email: sgrisa@creaworld.org

CREA's Sexuality, Gender, and Rights Institute is an annual residential course--begun in 2007--which focuses on a conceptual study of sexuality and its application to program interventions. The Institute examines the links between sexuality, rights, gender, and health, and their interface with socio-cultural and legal issues. Participants critically analyse policy, research, and programme interventions using a rights-based approach. This year, the institute is being jointly organised by CREA, WHR and LOOM. This institute is for participants working in Nepal and is focused on the Nepalese context.

CREA is a feminist human rights organisation, based in New Delhi, India. It is one of the few international women's rights organisations based in the global South, led by Southern feminists, which works at the grassroots, national, regional, and international levels. CREA's mission is to build feminist leadership, advance women's human rights, and expand sexual and reproductive freedoms.

Women for Human Rights (WHR) - Women for Human Rights (WHR), Single Women's Group was set up in 1994 with the objective to address the rights of Single Women (widows) in Nepal. WHR works to raise the legal, social and economic status of single women and advocates for access to and benefit from legal and human rights justice. The organisation develops and enhances confidence, self-esteem and capabilities of single women to ensure their social inclusion in development activities at decision making levels."

LOOM - LOOM is a Feminist platform interconnecting generations of women, weaving stories, threading dreams, channelizing aspirations and empowering women's movement as we foresee freedom.

Course Content:

Sexuality is a complex field of study, which spans multiple disciplines and areas of work. Accordingly, the course content of the Sexuality, Gender, and Rights Institute will focus on a conceptual and theoretical study of sexuality, and its interconnectedness with gender, reproductive health, the law, sex work, conflict, migrations, caste, disability, diversities and human rights. Activists and academics will teach the course using classroom instruction, group work, case studies, simulation exercises, fiction, and films.

All the sessions conducted in English. Held in Kathmandu, Nepal from March 20 - 25, 2017

Participants:

25-30 participants selected from all over Nepal, based on their application forms and their ability to demonstrate how they would apply the lessons of the Institute to the work they do. Individuals working on issues of sexuality, LGBT rights, sexual rights, sex workers rights, HIV/AIDS, violence against women, health, and/or gender eligible to apply.

Designer vaginas: Men don't see the need

Most men are totally happy with the appearance of their partner's genitalia, despite the growing popularity of surgically enhanced 'designer vaginas'.

A survey of 248 young, mostly tertiary educated Australian men suggests a tripling of cosmetic labiaplasty procedures over the past decade has been driven largely by the perceptions of women.

Most men interviewed said they were against the idea of female cosmetic genital surgery, with just 14% in favour.

The study indicates the majority of men do not have a preferred appearance for female genitalia, but 30% admit to liking a "small and tucked-in " labia minora.

Almost all said they would never suggest to their partner that she consider labiaplasty, according to the researchers from James Cook University in Townsville.

However, when asked about pubic hair presentation, the majority of men indicated they were not in favour of the natural look. Close to half said they preferred their partner to be completely hairless and 25% liked the pubic hair trimmed. Only 5% favoured the natural presentation.

The researchers hypothesized the lack of pubic hair allows an undue focus by women on the labia minora. "It draws attention towards any perceived abnormality such as size, symmetry or colour.

The researchers say their study highlights the need for education about normal variations in female genital anatomy.

International Urogynaecology Journal 2015; online

Australian political scene on Marriage Equality

A referendum is being held to ascertain the Australian people's view on changing the law from marriage between a man and woman to marriage between two individuals.



ashm

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

ASHM (Australasian Sexual Health Medicine) Position Statement on Marriage Equality

At the core of ASHM's values is a commitment to respecting cultural differences and diversity and redressing social inequities. ASHM recognise the right of all lesbian, gay, bisexual, transgender and intersex (LGBTI) people to live and work free of prejudice and discrimination. This includes the right to marry the partner of their choice. Exclusion from the institution of marriage has negative mental and physical health impacts and ASHM supports the campaign for marriage equality in Australia.

There are significant psychological, social and health benefits for LGBTI people when their relationships are legally and socially accepted. Findings from jurisdictions where same sex marriage has been legalised show a reduction in stigma, discrimination, public discord and social conflict. Marriage equality has shown to increase feelings of social inclusion and decrease negative mental health outcomes. All of society will benefit from a community who are happier, healthier and more included within social structures.

Globally, over twenty countries have passed laws to allow same sex marriage, including countries that are culturally similar to ours like New Zealand, the United States of America, Canada, and Great Britain. These countries did so with lower support for marriage equality than Australia is seeing right now.

ASHM:

- Supports actions to eliminate discrimination in all of its forms
- Supports policy and action that promotes the acceptance and the celebration of healthy, safe and respectful relationships
- Supports the right for any adult and their consenting adult partner to have their relationship recognised under the *Marriage Act 1961*
- Supports the maintenance and enforcement of current anti-discrimination laws to ensure that businesses cannot withhold goods or services from clients due to their gender or sexual orientation

Marriage equality is the right thing to do. It allows everyone to be treated with equal respect and dignity. We therefore support marriage equality.

Malaysian member's study program and research

Dr Rosediani Muhamad



Hi. I'm Rosediani Muhamad , an associate professor and head of Family Medicine Department in Universiti Sains Malaysia. I pursued my PhD in Public Health at La Trobe University since middle of 2012 and submitted my thesis in September 2016. I passed it with some amendments in December 2016. Unfortunately, I have still not graduated due to some sponsorship payment problems. Hopefully, this hiccup will resolve very soon.

My thesis is titled "Female sexual dysfunction: Meanings and experiences in West Malaysia". In this study, I posited that Malay women develop sexual dysfunction and respond to it based on how they perceived their sexuality, their relationship with their husbands, and the influence of culture and religious factors in their sexual lives. Such understanding needs a broad focus and so must explore aspects of women's lives beyond biomedical functions. These include the complex interactions between individuals and within relationships and communities. Thus, the main objective for this study was to explore women's views on sexuality and their lived experience with FSD.

However, as a doctor myself, I also wanted to know how to help improve sexual problems and provide good care that supports sexual and mental health. For me, this meant that I should include exploration of doctors' views and experiences. The involvement of doctors is critical to offering appropriate ways to educate Malay women, and the wider Malay society, and to finding clinical management solutions that are culturally acceptable. My general objective for Family Medicine Specialists (FMSs) is also to determine their views on sexuality and FSD and experiences in treating these disorders.

An exploration of these issues is best executed through qualitative studies. I chose phenomenological and feminist frameworks as my methodological frameworks, while social cognitive theory, social script theory and cultural and social emotion theory were used to develop a theoretical framework to explain qualitative data from 26 women reporting FSD and 21 FMSs from West Malaysia.

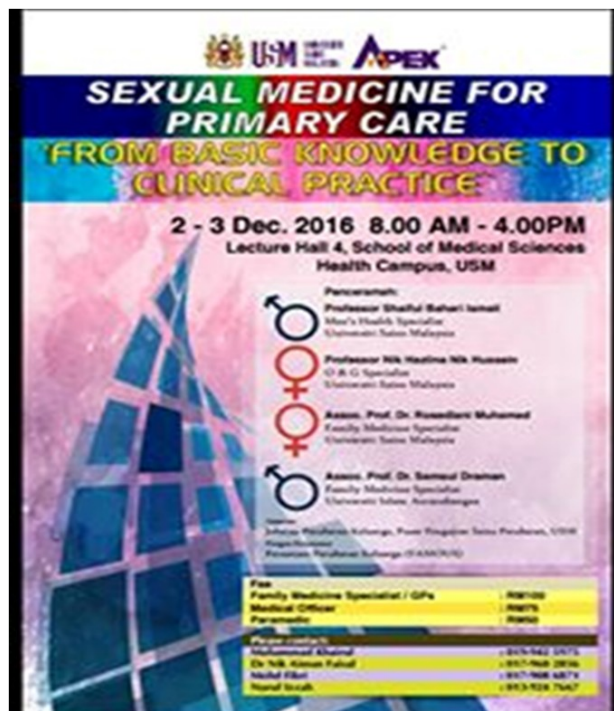
Among health professionals, "interested" doctors had broad understandings of sexuality and saw FSD as a deficiency of sexual function. Conversely, "indifferent" doctors described sexuality narrowly and showed uncertainty about FSD. These doctors lacked confidence in managing sexually dysfunctional women. Poor knowledge, lack of training, un-conducive clinical settings, and personal embarrassment were barriers to effective consultation and treatment.

FSD could be alleviated and even prevented by increased awareness in society. We have to do something since culture and religious taboos hide women's distress. Doctors lacked information about effective sexual therapies and lacked confidence in treating this problem. Policy makers need to institute strategies to address FSD in Malaysia.

Findings show that FSD changes women's personal meanings of sexuality from "pleasurable intercourse" to "one-sided obligation" and undermines their sense of being a "good wife". Two meanings of sexuality were pre-eminent among these women. "Equality" of the sexes was professed by those seeking mutual sexual intimacy, while "traditional relationships," implying adherence to Malay traditions (Adat) and Islamic religious beliefs, was used by those unable to solve their sexual difficulties. A traditional relationship focused on pleasing the husband, with sex being considered a religious duty.

FSD could be alleviated and even prevented by increased awareness in society. We have to do something since culture and religious taboos hide women's distress. Doctors lacked information about effective sexual therapies and lacked confidence in treating this problem. Policy makers need to institute strategies to address FSD in Malaysia.

After I came back to Malaysia, my dean, formerly my head of department, who is also a FMS and specialises in men's sexual health planned to organise one seminar on sexual health. We were successful with this seminar. We had very good participations from primary health care providers especially from East-coast of Malaysia. In this seminar, AOFS was introduced. There is enthusiasm for Malaysia to engage with the broader Asian sexology community. There are plans to host an AOFS Conference in Malaysia in the near future.



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:

drmredelman@gmail.com

Warm regards

Dr Margaret Redelman, OAM

Australia

Editor

Regional conference

2017

7-9 November

2017 Australasian Sexual Health Conference

Canberra, Australia

<http://www.ashm.org.au/Conferences/sector-events/2017-australasian-sexual-health-conference/>

27-30 November

9th APCRSHR (Asia Pacific Conference on Reproductive and Sexual Health and Rights)

Hanoi, Vietnam

www.apcrshr9vn.org

2018

17-19 August

15th Congress of AOFS

Chennai, India

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 .