



AOFS NEWSLETTER

December 2014

Issue 12

AOFS Executive Committee Office Bearers 2014-2016

- President: Margaret Redelman, Dr.
President Elect: Nam-Cheol Park, Prof
Vice President: D. Narayana Reddy, Dr.
Immediate Past President: Reiko Ohkawa, Dr.
Past President: Arif Adimoelja, Prof., Dr.
Secretary General: Jocelyn Klug
Assistant Secretary General: Kyoko Yamanaka, Prof.
Membership Secretary: D. Narayana Reddy, Dr.
Assistant Membership Secretary 1: Christopher Fox, Dr.
Assistant Membership Secretary 2: Atsushi Nagai, Dr., Prof.
Treasurer: Stanislaus D.K. Lai, Dr.



Table with 2 columns: Content Title and Page Number. Includes items like AOFS committee Information for 2014-16, Conference Photos, Member's Activity: SAS Symposium, etc.



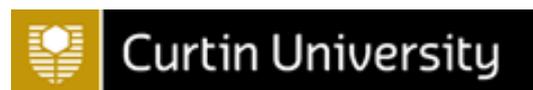
Some of the AOFS Committee Members who attended the conference

Front row: Narayana Reddy, Nam-Cheol Park, Srilatha Balasubramanian, Reiko Ohkawa, Margaret Redelman, Yoshiro Hatano, Kyoko Yamanka

Back row: Daisuke Onuki, Stanislaus D K Lau, Man-Lun Ng, Johannes Soedjono, ..., Ankur Agarwal, Hae Won Kim, Atsushi Nagai, ..., Min Whan Koh, Yuko Higashi, Rosediani Muhamad

Apology for 2 missing names.

Editor: Dr Margaret Redelman aofsnewsletter@gmail.com Inside this issue



Sponsors of the 13th AOFS Conference

Photo Gallery from 13th AOFS Conference

Welcome to country & conference opening



Conference welcome

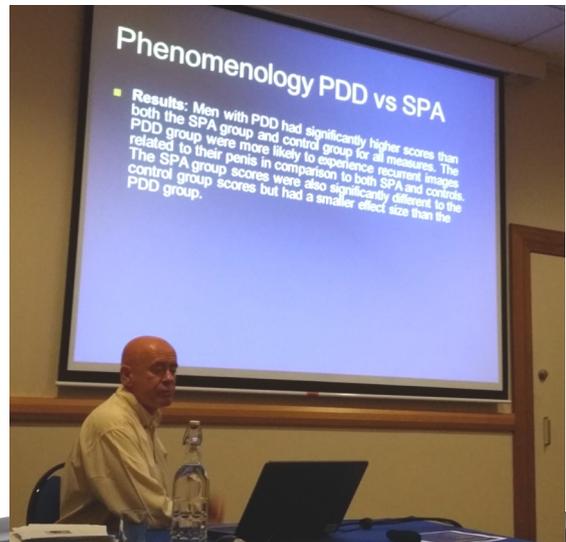
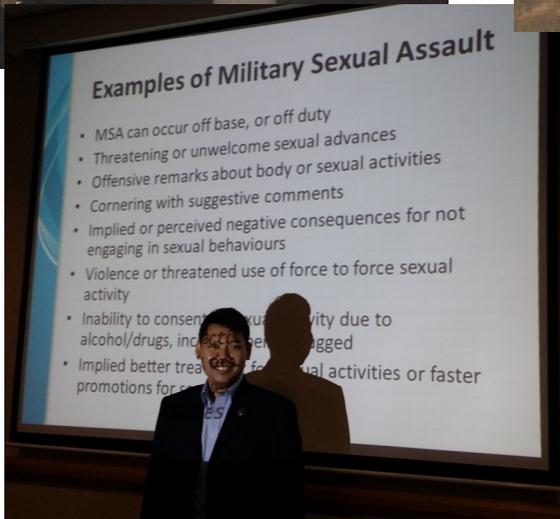




President's dinner



2014 AOFS AGM
Presidential handover



MEMBER'S ACTIVITY

SAS Symposium at the Australasian Sexual Health Alliance (ASHA) Conference Sydney 9-11 October 2014

SAS presented "Men's Sexual Function and Dysfunction" chaired by Dr Graham Neilsen (Queensland SAS President).

Dr Michael Gillman presented "*Erectile Function and Dysfunction*"

The incidence of erectile dysfunction (ED) increases with age and may also be associated with other health problems such as diabetes, obesity, smoking and metabolic syndrome. It is also regarded as a window into the body where ED may point to the presence of other health problems such as silent ischaemic heart disease. Diagnosis, investigation and appropriate management will be presented including a discussion on the latest treatment option, shock wave therapy.



Dr Michael Gillman

Dr Margaret Redelman presented "*Libido issues: too little and too much*"

There are a couple of male sexual myths that are endemic and potentially problematic.

"A real man always wants and is ready to have sex" and "10 foot long, hard as steel and lasts all night".

In reality, in ongoing relationships, either end of the spectrum of sexual desire can create difficulties for individuals and for their partner, gay and straight. Men who have a low or secondarily reduced sex drive usually don't want to talk about it due to the humiliation of not conforming to the prevailing norm. Female partners usually feel bewildered as to what is wrong and deduce that it is their fault and something is wrong with them. Male partners usually get angry and look elsewhere. At the other end of the spectrum, "too much" is praised and valued in society. However, it too has potential negative consequences for individuals and their partners.

Dr Michael Lowy presented "*Premature and retarded ejaculation*"

Ejaculation disorders are classified as anejaculation, premature ejaculation, inhibited or delayed ejaculation and retrograde ejaculation. The commonest ejaculation disorder is premature

ejaculation (PE). PE can be primary lifelong PE or secondary acquired PE. Primary PE is now regarded as a neuro-

biological disorder; previously it was regarded as a psychological problem. Inhibited or delayed ejaculation can be a more challenging condition to assess and treat. The various treatments will be discussed.



Dr Michael Lowy



Dr Graham Neilsen & Dr Margaret Redelman

Dr Margaret Redelman finished with "*Partner responses*"

Sexual expression is highly valued in our society as a 'metacommunication' modality between partners in a relationship. Media representation of sexuality influences people's expectations of how sex should be and determines the outcomes of satisfaction and happiness or dissatisfaction and unhappiness. The impact of a sexual difficulty affects not only the individual but also their partner in a bidirectional action. For best therapeutic outcome both individuals in a dyadic sexual relationship should be helped.

The session was very well attended. SAS aims to increase the awareness of sexuality in the sexual health/HIV/STI context of ASHA. The SAS Symposium at next year's conference will focus on women's sexual issues.

The next ASHA Conference will be run along side the 2015 Australasian HIV&AIDS Conference and will be held in Brisbane from 16-18 September. This conference will be held back-to-back with the World STI & AIDS Congress from 13 - 16 September 2015.

INTERESTING ARTICLE supporting Keynote address & workshop by Dr Alexandre Kamnerdsiri

Sexual Functioning in Military Personnel: Preliminary Estimates and Predictors

Sherrie L. Wilcox, Sarah Redmond & Anthony M. Hassan
J Sex Med 2014;11:2537-2545

Although the military is a young and vigorous force, service members and veterans may experience sexual functioning problems (SFPs) as a result of military service. Sexual functioning can be impaired by physical, psychological and social factors and can impact on quality of life and happiness.

The invisible wounds of war include PTSD, major depression, generalised anxiety and traumatic brain injury and sexual function problems. This situation is understudied & underreported in military personnel. Research has shown that over 80% of veterans with PTSD report SFPs. Female veterans with mental health diagnosis are 6-10 times more likely to report a SD.

Sexual function problems were associated with various demographic, physical and psychosocial risk factors. The rate of SD was 8.45%. The rate for ED was 33.2% for military personnel aged 21-40 which is three times higher than the rate of ED in civilian males of similar age. The rate of ED in the 36-40 age group was twice that of non-military men. The highest rates for SD in the 36-40 age group was in nonmarried, nonwhite and ethnic minority, and lower education attainment personnel. Those with poor physical and psychosocial health and psychosocial problems had the highest risk for ED & SD.

There was a clear relationship between SFPs and QOL and happiness. Reasons for not seeking treatment were related to social factors, including concerns of what others would think. Stigma is often a key factor related to receiving and maintaining treatment with mental health and sexual issues.

Comment: given the increase in strife around the world and the human predilection for armed warfare, there is a need to take better holistic care of our service personnel if they are to return to a healthy happy life in society.

MEMBER'S ACTIVITY

Department of Sexology, Curtin University, provides Sexology Workshop in Harbin, China

Faculty members from the School of Public Health at Curtin University provided an intensive two-day Sexology Workshop for the Harbin Research and Education Centre in Sexual Health in the School of Public Health at Harbin Medical University in Harbin, China from May 17 to 19, 2014. Dr Maryanne Doherty and Mr Matt Tilley, both from the Department of Sexology, were invited by Dr Peng Tao, Associate Professor and Director of the Harbin Research and Education Centre in Sexual Health. Peng Tao received his Doctor of Philosophy in Sexology from Curtin University in 2013.

Thirty-three participants attended the Workshop; there were nine students, both undergraduate and graduate, twenty were faculty members from twelve universities in Harbin, and four were representatives from government and non-government organisations. The Workshop began with participants discussing and documenting a personal philosophy of sexology. Sexology continued as the focus with both education and counselling as the underlying themes. The participants' evaluation reported that their understanding and skills increased especially in relation to planning, delivering and evaluating sexuality education and counselling. Textbooks, articles, power point presentations and handouts were provided, albeit in English, and with the exception of the textbooks, were translated by Dr Tao for the participants.

On the last day, Maryanne, Matt and Peng met with Vice President Professor Cao Depin. Everyone agreed to explore potential sexology-related research and teaching initiatives, and communicate about them over the next months.

The international exchange about sexology was a meaningful experience for all who were involved and will continue to be with future work in research and teaching. For example, Maryanne, Matt and Peng will be presenting and discussing research with fellow Australian and international academics at the Asia-Oceania Federation of Sexology Conference from October 22 to 26, 2014. The support of the School of Public Health at Curtin University was acknowledged and appreciated.

Maryanne Doherty and Matt Tilley



Dr PJ Matt Tilley, Dr Maryanne Doherty & Professor Cao Deping, Vice President Harbin Medical University

SUMMARY KEYNOTE PRESENTATION AT 13th AOFS

Obesity, sexuality and intimate relationships

Professor Berit L. Heitmann
 Research Unit for Dietary Studies
 Institute of Preventive Medicine
 Centre for Health and Society
 Denmark
berit.lileinthal.heitmann@regionh.dk



Professor Berit Heitman

The medical complications of obesity affect the entire body and almost all organ systems. Not only does the cumulative incidence (risk) of death before age 55 years double with increased body mass index in young adulthood with severe medical consequences but the psychosocial consequences can severely impact on psychosexual development. Insecurity, anxiety, stress, exclusion, prejudice, ostracism and contempt pervade the child's psychosexualsocial development.

GPs (health professionals) are often prejudiced against obese patients/clients seeing them as difficult, unattractive, ugly and unwilling to follow recommendations. The stigmatization also occurs in the school system from teachers who see obese children as more untidy, emotional, will not succeed, have family problems, lack control and have psychological problems.

Later the obese are considered sexual outcasts: less desirable as sexual partners, less attractive, having less sexual warmth, less sexual experience, less likely to have a partner and as having less sexual desire.

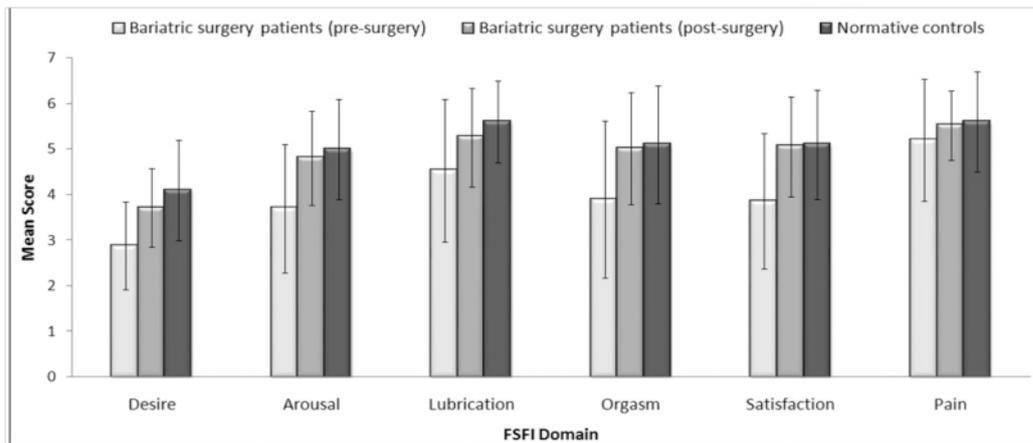
*Perceptions of Sexuality as a Function of Target Weight and Gender**

	"Jim"		"Julie"	
	Average	Obese	Average	Obese
Sexual experiences				
Kissing	8.83	7.96	8.83 _a	7.29 _a
Petting ("making out")	8.13	7.33 _a	8.25 _b	5.50 _{ab}
Sexual thoughts	7.92	7.71	7.67	7.21
Sexual desire (likelihood)	7.75	7.46 _a	7.29 _b	5.25 _{ab}
Autosexual activities	7.63	7.42	6.04	6.21
Sexual fantasies	7.42	7.38	6.42	6.21
Sexual desire (amount)	7.00	7.00 _a	6.00	5.13 _a
Has current sexual partner	6.88 _a	4.67 _a	6.67 _b	3.67 _b
Sexual intercourse	6.83	6.08 _a	7.04 _b	3.42 _{ab}
Oral sex	5.67	5.67 _a	5.50	3.96 _a
Number of sex partners	3.88	3.04 _a	3.00 _b	1.00 _{ab}
Sexual disorder (future)	3.38	4.04	4.42	4.58
Sexual disorder (now)	2.58	3.67	3.42	3.71
Sexual characteristics				
Sexual responsiveness	7.04	6.08 _a	6.25 _b	4.46 _{ab}
Desirability as a sexual partner to opposite-sex persons	6.75 _a	4.62 _{ab}	6.54 _c	2.79 _{bc}
Sexual attractiveness	6.75 _a	5.25 _{ab}	6.79 _c	3.00 _{bc}
Sexual skill	6.54	5.42 _a	5.75 _b	3.37 _{ab}
Sexual warmth	6.58	5.92 _a	6.38 _b	4.42 _{ab}
Virginity	2.75	4.12 _a	2.67 _b	6.83 _{ab}

Table from:
 P.C. Regan
 Sexual Outcasts: The Perceived
 Impact of Body Weight and Gender
 on Sexuality.
 Journal of Applied Social Psychology,
 1996;26 :1803-1815

Note. A priori comparisons using the Bonferroni procedure to control the Type I error rate and a family-wise error rate of .05 reveal that means that share a subscript within each row are significantly different at $p < .005$.

Comparison of bariatric surgery patient's pre- and postoperative FSFI domain scores with those normative controls



D.S. Bond et al

Significant Resolution of Female Sexual Dysfunction after Bariatric Surgery.

Surgery for Obesity and Related Diseases 2011;7(1); 1-7

Patients increased monthly sexual encounters by 1.6 times post bariatric surgery resulting in weight loss.

Dr Heitman presented data showing effect of obesity on entry into and staying in a relationship, and divorce rates. She postulated that if partner selection has changed from random to non-random by traits such as BMI etc. Then if positive assortment by BMI has occurred then this will change the genes/gene pool for obesity in the population. She presented data showing that parents of extremely obese children clustered within the high BMI percentiles.

Obese girls are generally less likely to have sexual relations early compared to normal weight girls. However, when the obese girls have sexual relations, they are more likely to become pregnant, more likely to contract sexually transmitted diseases, exhibit higher rates of multiple sex partners, sex with older partners, and are also less likely to use condoms (Leech TG et al *J Youth Adoles*, 2012 Jan;41(1):41-52). Overweight adolescents reported that they were more motivated to have sex than normal-weight peers. They believed "having intercourse would make their friends 'respect' them more, would give them 'a great deal of physical pleasure,' would 'relax' them, would make them 'feel more attractive,' and would make them 'feel less lonely.'"

A study examining 68,505 adult women (nurses), suggested that women who had early menarche (obese) had an elevated risk for unwanted sexual touching and forced sexual activity (Boynton-Jarrett R et al 2013).

Conclusion: Obesity has severe psychological and physical health consequences – including those related to sexual health and intimate relationships.

Comment: Obesity is on the rise around the world and this can have very significant effects on personal self-perception, inter-personal relationships and the sexual behaviours and experiences of individuals. Obesity can effect movement, flexibility and positioning, hormones and body smells/odour and erotic perception. To help our patients/clients we need to understand what is happening and put in place rational management strategies and workable advice about sexual behavior.



Department of Foreign Affairs and Trade, Australia

DFAT Grant recipients for attendance at 13th AOFS Conference, Brisbane

1 Pramote Eua-amnuay

Lives in Chiang Mai, Thailand and is from the Black Lahu (hill tribe cultural group). He works as a Project Coordinator with Borderless Friendship Foundation of Thailand where one of his roles is training and development eg sexual health education for young people and communities including 'Say NO to sex trafficking' forums. In 2013 he completed the Mooditj Leadership Training – sexual health for Indigenous people program at Curtin University, Perth, Western Australia.

2 Krongjit (Yadaw) Euay

Lives in Chiang Mai, Thailand and is from the Black Lahu (hill tribe cultural group). She works in the Borderless Friendship Foundation of Thailand as secretary and co-facilitator of sexual health education with hill tribe young people and communities where she facilitates activities including fundraising events, sexual health training for hill tribe children, youth and villagers. In 2013 she completed the Mooditj Leadership Training – sexual health for Indigenous people program at Curtin University, Perth, Western Australia.



Krongjit Euay & Pramote Eua-amnuay

Email from Pramote and Krongjit 29.10.2014

First of we on behalf of BFF and Thai people would like to say thank you so much for the golden opportunity for my family to learn, to see and to hear new knowledge in the conference. We arrived home safely on Monday 27th October. We know how much you work so hard for us especially, Dr.Margaret for spending your valuable time prepared dozens of document to submitted the grant for us and close followed our visa's case. Thanks Jocylyn and smart husband Ian for great hospitality we felt we were a part of your family member because you treated us very well we do hope we have chance to host you some day in Chiang Mai. It was so excited to meet Dr.Rosemary after she has been supported our organization (BFF) for long time. Of course we would like to thanks our sister Dr.Lorel and brother Phil (BFWA) for always supporting us.

What did we learn.

This trip was very values to us, we got to know new friends, new networks, new place and new knowledge. It was opened our eyes and our mind to know how much important of Sexology to human being (which Thai people do not talk about it). We have chance to learn the Sexology issues/case studies from various resources such as Psychologies, Sexologists and researchers from different organization both GOs and NGOs it made us to understand the contents of Sexology better than the past. Beside of learning from the conference we also learn more details from some Sexologists and Psychologies at our residence. What important part we leant was the world of Sexology is very important and people in conference were very warm atmospheres, people were listing, sharing and talking to each other with opened mind, so we love this kind of atmospheres so much.

What we will do in the future?

We will pass on our knowledge to our family members, our friends, our colleagues and our communities because it is very important part of our life. The way that we can return your investment is we will do our best to passing on all knowledge to other needy people in various way. In the future if you have this kind of seminar or meeting or conference please do not forget us we need to learn more.

Once again. Thanks to every one building up our capacity and work so hard for us and our people in Thailand we are very appreciate for your kindness.

Love and Sawasdee from Pramote and Krongjit (Yadaw)

Comment: Society of Australian Sexologists and the AOFS would like to thank the Australia Government for the grant which enabled AOFS to sponsor these two worthy individuals from Thailand and hopefully foster links for future work.

LETTER TO THE EDITOR: Medical Journal of Australia (MJA) 201 (10) · 17 November 2014 Leaving judgment at the door

Swannell's article¹ offers a refreshing reminder of the conflicted and contested scope of sexual health medicine. Recent public sector changes are forcing sexual health services to revert to the "disease" paradigm that dominated for most of the 20th century. Moves towards a more holistic vision of sexual health with a focus on wellbeing, as promoted by the World Association for Sexual Health² are now being pursued only in the private and non-government organisation sectors. In Swannell's article, the dimensions of the broader approach (beyond sexually transmitted infections [STIs]) were given only token lip service — a brief mention of "sexual assault, contraception, sexual dysfunction, reproductive health and gender identity issues". Most of the article reverted to a narrow biomedical emphasis on STIs and their management, and neglected the management of other crucial sexual health issues. This is disappointing, and a lost opportunity to advocate for a better response from the medical sector. While the medical profession is central to STI service delivery, the broader realm of sexual health services requires a multisectoral response that involves sex therapists, counsellors, nurses and educators. Groups such as the Society of Australian Sexologists are working towards a more comprehensive approach through the professionalisation of sex therapists and others, with strict accreditation requirements. Sadly, it appears that a more comprehensive vision in the public sector is decreasingly likely, despite its importance in promoting sexual health.

Graham Neilsen Sexual Health Physician¹ and President²

Jocelyn Klug Clinical Sexologist and Relationship Therapist³ and Chair²

1 Stonewall Medical Centre, Brisbane, QLD.

2 Society of Australian Sexologists, Sydney, NSW.

3 Your Psychology Clinic, Brisbane, QLD.

gneilsen@gmail.com

¹ Swannell C. Leaving judgement at the door.

Med J Aust 2014; 201 (4): C1-C2.

² World Association for Sexual Health. Sexual health for the millennium. A declaration and technical document. Minneapolis: WAS, 2008.

Comment: It is really important that the sexuality/Sexual health community pro-actively promotes it's views and values by being visible and heard, for better outcomes for our patients and clients.

SINCEREST CONDOLENCES FROM THE AOFS AND SAS COMMITTEES

It is with much sorrow that we announce the passing of Paola Ferroni. Paola was the partner of 34 years of our WAS past President, Rosemary Coates.

Dear Rosemary, it is not possible to find the right words to express our collective shock and sadness for this devastating loss in your life. Paola was such an unassuming and talented person and her warm vibrant personality was always appreciated.

Our best thoughts are for you in this moment. You are in our hearts. And we wish you the strength to survive this deep sorrow.



Paola Ferroni

END OF YEAR BEST WISHES FROM THE AOFS COMMITTEE

For all our members, colleagues and friends we wish you a successful healthy and safe end of the year. Happy holiday breaks with family and loved ones and an enthused return for 2015.

As we all know, life can take unforeseen turns so always let the people close to you know you love them and live your own life to the full.

Let us all commit to put some energy into AOFS and the sexuality communities in our own countries.

Best wishes

Margaret Redelman

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

THANK YOU TO EVERYONE WHO CONTRIBUTED PHOTOS AND MATERIAL

Regional conferences 201

February 14-17

Mumbai

25 Annual Meeting of the Indian Society for the Study of Reproduction and Fertility (ISSRF) and International Conference on Reproductive Health

March

4th NAASWAM (4th National Congress Indonesian Association of Sexology)

<http://www.asindo.org>

22-28 July

Singapore

22nd WAS Congress

13-16 September

2015 World HIV & STI Congress, Brisbane

The International Society for STD Research (ISSTD) and the International Union against STIs (IUSTI) are hosting the 2015 World HIV&STI Congress, in Brisbane, on 13-16 September. ISSTD and IUSTI are the global bodies dedicated to research into STIs, HIV and sexual health, from basic science through to population health. ASHA and ASHM are the proud host organisations for the Congress. The meeting will be held back-to-back with the Annual Australasian HIV & AIDS Conference, 16-18 September.

<http://www.worldsti2015.com/>

