

PROCEEDINGS FROM THE 22ND CONGRESS OF THE WORLD ASSOCIATION FOR SEXUAL HEALTH, SINGAPORE, JULY 25–28, 2015

PRESIDENTIAL LECTURE

A TALE OF TWO MINDS

Kevan WYLIE

Consultant in Sexual Medicine, Sheffield, United Kingdom & President, WAS

The owner of a penis may hope – or fear – that it is under scrutiny by others. Historically, the phallus has been central to the sense of well-being for many men in terms of masculinity, virility and fertility. We have recently explored those men who describe ‘small penis anxiety’ (SPA) to those who have a Body Dysmorphic Disorder (BDD) of the penis – Penile Dysmorphic Disorder (PDD).

Until recently, no measures have been available for understanding beliefs in men who experience shame about the perceived size of their penis. The Beliefs about Penis Size (BAPS) scale measures various manifestations of masculinity and shame about the perceived penile size including internal self-evaluative beliefs; negative evaluation by others; anticipated consequences of a perceived small penis, and extreme self-consciousness.

The Cosmetic Procedure Screening Scale for PDD (COPS-P) discriminates between the PDD group, the SPA group, and the control group. This is the first scale, which is able to discriminate between those with PDD and men anxious about their size who did not have PDD.

When exploring the characteristics of men with BDD concerned with penis size, we identified significantly higher scores than both the SPA group and ‘no penile concern’ group for measures of imagery, avoidance, safety seeking and general psychopathology such as anxiety, social phobia and depression. Many of the men with BDD had appearance concerns related to testicular size and other features of masculinity. Common avoidance and safety seeking behaviours were identified in such men that may be useful clinically.

We compared sexual functioning and behaviour in men with PDD and in men with SPA and in a control group of men who did not have any concerns. Men with PDD compared with controls, had reduced erectile function, orgasmic function, intercourse satisfaction and overall satisfaction on the IIEF. Men with SPA compared with controls, had reduced intercourse satisfaction. There were no differences in sexual desire, the frequency of intercourse or masturbation across any of the three groups. Men with PDD and SPA were more likely than the controls to attempt to alter the shape or size of their penis (for example by jelqing or use of vacuum pumps or stretching devices), usually with poor reported success.

JOHN MONEY LECTURE

SEXUAL RIGHTS AS HUMAN RIGHTS

Eszter KISMÖDI

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The attainment and maintenance of sexual health for individuals, couples, and families is a necessary prerequisite for the sustained social and economic development of communities and nations. Its premise is that the promotion of human rights is essential to health and human development in general and to the improvement of sexual well-being and sexual health in particular, and that the ability of individuals to achieve sexual health and sexual well-being depends on their access to comprehensive information about sexuality and to good-quality sexual

health care, and an environment that affirms and promotes privacy, dignity and non-discrimination. All these aspects concern not only health but also the respect, protection and fulfilment of sexual rights as human rights.

The presentation will provide a content and meaning of the articulation of sexual rights as fundamental human rights as they are stated in the updated WAS Declaration of Sexual Rights. It will highlight how the increased recognition, understanding and acceptance of the role of sexual rights in people’s lives, and their inclusion in all interventions in relation to sexual health, can create further opportunities for comprehensive sexual health programmes to improve health and well-being in general, and sexual health in particular. It will underscore the significance of human rights accountability of various actors in the context of the development and implementation of rights-based law, policy, programmatic, health system and service delivery interventions in the area of sexuality and sexual health.

WAS GOLD MEDALIST LECTURES

GM-01

WAS HISTORY – AN AUTO CRITICAL REVIEW OF PROGRESS

Aminta PARRA-COLMENAREZ

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In this Gold Medal lecture, I will review in a schematic way, the main achievements and mistakes, since the 1st World Congress of Sexology in Paris (1974), and the WAS foundation in Rome in the year 1978. WAS is an umbrella organization for Sexology, Sexual Health and Sex Education, with worldwide Societies participating not only in Congresses every two years, but also in several programs in its field of action. We would think that the achievements are the:

1. Organization of Congress in the 5 Continents
2. Caracas Congress in Sexology
3. Declaration of Sexology as an independent field
4. Valencia Declaration on Human Sexual Rights
5. Recognition of leaders in the field through the WAS Gold Medal, the highest honor
6. Collaboration with WHO, PAHO, Ford Foundation as the reference of scientific knowledge
7. Millennium Declaration of Sexual Health
8. Sexual Health Day
9. Ethical standards for working in this very controversial action field
10. Series of expert meetings in Guatemala, Annecy, Geneva, Oaxaca, Madrid and New York
11. Participation of Past Presidents as a Committee to deal with controversial issues
12. Continuous revision of Statutes and by laws
13. Publication of proceedings of every congress during all these years

In another point of view, the main mistakes in our history are:

1. The Congress in Mexico City in 1979, that concluded in the sanctions against its President
2. The resolution that changed the venue of 1997 WCS from Madrid to Valencia, due to evaluation of credentials of the original President
3. The congress in Washington DC, 1983, which finalized with economic bankruptcy

4. Lack of response from different societies to some of WCS, like Amsterdam, Montreal, Hong Kong, Sidney, which in turn summarizes some of our economic difficulties
5. Some people's views that to be elected refers to travel and expenses and not responsibility
6. A poor budget with few contributions to fulfil our plans of action
7. WAS' lack of efficient audit reports and accountability
8. Competition of Otero Institutions has not been dealt with properly
9. Lack of efficient professionals as congress organizers / PCOs
10. Poor Media Policy of action in order to review the so many false informations.

Keywords: history, organization, achievements, review

GM-02

IN THE SEARCH FOR INTEGRATION: MY EFFORT TO DEVELOP THE SEXOLOGICAL PERSPECTIVE

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Very early in the development of my professional identity, I learned about Ivan Bloch's 1907 proposal for sexology: to develop "a scientific enterprise in its own right combining the methods and insights of natural and cultural sciences" (quoted by Haerberle in his Archives for Sexology).

Integrating knowledge is one of the major challenges for many areas of human science, and for sexology, an indispensable tool that differentiates the approach from other disciplines. I will present my personal journey to contribute to this goal, from my initial fascination with theories of everything, such as the systems theory, to the practicalities of implementing processes for education and clinical work in sexology. From training those interested in entering the sexology field, to the intricacies of integrating professionals of several disciplines in organizations that promote several aspects of the sexological endeavour.

Integration in sexology remains a duty to be fulfilled, but in my view, we have advanced considerably. Transdisciplinary efforts have resulted in improvements in the efficacy of teams and problem solving challenges; my proposal is that sexology embraces more formally the transdisciplinary approach.

Keywords: sexology, integration, transdiscipline

GM-03

BEING YOUNG AND SEXY IN THE 21ST CENTURY

Doortje BRAEKEN

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If each one of us looks back in time, most of us will conclude that most violations of our sexual rights happened when we were young.

Has this changed over the years? Are the sexual rights of young people better fulfilled and protected today than when we were young?

During the presentation I want to take you on the journey of what it means to be young and sexy over the last 40 years:

- Is it any easier for young people to express their sexuality and preferences freely and are they better protected against sexual violence and harassment?
- What has happened to sexuality education and service provision during this time span; do young people have better access to the information, education and services that they want and need?

I will share different examples of this journey, showcasing paradigm shifts, based on facts, programmes, research and personal stories of my professional and personal life; what and who created the changes, where have we failed and what do we need to prioritize for the future.

Keywords: young people, sexual rights, historic overview

GM-04

TRANSSEXUALISM AS AN INTERSEX CONDITION

Milton DIAMOND

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This talk will offer two related ideas. The first is that of children born with ambiguous genitalia, those who are seen to belong to those that have a condition of DSD (Difference in Sex Development), and *not* have any surgery until they can offer informed consent to the practice. The second is that of any child considered as potentially transsexual, similarly, also not have any treatment, until they can offer informed consent. Basically, I believe evidence shows that transsexualism is an intersex condition.

At many locals it had become common to manage cases of DSD and cases of ambiguous genitalia with early surgery to remove any doubt as to a stable sense of rearing. This has commonly resulted in sex assignment as female and rearing as a girl to womanhood. A high percentage of those so assigned have rejected such an assignment and elected to switch gender to live as males. In the case of individuals considered for transsexual surgery, doubt is often raised as to the etiology of such desire. Evidence will be presented that there is reason to believe that transsexuals are intersexed in their brains as others might be intersexed in their gonads or genitals, sufficient to account for the dysphoria experienced by their GID and others with DSDs. Neither group should be given hormones or surgery until the individuals are sufficiently mature to offer informed consent regarding their treatment.

Keywords: transsexual, intersex, gender

PLENARY LECTURES

PL-01

FROM ORAL TO VAGINAL SEX: TRANSFORMATION OF GENDER AND SEXUAL PERSONS ACROSS 40 YEARS OF SAMBIA SOCIETAL CHANGE

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This paper examines the radical transition from traditional to modern sexual culture among the Sambia of Papua New Guinea, an animistic tribal people studied by the author since 1974. Traditionally, the sexual debut of males was via same-sex oral ritualized homosexuality, while the sexual debut of young women was oral sex in which they fellated their fiancé or husband, before advancing on to vaginal sex a few months later. Huge change has occurred over two generations. Historically, Evangelical Christianity entered Sambia sociality in the 1960s through Seventh Day Adventist preaching and disparaging of local social and ritual practice, resulting in erosion of traditional culture. This radical psychosocial and cultural transformation has brought about the existence of a new norm: 'sharing the same blanket and bed' – a metaphor for gender equality and greater autonomy among women. Whereas pre-colonial social arrangements normed gender segregation, ritual initiation secret practices, and antagonistic marital exchange between semi-hostile clans, the new discursive practice imagines relative gender equality via Christianity in material and sexual practice. Among the most powerful effects of this change has been the radical unlearning of heteronormal oral sex (a woman fellating her husband) in favour of exclusive vaginal sex with the implicit or explicit aim of pleasuring both partners. The traditional Sambia sexual belief system also treated semen as an elixir and stimulant to growth and fertility, making boys' oral ingestion of semen, and young women's oral insemination a part of human development. This paper examines these socio-sexual changes over the past 40 years – both in terms of what appears to be the advance towards modernity and the move away from it.

Keywords: gender, historical, vaginal sex

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