

## Mc CABE Marita - Australia

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Title: Extramarital affairs - how are men different from women

This paper reports on studies which examined why males and females intend to engage in extramarital affairs (EMA), and then what variables actually shaped their behaviour. The theory of planned behaviour was used as the theoretical approach to explain EMAs. The contribution of relationship factors, commitment and past behaviour was also investigated. Different sets of factors were associated with intentions and behaviour. For males, EMA intentions were predicted by attitudes to EMA, planning, game playing love, and positive experience of past EMA. However, EMA behaviour was only predicted by past EMA behaviour. Females were unlikely to engage in purely sexual EMA, but were more likely to engage in emotional EMA, or a combination of emotional and sexual EMA. Social norms, planning, relationship satisfaction and commitment predicted EMA intention. Planning and past EMA predicted present EMA behaviour. Romantic affect was also a strong predictor of EMA behaviour. The differences in the nature of male and female EMAs will be discussed.

## MACHET H el ene - France

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Title: The sexual behaviours of competitive sportsmen/women C01

A survey was carried out among adult competitive sportsmen and sportswomen. They were to answer anonymously a questionnaire in three parts : personal situation, sexual behaviour, previous and medical history. Numerous data were collected and a study of the most significant elements was done, according to sex, age, profession, and sports practice :

- the first sexual intercourse : sex of the partner, age, age difference, behaviour as regards contraception and the prevention of the STD, encounters in the world of competitive sports, experience.
- masturbation : how old did they start masturbating ? how often do they masturbate ? do they masturbate if deprived of sexual intercourse ?
- heterosexual, homosexual and bisexual behaviours
- relationship with a steady partner : sex of the partner, encounter, contraception, affairs
- the effect of sexuality on the sportsmen/women,s achievements and career.

## MACHET H el ene - France

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Title: Homosexuality, bisexuality and sports b23

A survey was carried out among competition sportsmen and sportswomen who were to answer anonymously a questionnaire of seventy items including personal situation, sports practice, steady sexual partnership, the first sexual intercourse, masturbation, the effect of sexuality on sportsmen/women,s achievements and careers. Many of the women in this population experienced or are experiencing homosexual or bisexual relationships. These individuals - most of whom enter national or international competitions - share similar characteristics : their competitive sports are usually team sports like most sportsmen/women in the survey, they use superlatives to describe the role of sports in their lives two thirds of them live as homosexual couples, others remain single or have heterosexual relationships ; partners are usually sportsmen or sportswomen. Many girls had a first sexual intercourse with a female partner ; half of them encountered their partner in their sports circle. Half of the girls had a first homosexual intercourse with an older female partner. In the sports circle, younger sportswomen may be homo-sexually initiated by older ones. Sportsmen/women masturbate occasionally and/or when they are deprived of sexual intercourse.

## MACI Anna - Italy

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Title: Are you ticklish? It may be you have some problems with your pleasure.

In a roman Hospital, together with a colleague Urologist, I have examined a considerable number of sexual inadequacies every day for about five years. Pathological subjects, or those who reported as not being completely satisfied by their sexual act, were enrolled in a study program for the recovery of sexual activity.

After 20 questions about schooling, memory of the first sexual experience, masturbation habits, familiarity with hypertension and to diabetes, pharmaceuticals, understanding of anger or uncontrollable rage, etc..., almost by chance, asked in an accidental way, arose a question. "Maybe you are ticklish?" It was quite magical how almost everyone that complained of insufficient pleasure answered that they had always been ticklish. Is this a simple way to identify a great and deep disease? It may be. But, as you know, we must work quickly in the sex therapies and accidentally I've found this by-path for a correct and immediate identification of the unknown source of the disease.

## MACI Anna - Italy

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Title: Couples and integrated sex therapy

I think that some years ago I was too young to discuss such a problem without being involved. Each one of us can become a good therapist if one lives with humility. Humility comes from Latin "humus" = ground and "homo" = man : so that humility perceived as grounding, having your feet on the floor or being conscious, catching the consciousness. Psychotherapy is a kind of belonging to a specific school but in every day working, as also Balint says, each therapist changes just a little and so after years of job with our patients we can find also great changes in our beginning therapy's style.

For instance we focus and treat:

- how to use the best communication,
- how to become like a chameleon for being in the same tone of the patient
- how to use an integrated model
- how to make clear that the great devil of the couple is judgement.

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## MACI Anna - Italy

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Title: The couple needs spirituality that is not religiousness.

After the sight of some slides about an ancient Etruscan terracotta, etc. we can make some consideration about love and art, love and poetry. I often say that the link connecting partners has to be spiritual and each therapist knows that spirituality is not religiosity.

The partners have to grow with a good sense of loyalty, sincerity, fairness not only for each other but especially for the bond.

There is no bloody battle between a good self-realization and living as a couple. Life is a journey towards understanding, wisdom so we all have to do this deep and satisfactory experience.

If I want to work with a couple in crisis, I realize that I have firstly to involve my own professional and personal maturity. In helping couple to re-learn how to look into each other, using also the lens of spirituality, we must be mature and not affected in the first person. We have to remember that therapy in Greek means to serve, to do a service, to be useful for... only in this way I can help...if I accept without limits to be a servant of life.

## MACKAY Judith - Hong-Kong

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Title: The epidemiology of global sexual behaviour "After people are clothed and fed, then they think about sex."

There are international similarities and some surprising differences regarding human sexual behaviour — from country to country and between different ages, genders and cultures — which raise economic, political, public, moral and legal issues. Key comparative indicators of global sexual practices include laws, attitudes and censorship; the business and economics of sex; availability of sex education and counselling; rates of marriage, divorce, and adultery; reproductive health, safe sex and cloning; sexually transmitted infections; religious attitudes; and sex crimes such as rape, harassment and stalking. Quantitative epidemiological data, necessary for international comparisons and for planning health and sexology services, are hard to find. An important next step is for collection and collation of comprehensive sex statistics, worldwide standardisation of definitions, and a central depository and information centre for global sexology data.

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## MAENDAENDA Cuthbert - Tanzania

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Title: Working with young men's sexuality, experience from Tanzania

Men and young men in particular have little knowledge on SRH and gender, and have negative attitude against female sexuality. As a result, males are perceived by females to be selfish in relationships and decision making. A baseline study I conducted to establish a project for young men in Tanzania (UMATI, 2000) revealed serious gaps among young men aged 13 - 24 years in relation to their SRH knowledge, attitude and behavior. While 70% (n=608) of respondents admitted to be sexually active, nearly half of them said that with unprotected sex they only fear STIs and HIV/AIDS and nothing else.

While adults and religious institutions believe that abstinence is the best protection against HIV/AIDS scourge among youth, 60% of the young men reported of not knowing any other means of showing love apart from sexual intercourse. About 61% reported that those who masturbate are bad mannered; and only 37% approving relationships with opposite sex without sexual intercourse.

Condoms use among the young men is restricted to new sexual partners. More risky, half of the respondents (n=608) believing that there are different types/flavors of vagina and therefore one need to test them (without a condom) as many as possible to get his preferred type/flavor. They also believe a woman becomes sexually satisfied when a man takes several rounds (ejaculations). This belief makes them strive to maximize sexual satisfaction of girls.

Young men feel proud to father a baby before married ("testing your poison"), however, they are not ready to marry girls or who already had a baby before.

These are some facts indicating that young men have unmet SRH needs. Males being key in decision making need to be equally targeted so as to enable them make responsible decisions in their relations with their partners.

## MAINES Rachel - USA

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Title: Vibrators, viagra and the Law: the double standard in the United States

Vibrators of various kinds have been used for therapy in the United States at least since 1869, including for treatment of hysteria, many of the symptoms of which are consistent with the modern diagnosis of anorgasmia. The devices were invented in part to mechanize the process of vulvular massage, a procedure physicians and midwives had been performing with their hands since the time of Hippocrates. The electromechanical vibrator was invented in the 1880s and was available as a personal-care appliance to American consumers by 1899. Despite this long history of therapeutic use, twelve states have laws prohibiting or restricting the sale of vibrators: Alabama, Colorado, Georgia, Indiana, Kansas, Louisiana, Massachusetts, Mississippi, South Dakota, Texas and Virginia. All but one of these laws date from 1973 or later. Sales of Viagra and penis pumps are legal in all states, suggesting that these states seek to regulate or restrict autonomous female sexuality while continuing to support heterosexual coitus as the prescriptive norm.

## MAKAJA Aba Aziz - Switzerland

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Title: Love-erotic (non-)education and drug addiction

According to a survey carried out in 1999 on more than 100 people who had received A.A. Makaja's love-erotic therapy, 90% of those surveyed were permanently cured of their addictions, including addiction to hard drugs, after six to twelve months of regular therapy. On the assumption that any disorder can only be cured by elimination of its causes, five main causes of drug addiction are considered here: alienation from the true self, consequences of sexual abuse and dysfunctional sexual/love-erotic patterns, dysfunctional patterns resulting from religious upbringing, excessive stress in the present performance-oriented society, and incorrect nutrition. Seven principal methods are used in love-erotic therapy: Komaja Meditation is the cornerstone of treatment, both for preventive and curative purposes. Its objective is the promotion of health in body and mind; the basis of health is the restoration or reinforcement of connection with the true self. In this way, the client gains access to the vital force that is essential for a healthy and independent life. In addition to love meditation, a form of meditation to develop the ability to love, the following methods are used: the sexual intercourse as a means of self-realisation, the Theatre of truth to create awareness of the psychic contents during loveplay, polytherapy - a form of psychotherapy developed by the author, the development of social skills through communal living, and strictly focussing the attention on other contents than the addiction. Makaja's projects with love-erotic therapy receive state-sponsored and private financial support.

## MAKEDONSKY Igor - Ukrenia

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Title: Efficacy of scrotal low power laser irradiation (lpli) on hormonal level in prepubertal cryptorchid hypogonadism patients.

Introduction: The post operation hormonal treatment of cryptorchid patients becomes still controversial. Our aim was to investigate the efficacy of scrotal LPLI on hormonal level in unilateral cryptorchid patients with residual hypogonadism.

Materials and methods: In 52 prepubertal boys (age 1-7 years) with unilateral cryptorchidism from the 1-st day after surgery LPLI in regimen: Power density 12,73 mW/cm<sup>2</sup>, Energy density 8,5 J/cm<sup>2</sup> was carried out on scrotal area ones a day in a period of 7 days. 26 cryptorchid boys of the same age were as a control group and didn't receive LPLI. Serum testosterone (T), progesterone (Pg), estradiol (E) and LH levels were measured before surgery, on a 7-th, 30-th, 90-th day after irradiation.

Results: Surgical treatment of cryptorchidism in a control group didn't reveal hormonal changes in any age of patients in a period 7-90 days after surgery and showed hypergonadotropic hypogonadism. Hormonal response of LPLI patients was different and age depended: in the first group of patients (2-3 years) hormonal investigation showed the elevation of T (P < 0,01), Pg (P < 0,01) levels till normal, E and LH levels didn't change (P > 0,05) and were increased in 82% of patients. In this clinical group serum levels of these hormones retained stable in a period 7-90 days after LPLI (T retained normal (P < 0,01), Pg-decreased (P > 0,05), E-decreased (P < 0,01), LH was normal (P < 0,01). In second group of patients (4-7 years) T level increased (P > 0,05), Pg increased (P < 0,02), E-decreased (P < 0,01), LH didn't change (P > 0,05) on the 7-th day after LPLI. In a period 30-90 days after surgery and LPLI T, Pg, E, LH returned to initial (before surgery) levels. These patients received additional hormonal treatment.

Conclusion: Our results suggest that LPLI after surgical correction of unilateral cryptorchidism stimulates the hormonal testicular activity by mean of influence on paracrine regulation and enzyme activity, involves improved blood circulation in the testes. These results justify early surgical correction of cryptorchidism in addition to post operation hormone level control.

## MANASYAN Narine - Armenia

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Title: Effect of framex (fluoxetine) on sexual disorders in depression

It is known, that the sexual disturbances are the characteristic manifestations of depression. In some cases such disorders may be very intensive, and the emotional disorder is being hidden under them. The aim of present study was the evaluation of as emotional disorders, as sexual disorders dynamics in the course of treatment by framex (fluoxetine) of the patients with depression. 24 patients with depressive disorder, treated by framex (Gideon Richter) during 8 weeks, were examined. The examination was carried out three times: on the start of first week, fifth week and eighth week. The patients were taken the clinical-psychopathological examination and tested by the psycho-diagnostic system SCL-90. The data of depressive and sexual changes had been estimated in the course of treatment. In result of research the following data had been obtained. Before the treatment 7 patients (29.2%) didn't reported of any sexual disturbance (loss of libido or sexual pleasure), but showed the significantly increased level of depression by SCL-90 (2.5 ; 3.0). On the contrary, five patients reported of pronounced sexual disturbances with relatively low level of depression (1.31 ; 1.69). In this group the sexual disorder decreased significantly on IV-th week of treatment and completely disappeared on the VIII-th week. In 11 patients (45.8%) we observed the concordant dynamics of sexual and depressive manifestations in the course of treatment: sexual disorders disappeared gradually during 8 weeks of treatment, according to the decrease of depression from the level 2.51 to 1.0 to 0.2. Only in one patient the sexual disturbances, although had reduced significantly, but had not disappeared completely, in spite of positive dynamics of depression. So, in result of our study, we may report of significant effectiveness of framex as in the treatment of depression, as in accompanying sexual disturbances.

## MANCINI Antonio - Italy

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### Title: Fertility and infertility pattern in women using natural family planning

In the last years the number of infertile couples addressing to the Natural Family Planning has remarkably increased. The Billings Ovulation Method (BOM) is based on the "cervical mucus symptom", which reflects the ovarian hormone secretion and allows to identify the fertile and non-fertile pattern of the cycle. The daily urine hormone assays by the Brown Ovarian Monitor (OM) (St.Michael NFP Services Pty Ltd, Victoria, Australia) confirm the woman observations. We studied the ovarian hormone pattern and the BOM charting in 25 normal women for 54 cycles (group A) and in 25 normovulatory women with idiopathic infertility studied for 59 cycles (group B). The day of ovulation detected by OM occurred within 24h of the day of maximum fertility determined by the BOM (the "mucus peak day") in 92% cycles; no difference was found in the preovulatory estrogenic peak (estrone glucuronide = E1G, nmol/24h, mean±ES: 284±17 in group A, versus 283±16 group B. However, a different ovulation timing was found in the group A: 15th ±0.5 day of cycle, versus group B: 18th ±1 (p<0.01). The infertile group presented a greater luteal deficiency (mid-luteal pregnanediol glucuronide = PdG, mmol/24h, mean±ES: 14±1 vs the normal group 18±1 (p<0.05), with a luteal phase length 11.5±0.5, vs 14±0.2 days (p<0.05). Because of the overall lower PdG values found in the group B, individual cycles were inspected to determine the incidence of inadequate luteal phases; the incidence of luteal failure was higher in the group B (20 out of 54 cycles=37%, vs only 3 out of 52 in the control group). However 8 women of group B conceived spontaneously after the study, following BOM instruction concerning the most fertile day of the cycle. This could mean that the infertility could be temporally and/or spontaneously removed and underlines the usefulness of non-invasive methods for a prolonged cycles monitoring.

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### Title: Oral pharmacological treatment in erectile dysfunction: ethical evaluation

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Recent pharmacological advances in the treatment of erectile dysfunction via the oral route offer the occasion for ethical considerations. Different mechanisms of action of the available drugs are exerted at various levels so that we can distinguish "promoters" and "conditioners" of sexual response. Both categories of drugs can also act at central or peripheral levels. Promoters directly stimulate sexual response, while conditioners amplify the erectile function which needs sexual integrate stimulation.

Ethical evaluation of erectile dysfunction treatment, in order to pursue unity of personal human being, implicate to consider impotence not the alteration of an isolated function, but rather an altered function of a person, considered in his wholeness. Since sexual health is connected to relational trend, and a complex network does exist between hormonal, neurological and psychological components in a man with erectile failure, it is mandatory that also pharmacological intervention be made in respect of such integration.

While conditioners allow to maintain such relationships a different situation can be induced by promoters or by hormones that augment libido, acting at central levels. Similarly devices that peripherally induce vasodilatation can determine a mechanical response rather than an integrated function. In conclusion in the therapeutical chose the physician must to have in mind not only the easier use, efficacy and tolerability, as in the case any pharmacological treatment, but also the singularity of sexual function which requires the respect of affective intimacy; the results evaluation should be not only in quantitative terms with the risk to obscure the person behind the function.

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### Title: Nocturnal erection measuring for forensic evaluation of alleged sexual abuse

Registration of nocturnal erections has been proven an important method for the diagnosis of erectile dysfunction. Regarding forensic aspects, its value is less clear. On the base of several cases we had been engaged in recent years, use and limits of nocturnal erection measurements for forensic evaluation of alleged sexual abuse are demonstrated. In all cases the accused men claimed to be impotent, and thus that they would not have been able to commit the offence they were charged with. For assessment of erectile function, each subject spent 3 successive nights in the sleep laboratory. Nocturnal penile tumescence and rigidity were registered continuously throughout the night by the Rigiscan device under polysomnographic control (EEG, EOG, EMG). The case studies show clearly that various influencing factors have to be considered and that interpretation of the results must be done very carefully. Registration of at least one normal nocturnal erection indicates that the organic requirements on the peripheral level for developing an erection are fulfilled. This is a necessary, but not sufficient requirement for an erection induced by sexual stimulation during wakefulness. Pathological results can only be correctly interpreted together with assessment of sleep. Clearly diminished nocturnal erections associated with normal sleep point to an organic erectile dysfunction; in this case a reduced erectile capability can also be assumed during wakefulness. If sleep is disturbed considerably, assessment of erectile function may be impossible.

## MANSEAU Hélène - Québec Canada

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### Title: Face à l'inceste et à ses répercussions sexologiques : un programme d'intervention sexologique : Entraînement à l'amour-propre

Notre communication portera dans un premier temps, sur les résultats d'une étude quantitative que nous avons réalisée en 2000-2001 portant sur 288 adolescentes dont la majorité ont connu des abus sexuel à caractère incestueux et qui séjournent en Centre de réadaptation parce que l'on a identifié chez elles des troubles sévères d'adaptation. Nous allons faire ressortir l'importance des répercussions sexologiques de ce type de victimisation. Pour ensuite présenter les bases de notre programme d'intervention : Entraînement à l'amour-propre. Notre Programme d'intervention intensif en sexualité s'adresse tant aux intervenants qu'aux adolescentes pour leur aider à mieux résister aux différentes coercitions sexuelles qui les accablent et prévenir également chez elles les grossesses non voulues qu'elles expérimentent dans des proportions plus élevées que dans la population générale. De plus, nous présenterons les résultats que nous avons déjà obtenus auprès d'un premier groupe expérimental composé de 59 adolescentes qui ont participé au Programme. Nos résultats préliminaires utilisant un devis quasi expérimental font ressortir que les sujets du groupe expérimental obtiennent des scores plus élevés au niveau de : 1) leurs attitudes face à l'école et à leur orientation professionnelle; 2) un meilleur ajustement social; 3) moins d'internalisation de leurs réactions en situation de conflits; 4) un meilleur contrôle sur leur contraception dans des situations passionnées à la fin de l'expérience. Notre discussion portera sur l'importance d'agir au niveau de différentes composantes de la sexualité auprès de victimes pour améliorer leurs rapports sociaux et sexuels et au niveau de la maternité alors que plusieurs travaux tentent à l'inverse d'agir sur les rapports sociaux pour intervenir au niveau des répercussions sexologiques du problème.

## MANSSON Sven-Axel - Sweden

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**Title: Men's practices in prostitution: the case of Sweden**  
The paper discusses the results of Swedish and other Scandinavian research about prostitute's clients. Three main questions are asked: (1) Who are the men seeking out prostitutes? (2) Which are their motives? And (3) how can these motives be understood in the context of changing gender relations in society? The paper also discusses the research findings in relation to a new law in Sweden prohibiting the buying of sexual services. Few if any changes in legislation have attracted so much attention and caused so much debate, both within and outside the country.

## MARGOLIES Eva - USA

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**Title: Arousal from touching and premature ejaculation**  
Reducing excessive arousal from touching one's partner is a critical and often overlooked element of treating premature ejaculation. In my clinical experience, I have found a subset of men with premature ejaculation who report that they are more aroused by touching than by being touched. The pattern of arousal for these men is based overwhelmingly on the mental component of sex. Rather than feel what is going on in his body, such a man becomes aroused primarily from anticipating and sexualizing in his mind. He also may be unable to masturbate to orgasm without fantasy. Most sex therapy treatment models, including Helen Singer Kaplan's, use stop/start masturbation followed by stop/start stimulation with a partner as the beginning point of therapy. This skips an earlier and important step. A man for whom arousal from touching is a major cause of his premature ejaculation needs to first learn to reduce the mental arousal that comes from touching before he can become more aware of his premonitory sensations when he is receiving physical stimulation. This can be accomplished with a variation of sensate focus and will be discussed in this presentation. The potential importance of reducing sexualized arousal in other dysfunctions such as erectile dysfunction will also be discussed.

## MANZANO Manuel - Spain

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**Title: L'addiction sexuelle**  
L'addiction sexuelle (AD) est nommée également avec les termes d'hypersexualité, intoxication sexuelle, compulsivité sexuelle. Dans tous les cas il y a une recherche de la sexualité d'une manière exagérée et sans que la personne puisse en avoir un contrôle adéquat. Cet espèce d'envoûtement sexuel persistant devient pénible pour être vécu et la personne qui en souffre pense, illusoirement, qu'elle pourra s'en libérer par l'agir sexuelle compulsif ou répétitif. Entre l'envie sexuelle et l'agir on peut retrouver un imaginaire érotique qui permettra au désir de se moduler pour des pensées, des images et des scénarios à caractère érogénique. L'AD apparaît pour répondre à un besoin du système psychique. La personne qui en souffre cherche par la sexualité à satisfaire des besoins psychoaffectives fondamentales ou à résoudre certains conflits. L'AD a une fonctionnalité et une signification qui vient déterminée par l'histoire psychosexuelle de l'individu. Une des fonctions est défensive, laquelle permet de mitiger des carences affectives, un sentiment de vide narcissiste, en plus de calmer des anxiétés qui tiennent compte du processus de séparation et de fusion, du sentiment éprouvé par rapport à la masculinité et à la féminité et au lien amoureux. L'AD semble plus fréquent chez les hommes dû au fait que la fonctionnalité sexuelle masculine est facilitée par la capacité d'établir une dissociation entre l'objet amour et l'objet de désir et parce que l'homme a également une plus grande vulnérabilité par rapport à son identité générale, ce que détermine un grand besoin de prouver sa puissance phallique comme un moyen de réassurer son identité sexuelle. Pour aider la personne à s'en débarrasser on cherchera d'abord le sens que l'AD a pour chaque individu, par la suite la personne va être en mesure de surmonter les anxiétés qui sous-tendent l'AD. Nous allons nous servir du réseau fantasmatique pour accéder aux interférences inconscients et pour corriger les aspects immatures et non intégrés de la sexualité.

## MARILANDES RIBEIRO Braga - Brazil

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**Title: Adolescent's perception about important sexual education in school**  
The sexual educational subject has gained great prominence in the latest years, especially after AIDS advent. In such way, sexual orientation in schools has been recommended as an effective form to reach teenagers. This study deals with this subject, focusing on the adolescents' perception about the necessity and importance of including sexual education in schools. Sixty students at ages fifteen to sixteen years old, both males and females, from private and public schools in Presidente Prudente, participate in this research. The data were collected by questionnaire applications with opened and closed questions whose subjects included the importance of sexual education in schools; the most adequate way to promote it; the efficient forms of sexual education; the most suitable professional to deal with the students, among others; The obtained results show that students either in public or private schools, consider the family and the school as the ideal places to receive sexual orientation but these places do not respond to their expectations. Therefore, there is an open field for new researches that point out the best way to carry it out.

## MARIN ARIAS Maria Teresa - Mexico

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Title: "Violencia, sexo y religión" La Triada Malcriada.  
Me encantaría si es posible me manden por favor la hoja donde puede uno registrarse para un taller que me seria de mucho facilidad y ver si habrá traducción simultánea ya que mi Inglés no es como creen. El trabajo que se pretende presentar será un análisis de la violencia, el sexo y la religión y como influyen en los medios de comunicación. Se hará una reflexión para lo que significa en las películas: El silencio de los Inocentes y Hannibal dos películas que se caracterizan por la violencia la relación existente de lo que es la religión. Siendo éstas películas negocios millonarios y que si aún con toda la violencia y el manejo de esta triada malcriada. Se entrelazan juegos de poder y parafilias, de las que tanto nos asustamos.

## MARTIN Karen B. - U.S.A.

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Title: Program coordinator sexuality center certified sex therapist  
Treatment of Vaginismus  
DSM IV  
306.51 Vaginismus (Not Due to a General Medical Condition).  
A. Recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse.  
B. The disturbance causes marked distress or interpersonal difficulty.  
C. The disturbance is not better accounted for by another Axis I disorder (e.g., Somatization Disorder) and is not due to exclusively to the direct physiological effects of a general medical condition.  
Vaginismus is a sexual problem that is often a secret. Couples who are unable to have intercourse are surprised, shocked, embarrassed, demoralized and often ashamed. It is hard for them to understand how it is possible for everyone else to have intercourse but not them. They often wonder why their love for each other is not enough to consummate their relationship.  
There are many issues to be considered by the therapist when treating this problem since it is both physical and psychological. It is also both an individual and a couple problem. My treatment format for couples with vaginismus will be described as well as several case histories, which will demonstrate specific problems that may occur during treatment and ways to resolve them.  
During the past 23 years as a staff member of the Sexuality Center, Hillside Hospital of the North Shore - Long Island Jewish Health System (currently the Program Coordinator) and in private practice, I have been able to treat more than 100 couples with vaginismus successfully.

## MARTÍNEZ CABANES Mariela - España

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Title: "Adolescents' questions"  
Objective: To determine the doubts adolescents have in relation to sexuality.  
Material and method: We decided to contact the schools in our area of action. Only 10 of these collaborated and information from 7 schools was obtained within the established period of time. We used the technique of pencil and paper for the pupils to explain their doubts.  
Results: A total of 335 pupils participated, of whom 5 handed in a blank sheet of paper. We obtained a total of 1276 questions, of which 271 were considered unclassifiable. The classification made was: Sexuality 30%; Anatomy and Physiology 28%; Birth Control 14%; Sexually Transmitted Diseases/AIDS 6%; Abortion 2%; Unclassified 20%. In each group of questions we have shown the different aspects of each subject in order of frequency and included one or two samples of the questions asked in each case.  
Conclusion: The main doubts adolescents have concern Anatomy and Physiology. We tend to assume that adolescents well-informed about this subject, but the truth is that many have no understanding of the relevant facts. In our opinion it is necessary to be aware of the basic facts in order to have a better understanding of the subject as a whole. The topic of sexuality was also of great interest to them. Although it is a subject which forms part of the school curriculum, teachers, in general, have not received adequate training in this subject or do not address the concerns of today's pupils. The topics of Birth Control and Sexually Transmitted Diseases/AIDS are the ones health workers provide most information on since it is believed that in this way such diseases and unwanted pregnancies may be prevented. However, if we want adolescents to take an interest in these topics, we should first deal with their concerns regarding other topics, especially since they are complementary.

## MARTÍNEZ CABANES Mariela - España

[Email: marielamac@hotmail.com](mailto:marielamac@hotmail.com)

Title: "Preservatives and sex education"  
Introduction: As everybody knows, it is essential to use preservatives, especially in adolescence (to prevent sexually transmitted diseases and pregnancies), and in fact they are used by more people everyday. However, they fail to work more often than would be expected.  
The objective of my study was to determine the reasons for these failures so as to prevent them from happening and eradicate the distrust that may be felt towards this method.  
Material and Method: A descriptive study was done over a period of 3 years using a questionnaire given to 259 couples who requested the post-coital pill.  
Results: The population attended was mainly adolescent (between 15 and 20 years of age). 20% of the population did not use of preservatives. Regarding the people who used preservatives 77.29% incorrect use was detected in the following aspects: Conditions of the place they were acquired, conditions of the place they were kept, expiry date, moment of place them, way in which the package was opened, way in which the end of preservative was put on, moment of withdrawal, form of withdrawal, way in which they were checked. 10.62% did not make any of these mistakes and 12% were not aware of these characteristics.  
Conclusion: Failure of preservatives in adolescence is due mainly to incorrect use. Therefore, sex education in adolescence in addition to including the use of preservatives should deal explicitly with each of the factors that may contribute to their failure and this should be done in a participative, practical manner, in a way which is as individualized as possible, offering support in any cases of doubt.

## MARTINEZ VERDIER Virginia - Argentina

Email : [vir\\_maver@millic.com.ar](mailto:vir_maver@millic.com.ar)

Title: [www.sexuar.com](http://www.sexuar.com). From the erotic to sexology

This is an educative place in sexuality. This is not a pornographic site or a scientific place. It is a site where the protagonist is the sexuality and each of us. It is not directed specifically to professionals. It is a place for common people, and not so common, that can show their questions, restlessness, opinions, fantasies, with no fears, shyness, prejudices. And for us, so we can answer you without academisms and solemnities. We hope that from this meeting emerge the sexuality as it is in the real life and as we hope it to be. Liberty and happiness will join us in the enthusiastic of each day erotism.

The interactive sections are:

YOU: enquires, fantasies, opinions, confessions.

YOU ALL: Discussion forum. Mailing list.

MEETINGS: links to another sites.

LINKS: to AFINES sites.

TO KNOW: divulgation notes. Humor. Erotic art. Erotic literature. Sexual dictionary.

Guestbooks.

The site is on line since april 2000. The actualization is done twice a month. We will do a presentation and a balance of the first year of experience.

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## MARTINEZ VERDIER Virginia - Argentina

Co-Author: C. A. SEGLIN

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Title: First sexology seminar on the internet

It started on line since May 1998. It was dictated for two years with an interactive modality. Since April 2000 the seminary continues on line but without the interactive exchange.

Objectives: To introduce the thematic of sexology. To offer scientific and humanistic information. To look for another theories and therapeutic opinions. To stimulate a reflection about myths.

Methodology: presentation of 22 theorist classes that included conceptualization and virtual works oriented to a critic reflection of the personal sexual values system.

Contents: Sexology and sexuality. Human sexual response. Sexual values system. Process of sexuality. Pleasant sexuality, Reproductive sexuality, Female and male difficulties. Sexual orientations. Paraphilies, Gender transpositions, Sexual violence, Sexuality on persons with disabilities, Sexual orientations. Education, Sexual therapy, Ethic. The statistic information we are sharing corresponds to the first two years phase. Participants: 1111. Professions: Psychology. Medicine. Social assistance. Law. Infirmary. Teaching. Priesthood. Sociology. Politics sciences. Philosophy. Social communication. Etc. Sexology therapist and sexual educators: 52. Countries: all countries of south, central and north America. Spain. Portugal. Netherlands. Sweden, Japan. Israel.

Answered to the first inquest: 129. Answered to the works: 46. Did the monography: 10. Inscribed to the mailing list: 54. Messages sent to the list: 87. We analyze and discuss the particularities of the new way of learning, its difficulties and the possibility of establishing the interactivity

## MARTINS DE MELO Sonia Maria - Brazil

Email: [smelo@newsite.com.br](mailto:smelo@newsite.com.br)

Title: Bodies in the mirror: the corporeity perception in teachers

This paper searched for understanding the perception of ten female professors belonging to a Pedagogy Course in a Center for Educational Sciences, of a public university, concerning the meaning of corporeity perception of the professor as a sexed-body-individual in the world with other embodied individuals, as well as their expressions in the pedagogical practice.. Initially, it reports a world lived by the researcher lined mainly on the perspective of unveiling the daily activity of a pedagogy who proposes itself as sexed. The work follows the search for theoretical accomplices, mainly in the critical rescue to construct the body-mind dichotomy on the paradigmatic-hemogeniac axis of the christian western thought, since this is understood as a founding element of the human being dissexualization in general. The phenomenology was the starting point to define the method herein utilized, having Merleau-Ponty, mainly his work Phenomenology of Perception, as a referencial theoretical inspiration, and consequently, the phenomenological interview as a methodological way to obtain the data. Four essences and their dimensions emerged from the analysis: I. the conscience of self as a corporified individual: "I am a body-in-the-world"; II. the perception of sexuality as a human dimension: "I am a sexed-body"; III. the conscience of the sexual want of education process: "I am a body-denied"; IV. the reliving of life in search for utopia: "I am a body-hope. The research points to the urgent need to rescue corporeity as a main axis of the political-educational decisions and their respective criteria and pedagogical decisions wich permeate the several Brazilian school curriculums, at all teaching levels. The paper also suggests the privileging of research directions to help in the unveiling of philosophical paradigms on corporeity and sexuality underlying the present occult curriculum today existing in the Brazilian educational system.

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## MARTINS Maria Cristina - Brazil

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Title: American women and internet infidelity

Objective: Considering the advent of computer mediated communication and the significant increase of "extra marital" affairs through Internet instant message services, this study investigates if "cybersex" (sexual relationships acted out online in chat rooms by masturbating) is considered a form of betrayal or not and why by some women from the USA.

Methodology: The question "Do you consider cybersex a betrayal or not and why?" was posted in "real" time to women above 21y.o., engaged or not in the practice of cybersex, utilizing the ICQ online instant message service, where users can meet and chat with others who share similar interests. The discussion about the results had psycho-social perspective.

Results: Out of 14 answers, eight were "Yes": the notion of emotional betrayal is a relevant issue, having sexual fantasies and lust thoughts about others than your partner is enough to constitute adultery. Five questions were "No": if the spouse knows, participates and agrees, cybersex is considered an "alternative", like a valid practice, to improve the performance of the "real" sex life. Finally, one answer was "cybersex" may become adultery, depending on the people's intention of changing "virtual sex" to "real sex".

Discussion: Sex "with love" is part of the feminine imagery as well as the concern about moral, social and religious values, which makes any kind of sex outside a steady relationship or a marriage a form of betrayal. This study presented more questions than answers, and moral, social and subjectives aspects play an important role on what can be considered infidelity or not.

## MARX Christophe - France

Email: [agis@mnet.fr](mailto:agis@mnet.fr)

Title: What's left in " judeo-christian " prohibitions ?

The judeo-christian tradition have been accuse of taking part in sexual inhibition and jail for many people, by a hard culpabilisation and discount on the body and physical enjoyment.

We'll see that this accusation is justified, but just in part : God in the Torah is highly favorable for his creatures to blossom out, and he never opposed with their sexuality, even an erotic one (the " Cantic " book shows a high level of sensuality !) About the Christian Tradition, it mainly emphasizes on the body and the desire ! It's a pity to think that the association between a christian ideology and the middle-class politics (beginning at the 17e century) had resulted in perverting a so powerfull message ! Let's put in view the religious prohibitions in order to understand a cultured way for the sexuality, supporting the difference between generations, the prohibition of incest, et emphasizing on the relations between human beings, far beyond the successful achievement of the orgasmic spasm !

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## MASSON Jean - France

Co-Authors: F. SEBAG, C. FORTANIER, D. ROSSI,  
D. COWEN, G. SERMENT, J.P. MOATTI,  
F. BLADOU

Title: Prostatectomie radicale, radiothérapie conformationnelle et curiethérapie dans le traitement du cancer localisé de la prostate : analyse comparative de la qualité de vie et des scores de symptômes des trois modalités thérapeutiques.

Nous rapportons les résultats d'une étude rétrospective sur les symptômes et la qualité de vie exprimés par des patients (à partir de questionnaires adressés au domicile par courrier), 1 à 2 ans après traitements d'un cancer localisé de prostate réalisés à l'Institut Paoli-Calmettes et dans le Service d'Urologie de l'Hôpital Salvator à Marseille. Il s'agissait de patients porteurs initialement d'un adénocarcinome prostatique de stades T1-T2, avec PSA  $\leq 20$  ng/ml, et score de Gleason  $\leq 7$ . Les groupes de patients étudiés étaient les suivants: groupe 1: 31 patients après prostatectomie radicale, groupe 2: 12 patients après irradiation externe conformationnelle et groupe 3: 30 patients après curiethérapie prostatique par implants permanents d'iode 125.

Les effets secondaires ont été analysés pour chaque patient à partir du dossier clinique sur les consultations de suivi tous les 3 mois pendant 1 à 2 ans. Les questionnaires sur les symptômes étaient l'IPSS et l'IEF (évaluant la fonction érectile); sur la qualité de vie, l'échelle EORTC QLQ C30 et une échelle de douleur (Bourreau).

Les effets secondaires retrouvés correspondent à ceux exprimés dans la littérature internationale pour chaque option thérapeutique: essentiellement impuissance et incontinence après prostatectomie; rectite, cystite, dysérection après irradiation externe; dysurie, dysérection, rectite après curiethérapie.

Le taux de réponse aux questionnaires a été de 89%. Il n'a pas été retrouvé de différence significative sur la douleur ressentie ni en terme de qualité de vie entre les 3 options thérapeutiques, avec dans chaque groupe de patients un score global moyen (QLQ C30, score de 20 à

100) excellent: 77 pour la prostatectomie et la radiothérapie externe et 79 pour la curiethérapie. L'analyse des scores de symptômes n'a pas retrouvé de différence significative pour le score IIEF entre les 3 groupes. Par contre, le score IPSS est en faveur de la chirurgie par rapport à l'irradiation externe et la curiethérapie.

Il s'agit des premiers résultats qui comparent symptômes et qualité de vie après les 3 options thérapeutiques actuelles du cancer localisé de la prostate par un groupe multidisciplinaire de thérapeutes. Au vu de ces résultats, il n'y a pas une option thérapeutique qui préserve mieux le confort et la qualité de vie des patients 1 à 2 ans après traitement.

Ces données doivent néanmoins être pondérées par plusieurs paramètres importants à connaître afin d'affiner l'analyse: les patients du groupe prostatectomie et irradiation externe ont répondu aux questionnaires en moyenne 29 et 21 mois après traitement alors que ceux du groupe curiethérapie ont répondu en moyenne 12 mois après implantation. Cette période correspond à la fin du traitement (demi-vie de l'iode 125 de 60 jours) et les symptômes ne sont pas forcément stabilisés chez ces patients. Dans ce groupe également, 56% des patients ont eu un blocage hormonal d'une durée moyenne de 5 mois (2-12 mois) avant implantation. Ce traitement a des effets secondaires rémanents (dépression, asthénie, troubles de la libido...) qui peuvent avoir pollué les résultats en terme de qualité de vie et de symptômes (fonction érectile) dans ce groupe. Enfin les 3 groupes de patients ne sont pas homogènes pour l'âge, le groupe prostatectomie représentant le groupe le plus jeune (âge médian 65, 73 et 71 ans pour le groupe prostatectomie, irradiation externe et curiethérapie respectivement).

Un résultat étonnant de cette étude est l'absence de différence significative sur le score fonction érectile entre les 3 groupes. Si 51,6% des patients sont impuissants après prostatectomie, 41,6% des patients présentent des troubles de l'érection après irradiation externe et 40% après curiethérapie. Les troubles érectiles sont traités chez 14/16 patients par IIC (7 patients) et sildénafil (6 patients) dans le groupe prostatectomie, alors que 3/5 patients sont traités par yohimbine (1) et sildénafil (2) dans le groupe irradiation externe et 8/12 patients sont traités par yohimbine (5) et sildénafil (3) dans le groupe curiethérapie. La gravité du trouble de l'érection est donc moins importante dans les 2 groupes d'irradiation malgré un âge moyen plus grand par rapport au groupe prostatectomie.

Si la curiethérapie semble le traitement le plus attractif pour le patient, elle n'est pas dénuée d'effets secondaires. Les troubles mictionnels sont de loin les plus fréquents, liés à l'hématome, l'œdème prostatique et à l'irradiation interstitielle, et peuvent dans 10-15% des cas se prolonger pendant plusieurs mois. Les patients doivent être bien informés de ces effets qui, même si ils sont passagers, peuvent grêver significativement la qualité de vie pendant l'année suivant l'implantation.

Les résultats publiés sur le taux d'impuissance après curiethérapie sont de l'ordre de 20% à 5 ans. A 1 an, dans cette étude, le taux de dysérections est de 40%. Bien entendu, il s'agit d'une étude rétrospective avec un recul court qui n'a pas tenu compte de l'état de la fonction érectile avant traitement. Ces résultats ont donc peu de valeur sur l'incidence réelle du traitement sur l'érection.

Les mêmes questionnaires ont été envoyés 1 an après cette étude à tous les patients du groupe curiethérapie. Une nouvelle analyse des scores de symptômes et de la qualité de vie va donc être réalisée en moyenne 24 mois après implantation. Ces nouveaux résultats permettront une analyse comparative plus adéquate avec les 2 autres groupes thérapeutiques.

En conclusion, il est rare de retrouver un indice de qualité de vie aussi élevé après le traitement d'un cancer. Il est également rare d'avoir des options thérapeutiques équivalentes en terme d'efficacité carcinologique et si différentes en terme d'effets secondaires. Une analyse prospective évaluant les symptômes, la qualité de vie des patients et le coût de ces trois traitements est nécessaire afin d'apporter des éléments plus discriminants pour compléter l'information des patients, des thérapeutes et de la collectivité. Pour ces raisons, une étude prospective démarre dans notre équipe avec le souhait de fédérer les Associations d' Urologie et de Radiothérapie autour d'un tel projet.

## **MATICKA-TYNDALE Eleanor - Canada**

[Email: maticka@uwindsor .ca](mailto:maticka@uwindsor.ca)

Title: Sexual rights and sex work: observations From 3 canadian studies

There have been increasing discussions in Canada as well as internationally about various aspects of sex work including, in particular : child sex workers, trafficking of sex workers, licensing and various forms of regulation of sex work. Most of these discussions have been founded on the assumption that sex work is an undesirable form of sexual expression and employment.

Most discussions of sexual rights have been founded on the assumption that they are addressing sexual practices and experiences that do not involve a commercial exchange.

The WAS statement on Sexual Rights was used as a template for thematic analysis of data (policy documents, field observations, transcripts of interviews with sex workers and key informants) from three Canadian studies dealing with different forms of sex work: exotic dancing, escort, street prostitution, exotic massage.

Analyses lead to the conclusion that a sexual rights framework can be applied to sex work. Such an application produces alternative recommendations for policies and programmes related to sex work that place it within the framework of sexual rights and enrich our understanding of sexual rights.

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## **MATICKA-TYNDALE Eleanor - Canada**

[Email: maticka@uwindsor .ca](mailto:maticka@uwindsor.ca)

Title: Young adult sexuality: patterns of change across social and cultural groups in Canada

Objective: To improve our understanding of the diversity of sexual scripts and practices among youth, how they are changing, and their relationship to social and cultural dimensions and social policies.

Method: Health statistics and data from large-scale national and regional surveys conducted in Canada since 1995 were used in combination with smaller-scale targeted studies of specific subgroups of youth.

Results: Contemporary sexual scripts and practices of youth were mapped. These were examined for differences across cohorts based on age, gender, household income, education, immigration status, race, and geographical resion. The effects of immigration policies and changing cultural patterns are clearly evident, with sexual scripts and practices which also vary across regions and social groups. For example, Early initiation of sexual activity is associated with coming from a region with a larger rural population, living in a household from a lower economic quintile, being Canadian born, participating in the labour force at a young age, and living in certain regions. The same characteristics are associated with differences in partnering, in use of contraception and prophylaxis, and in the formation of relationships.

Conclusio n: The use of national data combined with targeted studies provides a more comprehensive picture of the regional and social diversities in the sexual scripts and practices of Canadian youth than earlies, smaller-scale studies have done.

## **MATICKA-TYNDALE Eleanor - Canada**

[Email: maticka@uwindsor .ca](mailto:maticka@uwindsor.ca)

Title: Sexual desire and practices among people living with HIV and using combination anti-retroviral therapies

The new anti-retroviral combination therapies (CT) introduced to treat HIV in the mid-1990s promised renewed health and a return to 'near normal' function. This paper uses results of a study of patients taking CT s to answer the question of what effect CT s have had on sexual lives.

Thirty-five Canadian men and women on CT participated in in-depth interviews between May 1999 and August 2000. Interviews discussed daily lives and experiences with CT.

Sexual desire and practices varied across the sample depending on disease trajectory, relationship status and CT. Those on CT that included protease inhibitors, whether in relationships or "single", most typically described themselves as totally lacking in sexual desire. A common response to the experience of life-threatening illness followed by recovery, was reluctance to engage in sex because of fears associated with infection, re-infection, or cross resistance. Those who had remained asymptomatic or who had experienced only mild symptoms of HIV infection were most likely to be sexually active; however, some of those who were single avoided any sexual involvement or avoided all but "casual" involvement because of concerns about partners' responses to disclosure of their HIV status. All sexually active participants practiced some form of safer-sex, most typically condom use.

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## **MATSUI Osmar - Mexico**

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[Email: omatsui@cucs.udg.mx](mailto:omatsui@cucs.udg.mx)

Title: Self-acceptance and other psicosocial aspects of homosexual men in mexico

The aim of this study was to know the levels of self acceptance, inter-personal relations, and some psicosocial aspects of male homosexuals in Guadalajara, Mexico. An adaptation of Weinsberg´s questionnaire used by Ruben Ardila in Colombia was used to gather the information in a snow ball sample of 100 homosexual men. There were differences in how individuals self-classificate in Kinsey scale when asked according to being physical attracted to and sexual experiences in past year. Although most men have a positive self-concept, there is an important segment of the sample who show signs of problems in self-acceptance, self-concept, depression, etc. Around 10 % of the sample consider that homosexuality is a disease and a quarter of them would wish not to be homosexual, and are feeling guilty or depressed. Levels of friend relations with heterosexuals and to whom they disclose their homosexuality are also described. There is still a high degree of perceived discrimination showed by problems at work because it was known they are homosexual.

## **MATSUI Osmar - Mexico**

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**Title: Sexual practices during childhood and adolescence in Mexico. A sample of university students in Guadalajara.**

An ongoing study of sexuality practices and attitudes during the childhood and adolescence is conducted among students in the state of Jalisco. This paper presents the results of the health science students sub-sample. A questionnaire was constructed trying to make it comparable to the ones used in the studies "The British National Survey of Sexual Attitudes and Lifestyles" and the "National Health and Social Life Survey" in the United States. This paper will present results about the following variables: a) playing games that involve touching genitals with other children, b) being touched with sexual interest by someone older during childhood, c) first sexual intercourse and d) use of condoms. These results are useful for planning programs in sexual education, awareness of child sexual abuse and preventing and AIDS.

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## **MAZARIEGOS SOLIS Oswaldo - Luxemburg**

[E.Mail: mazariegos@vo.lu](mailto:mazariegos@vo.lu)

**Title: Border-line, psychose versus: psychotherapie et sexo-analyse contre-indications**

Le border line n'est pas une indication idéale pour résoudre la problématique sexuelle d'un patient. Même si le patient est suivi en psychothérapie - soit de soutien, soit d'élucidation psycho-analytique - et parallèlement en thérapie sexo-analytique, les résultats sont limités.

Personne de sexe masculin âgé de 36 ans, a suivi une longue thérapie de soutien et d'élucidation au départ, ensuite une psychothérapie analytique, depuis 1994 jusqu'à ce jour. Une année après avoir commencé la psychothérapie a été suivi en sexo-analyse à cause de son homosexualité latente et de son comportement hétérosexuel.

Sa situation émotionnelle coïncide avec un border-line et les connotations de cette souffrance, à savoir résistance à l'argumentation logique, ambivalence très prononcée, parsemé par des états dépressifs et de grande dévalorisation, arrive même à se donner des coups de poings avec ses propres mains contre son visage, à s'arracher les cheveux et à perdre le contrôle émotionnel d'une manière disproportionnée. En plus, il a un problème organique: fuite veineuse diagnostiquée par cavéromyographie, échographie et doppler des corps caverneux. Cela explique en partie son manque d'érection. Mais cet aspect se mélange inextricablement à sa problématique psychiatrique.

## **MAZUR Tom - USA**

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**Title: Adult sexual functioning in three cases of micropenis**  
resume: The aim of this presentation is to provide information on the adult sexual lives of three men in their mid-thirties who were born with a micropenis and reared male. All three are married and in a stable heterosexual relationship. They are part of a study on the psycho-sexual and psychosocial outcomes of adults born with a micropenis.

Current hormonal status, physical findings, general health status, medical and psychosexual histories will be presented. Detailed psychosexual histories of each man and his wife were obtained.

All men are able to engage in penile-vaginal intercourse. They report persistent concerns about the size and functioning of their penis. At birth, questions about the adult sexual functioning of a micropenis are considered when deciding whether or not to recommend rearing these XY infants as females. However, there is limited information regarding the sexual behavior of males with a micropenis that can be used to validate the practice of female sex reassignment and, prior to this, there have been no published reports from the sexual partners of such men. We conclude that the possibility of engaging in penile-vaginal intercourse in adulthood should be taken into account when making recommendations regarding sex assignment.

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## **MAZUR Tom - USA**

[Email: tamazur@acsu.buf.falo.edu](mailto:tamazur@acsu.buf.falo.edu)

**Title: Male pseudohermaphroditism: quality of life outcome data in five 46, XY individuals reared female**

The medical management of intersex infants and the decision as to sex of assignment and rearing are monumental responsibilities for physicians and parents. How does one know that any decision that impacts the child throughout its life is the right one? Long-term follow-up into adulthood of such infants is crucial in evaluating the efficacy of the medical management. The scarcity of follow-up data has recently been emphasized to the professional community as former patients and other have challenged the traditional method of managing intersex infants.

This study assesses the quality of life of five genetic males assigned and reared a females who were managed following the traditional method recently referred to as the "optimal-gender-policy" proposed by Money and colleagues in 1955. Our experience with these five individuals, in their 30's, suggests that female sex of assignment and rearing can lead to successful outcomes. We assessed participant's gender identity, gender role, sexual orientation and quality of life domains.

## MAZUR Tom - USA

Email: [tamazur@acsu.buf\\_falo.edu](mailto:tamazur@acsu.buf_falo.edu)

Title: Males with small or micropenis: adult quality of life and psychosexual outcomes

There are differences of opinion about how to medically manage 46XY infants with micropenis. One position recommends a short course of depo testosterone and rearing the infants as males, whereas the other position advocates sex reassignment and rearing as females, early feminizing genital surgery, female sex hormone therapy and subsequent vaginal constructive surgery. The latter medical strategy is based on the assumption that males with unambiguous micropenis will experience teasing in childhood and adolescence and will encounter barriers to normal sexual function (i.e. difficulties with sexual intercourse) in adulthood. Neither position is supported by an extensive body of outcome data regarding sexual function and adult quality of life.

We provide information on the psychosexual and psycho-social lives of 25 46XY males with either small or micropenis.

Conclusion: The majority of participants will engage in penile vaginal intercourse in adulthood. However, a small penis can be a concern in the developmental years, even into adulthood.

## Mc CAFFREE Konstance - USA

Email: [kmccafree@aol.com](mailto:kmccafree@aol.com)

Title: Adolescent sexuality: what adolescents need and what adults need to know !

Adolescents in some countries are considered children with few individual rights and in other places of the world have been given adult responsibilities even before completing school. Societies are rapidly changing and with urbanization, may be deeply influenced by the globalization of the media. Traditional norms may now be part of a confusing mixture of traditional values with contemporary mores and information. In the past cultural groups may have prepared their young people before marriage, or for girls the onset of menstruation. As the traditions erode, young people often have limited information and may need information earlier than adults expect.

This presentation will provide participants with an overview of the necessary components of sexuality education, review the research on the needs of adolescents and effective sexuality education, and provide suggestions for adult interventions to assist young people in a more healthy sexual development. The author, a sexuality expert who answers question on-line for adolescents and young adults will also provide a sample of the types of questions being posed from adolescents all over the world.

## Mc CAFFREE Konstance - USA

Email: [kmccafree@aol.com](mailto:kmccafree@aol.com)

Title: Training health professionals in sexuality education

Sexuality is a health matter. Health professionals have the potential for working with a great diversity of populations from children, couples, the elderly and everything in between. As the health professional, s/he will be sought for answers to issues and problems about or related to sexuality. While professionals in a variety of fields may have knowledge in this area, concerns about sexual normality, pathology and function are still regarded in the realm of health professionals. Questions about the sexuality-related side effects of medications and oral contraceptives may need to be addressed, as are worries about the prevention and treatment of sexually transmitted diseases, the "normality" and dangers of various sexual practices, the consequences of sexual or physical abuse and the remediation of sexual difficulties.

Most health professionals are inadequately prepared to assume the role of sexuality educators. Some are uninformed; others may be intolerant and homophobic. Some are insensitive to the cultural and religious beliefs of the populations they work with and are unable to provide relevant information in appropriate language. Many are uncomfortable initiating conversations about sexually sensitive behaviors. Without education and training, even the most highly skilled and motivated health professional will be ineffective in reaching adults, individuals who engage in risky behaviors, or, for that matter, any individual whose background, beliefs or sexual orientation differs significantly from their own.

This presentation is designed to assist in enabling health professionals to identify areas of information, attitudes and skills necessary in approaching sexuality issues when delivering services to clients.

## Mc CANN Brett - Australia

Email: [admin@impotenceaustralia.com.au](mailto:admin@impotenceaustralia.com.au)

Title: Is an impotence phone line in nsw needed ?

Introduction: A recent Australian survey found 39% of men consulting their G.P. suffer from erectile dysfunction (ED). 50% of men wait more than a year before they seek treatment and it is cited that they are often too embarrassed to talk about the issue.

Methodology: In October to December 2000 Impotence Australia established a pilot help-line for ED sufferers, in order to determine whether there was a need in NSW for an Impotence Help-line. Full page colour advertisements for the helpline were placed in the main print media on a weekly basis over a 12 week period. The telephone help-line operated Monday to Friday 10 a.m. til 9 p.m. and Saturday and Sunday from 12 midday to 5 p.m. All callers were asked standard questions and data was collected.

Results: 1000 telephone calls were received from (918) males and (80) females, (1) transgendered identified person and (1) whose status is unknown. 15.53% had never spoken to any health care worker about their sexual problems. 33.3% said they could not talk to their G.P., either because they were too embarrassed, or they had a female G.P. or they felt they would or had received a negative response from their G.P. 69.23% had never had any treatment for their sexual difficulties. Type of sexual problem Impotence Only 66.83%, Impotence & Performance Anxiety 7.61%, Rapid Ejaculation 7.61%, Other 17.95.

Conclusion: The number of callers to our help line does prove that there is a need for discrete anonymous information which then assists callers to seek appropriate specialist help. Callers identified the need for resources to assist them in discussing sexual matters with their G.P.

## **MCHICHI Alami KH - Morocco**

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**Title: Women and their sexualitie**  
Epidemiologic study about a representative sample.  
The knowledges about the reality of the sexual behaviour are not developed in Morocco. Our survey concerned 728 women aged of 20 years old and general population of the wilaya of great Casablanca. Consisted of five branches divided into several parts: the socioeconomical aspect, the knowledge, the attitude, the sexual disorders and the private life of the women.

We conclude that the mean age was  $36.76 \pm 12.67$  years old, 58% of the women were married, 32% of them had more than 4 children and 78% of the women were without job. The most usual frequency of the sexual intercourses (69.7%) was from 1 to 4 times a week. On average, the duration of the sexual intercourse was  $13.41 \pm 9.04$  minutes. In bed, 40.5% of the women simulated the orgasm, for 46.5% the coitus is a chore.

According to the interviewed women, the sexual longevity to the man is more than 70 years(82%) whereas about the woman is 50 years (44%).So, the social representation of the women sexual activity, inspired by the idea of the species reproduction, emphasizes the menopause and neglects the subsequent sexual activity.

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## **MCHICHI ALAMI Khadija - Morocco**

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**Title: Did the Islam codify well the sexual intercourses between the spouses ?**

The coran considerate the sexual pleasure as the necessary ornament of the believes existence. The purpose of this study was to explore the sexual behaviour of the Moroccan woman according her religion and sociocultural context.

This epidemiologic study has been realized in the greatest town of Morocco, and concerned 728 women; five branches divided into several parts. The mean age of the women was  $36.76 \pm 12.67$  years old, 58% of them were married; 29% of the women were illiterate and 14% had university level. At the moment of the interview, 97.1% of them asserted that the religion codified well the sexual intercourses between the spouses as it forces man to satisfy his wife, according to the opinion of 97.4% and permits the orgasm to the woman (95.9%). However, 12.4% of the women asserted that according to the Islam, the sexual pleasure concerns only the man. 96.8% of the women reported that the sexual activity is a socioreligions duty, 44.3% of the women didn't express their sexual pleasure for fear to be considered as shameless woman (24.4%) and the woman is not allowed to express her sexual pleasure(28.3%). The Islam encourages sharply the sexuality, however, the cultural heritage and the social norms have a great influence on the representations of the sexuality in the women.

## **MCHICHI ALAMI Khadija - Morocco**

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**Title: Epidemiology of sexual dysfunction in women:**  
The current study is an epidemiologic survey in a representative sample of the general population of Casablanca. 728 women, 20 years old and over were randomly selected in the eight districts of Casablanca. Women were interviewed, in their houses, "face to face". The instrument used was a 71 items hetero-questionnaire exploring various aspects of sexual behaviour and its dysfunction according the DSM IV criteria. In this sample, 315 women (43 %) had a sexual disorders: Fall in sexual desire (19%), Sexual aversion (15 %), Orgasm disorder (11 %), Disorder of sexual excitation (8 %) Sexual disorder with pains (14 %). 17.2 % of the sample sought for help. According to these women, their disorder are a consequence of a bad relationship with the partner (92.9 %), of the partner sexual dysfunction (90 %), of a personal mental health problem (86.4 %) and of sorcery (82.3 %).The exploration of a sexual dysfunction must take into consideration the cultural, religions, social and psychological context that can have influence on the sexual desire.

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## **MCHICHI ALAMI Khadija - Morocco**

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**Title: Sexual violence in women**

Sexual violence is a taboo subject, which is difficult to evaluate its real frequency. The tendency to make guilty the women and girls who are victims, led them to talk about it and not to declare it. This survey was conducted in 728 women, 20 years old and over. To explore this subject, we used an hetero questionnaire with five sections. This subject was introduced to the interviewers by its general aspects, and then by asking them "if they heard about it in media". Then the first step was to talk about sexual violence in non-physical aspect (phone calls...). Then we asked the person if she "was obliged to have sex. The objective was to determine the prevalence and the type of sexual violence and also to help people to talk about it at least once. The mean age of the victims was  $18.91 \pm 5.99$  years. The mean age at the moment of the aggression was 18 years. The aggressor is a known person but not member of the family in 46% of cases. In 16 % of cases he was a member of a nuclear family. The violence prevalence and its types were:

- Verbal Aggression or phone calls: 6.4 % (N= 45). 23 women refused to answer top this question
  - Forced sexual intercourse 3.9 % (N= 27). 33 femmes
  - Touches, caresses: 7.6 % ( N=53). 32 femmes refused to answer.
- Adolescence was the most dangerous period (13 to 20 years) with 67.3% of violence. This number is very similar to this reported in the literature. The psychologig impact of these abuses is very important and particularly the case of incest. A certain prevention of the sexual aggression as we know, it has losing and grave repercussions in some women, particularly when they underwent this aggression precociously, and without probable doubt. It implies to consider the women as not guilty, to better know the aggressors, the victims and the situations that favour the aggressions.

## **MCHICHI ALAMI Khadija - Morocco**

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**Title: Sexuality during pregnancy in Moroccan women**

Sexuality during pregnancy in women During pregnancy, woman have various hormonal variations and new expectations which interact with her sexuality; The objective of this study, conducted in primary health care, was to explore the sexuality during this period of life with the impact of social cultural and psychological factors. The instruments of assessment used were?? The mean age of the sample explored (N=55) was 27.8 +\_5.08 years, 25% had no education, 83.7 had no professional activity, 81.8% had between 1-3 children, 11.6% reported a bad relation with their partnaires during their pregnancy. At the moment of the survey, 38.6% were at their first trimestre of pregnancy. This one was not desired in 25% of cases. In 33.3% of cases women had one sexual intercourse per week, and 28.6% of them stopped their relations; this fact was correlated to the sympathetic signs, and in 75% of cases to the anxiety to harm the baby. On the other hand, there was a significant correlation between a quality of sexual life, level of education and the degree of familial obligation

## **MECHRI Anwar - Tunisia**

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**Title: Marital sexuality after tubal sterilization: a controlled study in tunisian sample**

The aims of this study was To evaluate the impact of tubal sterilization on female marital sexuality in Tunisian sample.

It was a transversal and case-controlled investigation within the mobile team of family planning center in Monastir. Fifty sterilized women were evaluated through the Azrin Married Satisfaction Scale, and the Questionnaire of Female Sexual Problems. The results were compared to those of a sample group of 50 non sterilized women among the consultants of the same center.

The sexual disorders after sterilization were dominated by sexual desire inhibition (58% versus 18%). The marital dissatisfaction were associated in 34% of sterilized women versus 14% of non sterized women. A decrease in coital desire was concern, mainly, old and low educated women. Among the factors depending on tubal ligation, we can mention the lack of previous information and making sterilization more than 5 years.

Psychological and cultural factors determined this disorders were analysed.

## **MEHRABI Fereydoon - Iran**

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**Title: Co-morbidity of sexual disorders**

Psychiatric literature points to the co-morbidity of sexual and psychiatric disorder. The greatest rate is thought to be related to depression and sexual disorder. In clinical practice, the co-morbidity of sexual disorder and OCD seems to be remarkable as well.

In order to show this correlation more carefully, the following study was conducted on 120 patients that suffered from OCD based on DSM IV criteria.

A questionnaire containing 32 questions was used in relations to sexual dysfunction. Amongst the cases 8 preferred not to fill the questionnaire, the results of the remaining 112 cases which includes 60 men and 52 women are as follows: 36 men (60%) and 32 women (62%) suffered from some kind of dysfunction.

In both groups the absence or reductions of sexual desire was the most common problem followed by erectile dysfunction in men and orgasmic dysfunction in women.

## **MEIGNANT Michel - France**

Co-Authors: Laurence SAVASTA et Claudine POSTOLLE

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**Title: Principles and practice of amorology**

Whereas sexology deals specifically with the individual's sexual problems, Amorology, by also taking feelings and emotions into account, is concerned with the person as a whole.

More than 25 years of clinical experience have gone into setting up a method of analytical and psycho-coporal psychotherapy, for individuals and couples.

This is done both through face-to-face work during individual sessions, and through group body psychotherapy.

We treat emotional and sexual blockages, as well as lacks in people's amorous and sensual education:

- through projecting both documentary movies on sexology and also love movies (full-length comedies, dramatic comedies, dramas...)
- through group analytical therapy for each person to have the opportunity to discover persons of the opposite gender.
- through humanistic psycho-corporal work, notably in warm water 37° pools, for them to experience their sensations without fear.
- through Milon Trager's work, in order to heal bodily lacks in the relationship between mother and child.
- through dance, the making of video-films and parties

## MELCHING Molly - Sweden

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Title: Approaches to different sexual issues in countries in Africa

In the West African country of Senegal, 282 communities have now joined in a historic movement to abandon the practice of female genital cutting after participating in a non-formal education program. Molly Melching, the Executive Director of Tostan explains how the Tostan Education Program led thousands of people to decide of their own accord to not only end this harmful practice, but also to take a public stand and courageously speak out on a formerly taboo topic. Public declarations have proved an effective strategy for safely abandoning fgc and assuring that girls will have husbands in the future. The non-directive education program, social mobilization activities by the villagers themselves and the public declarations are leading to unprecedented social transformation that is having far-reaching effects throughout Africa.

## MENDEZ GOMEZ Neida - Cuba

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Title: Etiology of sexual dysfunction is multifactorial

To show the methodology used and the results by the multidisciplinary Group of the Sexology General Hospital "Dr. Luis Díaz Soto" in the diagnosis and treatment of male sexual dysfunction, a study of 369 patients who attended the Sexology medical office from 1992 to 1995 was presented. 285 patients were classified as predominantly organic. The most frequent sexual dysfunction was the erectile dysfunction and the most affected range was 36-55 years. The most common causes of sexual dysfunction were prolonged reactive syndrome, vascular disorders and endocrinopathies. Surgical treatment was applied to patients with both artery and vein disorders and the response was evaluated as positive in 28 of the 36 operated patients. The need of a multidisciplinary care for this disease according to its different causes was demonstrated.

## MENDEZ GOMEZ Neida - Cuba

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Title: Bioetic aspects of sexuality .

Four papers on management of bioetic principles by Primary Care physicians to patients with sexual disorders, from January 1998 to December 1999, are presented. 337 persons including Primary Care physicians Students of Nursing and young anonym personal were interviewed. Results 39% of patients went to the consult, only 53% had knowledge about sexuality, 66% expressed some kind of verbal or physical aggression to or from their partner of 91% of patient consented to be interviewed.

## MENDOZA ORTEGA Sara Elena - Mexico

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Title: Education for the sexuality with young and adult people

This work tries to offer a reflection and an educative proposal, around the education with a sector of the population traditionally forgotten in the programs sexual education: the young and adult people in conditions of I leave behind educative and social.

When education speech, generally thinks about children, adolescents, schools and teachers. Also, when reference becomes the adult people, one thinks to them about his roll of parents or teachers. Nevertheless, in countries like Mexico, million greater people of 15 years exist, in serious conditions of social exclusion. They never have had the opportunity to attend or to finish the school, and therefore, to have information nor to develop basic abilities to take advantage of it so that she hits positively as his life.

For that reason, the educative proposal that appears tries to tie the most recent advances in the matter of education with young and adult people, constructed with base in the recognition of the basic and important necessities of the people, the gender perspective, the recognition of the human rights and the diversity, to the contemporary conception about the sexuality and aspects like the communication in risks, the education for the pace and the participative and reflective methodology.

The work leaves from the conception of permanent education and education for the life and throughout this one, to continue as much with the development of its theoretical and methodological approach, like of its structure, characteristics and materials.

## MENDOZA ORTEGA Sara Elena - Mexico

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Title: Sexual orientations: to watch from "the queer"

This work constitutes a theoretical reflection around the sexual orientations and in individual to the category &#8220;bisexuality&#8221;, their manifestations and their relations with other categories of common use within the theory and the investigation, like gender, diversity and identity, for, from diverse contributions that have made the queer theories to locate them like a space of social construction of the sexual difference in which, between man and woman exist multiple places and positions.

In principle, the category of gender is questioned that naturalizes the difference, to retake the studies gay, that have contributed the possibility of establishing a substantial separation between the generic identity and the sexual one, and to reveal the meaning sexual present in different forms from cultural expression.

Also the theory is approached to queer assumed like an attempt of reading of the reality from which it is possible to understand the diversity in his concrete presence and manifestation, when separating the body-of the gender-of the desire-of the practices, so that the intersubjective construction of the sexuality is recognized.

Finally, some considerations are made on the organization of the symbolic borders of the bisexual, the distinction between their political function and its practical experience as makes specific and variable, and the difficulty that it involves to locate it like a defined and permanent identity.

## MENELAO Alessandra - Italy

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Title: Sexual harassment in the workplace: a critical review of the literature

The aim of the article is to analyse sexual harassment in the workplace. It will be identifying the risk factors of sexual harassment in the workplace: personality variables (biological model, sexual harassment belief, self-esteem, sexual addiction, paraphilias, interpersonal conflict); organisational variables (perceptions of organisations sanctions against harassment and perceptions of a sexualised workplace, variables of the organisations - rules, cultures and climate); sociocultural variables (sex roles, gender differences, stereotypes of the sexuality). The effects of sexual harassment in the workplace will be examined. These can include e.g. for the victims post-traumatic stress disorders, anxiety, sexuality disorders, stress in the workplace, problems with family.

Furthermore, using strategic therapy, will be proposed an intervention model for the victim and for the organisations. For the victim the aim of strategic therapy is to facilitate the development of change, and conflict resolutions. For the organisations the aim of the intervention is to forestall.

## MENEZES Vitoria - Brazil

Email: [vmenezes@elogica.com.br](mailto:vmenezes@elogica.com.br)

Title: From the first coitus to the masculine sexual fantasies on the Brazilian northeast a comparative study according to age groups

Different from the physiology of the sexual answer, broadly studied and disclosed, the sexual behavior is subjective and marked by a longed for, not always reached, ideal pattern. To identify the pattern of masculine sexual behavior, according to the age groups of 16-25; 26-35; 36-45; 46-55 and 56-76 years in Recife-PE-Brazil, the authors researched partnership, age and feeling to the 1st coitus; sexual frequency; fantasies and sexual difficulties; partnership and condom use in the most recent relationship. Through questionnaire of multiple choice, answered by 201 men, of varied occupations, aged from 16 to 76 years ( $34,6 \pm 13,0$ ), the obtained data were organized with EPI-INFO version 6.04b - CDC-WHO. The characteristics of the 1st coitus were: age between 13 and 18 years (82,1%); friends and prostitutes as more frequent partners, respectively for individuals in the 16-35 year-old age groups and 36-76 years, alerting the authors for the change of the word friend's meaning; there was prevalence of the pleasure, in all the ages, associated to the curiosity for partners out of the family conviviality. The sexual frequency rose of 1/week (16-25 years) for 3/week (26-45 years), declining for a monthly one (56-76 years). The sexual fantasy associated to the interviewee's age, varying of more than 2 partners in a relationship (16-35 year-old strip), to dominate a woman (strip of 36 - 76 years), differing from the age group of 16-25 years for the fantasy of seeing a relationship of 2 women. Reduction of the use of the condom was detected with the age, having had the partners' selection with which don't use condom.

## MENOREAU Jean-Siméon - France

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Title: From love to death, letting go, a liberating sexological answer

My experience as a sextherapist over the past several years and as a psychologist in Palliative Care have led me to determine the importance of "letting go" in Love and in Death, these two essential times in life. This "letting go" has an effect that is just as beneficial in passing from life to death, as in the resolutions of tensions-created by sexual excitement- upon their release in the event of orgasm, also referred to as "little death". In its various phases, "letting go" seems to have the same action and bring about the same effects. Thus it puts the same mind-body and psychophysiological mechanisms into play, and, in releasing tensions, in relieving psychic and physical pain, it contributes comfort, well-being, sometimes pleasure, undreamt-of emotional intensities for the subject and his/her loved ones. Letting go makes it possible to pass from one state to another peacefully. Beginning basically with a recognition of the mechanisms of "letting go" in love, via a sexology-body interpretation, then pointing out that these mind-body mechanisms can be found in other essential processes of life, my aim is to demonstrate that this sexological response is therapeutic on the one hand for the sexual symptom that the subject presents with, and on the other opens the way to a more liberating outlook.

## **MERLING Andrew - USA**

[Email: wedding96@aol.com](mailto:wedding96@aol.com)

**Title :** The Wedding: a family's coming out story  
An increasing number of gay couples are choosing to have weddings or commitment ceremonies involving not only close friends, but immediate and extended family members. In this symposium, Dr. Andrew Merling, co-author of the book, *THE WEDDING: A FAMILY'S COMING OUT STORY* (HarperColling 2000) will talk about his family's struggle along the rocky road from engagement to understanding, detailing his family's experience with a topic which has increasingly become an issue for gay/lesbian clients in psychotherapy. Andrew will be joined in the symposium by his co-authors, his parents Sheldon and Roslyn Merling (Roslyn is a clinical social worker who runs psychoeducational groups for parents of gays and lesbians) and his partner, Douglas Wythe.

All four will recount the painful, joyful odyssey of discovery, as they struggled both to be heard and to find acceptance from each other, their friends and their communities. They will address both the familial and couples' issues created when same sex partners wed, illustrating how the wedding can be the ultimate step in the process of coming out for the couple and the parents. The symposium will be of particular interest to clinicians working with gay/lesbian clients and/or their parents providing a unique opportunity to hear the perspective of both sides.

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## **MERRIMAN Gareth - Australia**

[Email: NC](mailto:NC)

**Title:** Assisting people with physical disability to engage in sensual or sexual activity: advocacy from sexology  
Many people with severe physical disability require physical assistance to engage in sensual or sexual behaviour with partners or by themselves. In many cases, carers are at a loss to know what is best practice to address these identified needs. Many staff have utilised the services of sex industry workers to assist people requiring such services. These sex industry workers often have little, if any understanding of specific or general disability issues and do not work within a therapeutic or educational context with other professionals. It is evident that there is an essential need to develop guidelines for assisting people who require such services. The use of sexual surrogates remains an area of controversy within the sexual and health sciences, with complex legal, moral, ethical, professional, and clinical implications. There are few valid, best practice protocols to address these sexual needs of people with severe physical disability. This paper will present draft guidelines for the use of sexual surrogates providing support to people with disability. Recommendations for organisational protocols, training and decision making for the therapist will be presented.

## **MERRIMAN Gareth - Australia**

[Email: NC](mailto:NC)

**Title:** Understanding the development of patterns in male sexual arousal

Many teenage boys and men have deviant sexual arousal fantasies but do not act upon them. Others alter their sexual arousal fantasies and patterns to more comfortable and acceptable arousal patterns with no assistance from external interventions. Other males develop ways to action their arousal to behaviours that validate and potentially fixate their arousal dependant on certain stimuli. Whilst there exists research on sexual offending behaviour patterns and literature on paraphilias little research has been conducted on non-offending males and their patterns of arousal. This paper discusses the authors research that examined the process of patterns males develop in their sexual arousal. It will discuss the ability and development of parallel patterns of arousal and fixated arousal patterns. It will report a theory developed from qualitative grounded theory research that assists in determining interventions and direction of research in these areas.

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## **MEZZICH Juan E. - USA**

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**Title:** A comprehensive diagnostic model for sexual health  
The Educational Program on Sexual Health (SHEP) of the WPA, World Psychiatric Association includes as its key components:  
I - Conceptual Bases of Sexual Health  
II.- Comprehensive Diagnosis of persons experiencing sexual disorders,  
III.- Comprehensive treatment and health promotion of persons experiencing sexual disorders  
The comprehensive Diagnostic Approach includes a basic standardized multi-axial formulation and a personalized ideographic formulation, supplemented by protocols specific to the assessment of sexual disorders and their comorbidities. The diagnostic formulation will be illustrated through its application to a particular case.

## MICHEL Aude - Belgique

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Title: What are the psychic consequences of sex reassignment surgery? (code B-32)

Studies related to investigating the psychological future sex reassignment candidates are very rare. At present, only three studies have been conducted using the Rorschach (test re-test method) (Fleming, Jones, & Simons, 1982; Lothstein, 1983; Cohen & Cohen-Kettenis, 1999). Transsexual transformation surgery consists of a radical mutation of the subject's sex through concrete surgical intervention on and in reality.

This, psychological difficulties concerning conflicts between gender identity and anatomic reality can only be resolved through surgery.

Fourteen subjects (7 FMale, 7 MFemale) were assessed by the Rorschach, first during the diagnostic phase and on a second time two years after surgery (corporate transformation).

Results supported our hypothesis that transsexual transformation surgery would be associated with any fundamental psychological modifications in subjects. However, certain changes were observed which were mostly related to demand of the sex change. For example, after surgical transformation, the defense mechanism allowing refuge into fantasy in unpleasant situations (Snow White Syndrome) are abandoned by subjects (Michel, 2000).

## MICUNOVIC D. Mile - Macedonia

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Title: Intracavernous therapies of erectile dysfunctions

187 patients with erectile dysfunction has been treated, with intravenous injecting of Prostin VR to each of them. The result was positive firm erection and adequate penetration.

Aims: returning of the erection means a new return to the society, to his working environment and to his family. Our aim was to reestablish the erection and we succeeded it with the Prostin VR injection.

Material and methods: This investigation included 187 patients in age of 19-72 years within the period of 24 months. We performed the method of intracavernous injection of Prostin VR in concentration of 10 mg/ml. The erection appeared within 5-10 minutes, and in case of dissatisfactory result, the dose could be increased by himself. This medication was applied maximum twice a week.

Results: Out of 187 patients at each of them has been effected stable erection suitable for penetration with average durability within 70 min. The complication were limited on penis only: haematoma (2,6 %) because of bed injecting technic.

Conclusion: Prostin VR injection is medicament of choice in treatment of erectile dysfunction in patients, in the same time as a self-directing chronic application before the sexual contact without any complications.

## MICLU La Ioana Valentina - Romania

[Email: ioanamicluc@yahoo.com](mailto:ioanamicluc@yahoo.com)

Title: Overview of homosexuality in Romania

Introduction: For many years, any form of sexual behavior represented a taboo theme for Romanians. Homosexuality in Romania is an everlasting phenomenon, existing even under the conditions of a repressive legislative system.

Objectives: The first part of the paper presents an overview of the Romanian legislation regarding homosexuality, the public and political attitude towards homosexuality, homosexuals, and the aims and structure of the national gay organizations. The second part investigates aspects of the sexuality of Romanian gays, the need and consequences of the coming-out, and the level of acceptance within the family, friends, and society.

Methods: 21 males have taken part at the study and completed a questionnaire derived from the Jaffe & van Wick questionnaire.

Results: The homosexual orientation is proven beyond doubt, although the sexual practices reveal a less exclusive range. The first sexual experience took place at 17. Concerning the age of the coming-out, this event happens a few years later. Some other aspects of sexuality are further emphasized.

Conclusions: In spite of the repressive legislative system, more and more gay persons are willing to make their coming-out even with the risk of a future oppression, fighting for the affirmation of the freedom of the choice of their partners. The national gay organizations offer information, counseling, protection, and social cohesion. They try to advocate for the change of the anachronistic law by influencing the public opinion.

## MILETSKI Hani - USA

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Title: Bestiality - zoophilia: an exploratory study

This presentation is based on an exploratory study about the life and sexual behaviours of individuals who have had sexual relations with animals - a sexual behaviour (bestiality/zoophilia) that has been understudied and misunderstood. The study also sought to gather enough data to develop some hypotheses as to what motivates human participants to engage in sexual relations with non-human animals. More specifically, this researcher attempted to find out whether there is a sexual orientation towards non-human animals, as demonstrated by the individuals' object of sexual attraction, emotional attraction, and sexual fantasies.

Data was gathered from 82 men and 11 women, between the ages of 19 and 78, who volunteered to fill-out a 350 item, 23 page, anonymous questionnaire. All the women and 87 percent of the men were from the United States. Although this descriptive study cannot be representative of the zoophilic community and it had its inherent flaws, it nonetheless resulted in abundant and rich information about the life and behaviours of its participants. Most of the data, such as the most popular animal sex partners, the frequency of sexual activities with animals, and the kind of sexual activities with animals, to list a few, are new information that can begin to fill the void sexologists have been experiencing in the collective knowledge on bestiality and zoophilia. The study's results further suggest that (at least among the participants in this study) there is a sexual orientation towards non-human animals.

## MILICEVIC-SARTORIUS Annina - Switzerland

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Title: Three and more in love: the group marriage as a possibility to unite the need for commitment and sexual freedom  
The group marriage as a structure for relationships with lasting and intensive exchange and inclusion of not only two, but three or more partners, is a possible answer to the desire to satisfy at the same time the needs for sexual freedom and variety on the one hand, and for attachment on the other. This style of loving and living is a phenomenon that has been poorly researched to date, although it is becoming increasingly more established in the current times of family diversity: Trend studies confirm that sexual relationships that are lived in a traditionally accepted manner are being replaced by those in which behaviour is mutually agreed upon. There is thus a need for relationship structures, in which freedom and responsibility interact with each other. The growing polyamory movement reflects the increasing interest in binding multi-partner relationships. Well-known examples are the group marriages found in the utopic communities of the 19th century, especially the Oneida community, but there are also more recent examples, such as the Kerista in the eighties.

Who gets involved in this form of relationship? What motivates the participants, and what are their values and objectives? What makes their relationships permanent in spite of (or exactly because of) sexual freedom? In particular, how do they arrange their sexual life and how do they handle problems such as jealousy, etc.? These and other questions are investigated using as a model more than thirty members of the zajedna, a form of group marriage that has been practised in the Komaja community for over 15 years.

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## MILLER James - USA

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Title: Cybersexuality education: a process solution to a persistent problem

Comprehensive human sexuality education not only compensates for unique personal values, but also facilitates the self-evaluation of sexual behaviors. Given the very personal and delicate nature of this assessment, the modality of such education can be shrouded in a dilemma of process, whereby individuals might find the public classroom forum of investigation and debate both restrictive and embarrassing. Alternatively, a web-based class environment, where random "fake" names are assigned and students use electronic communication through email, discussion boards, and electronic chat sessions to communicate with their peers and with the instructor, provides anonymity and confidentiality while a dynamic, multi-faceted learning experience takes place. Students who discuss sexual issues openly with their peers from the security of this anonymity report a substantial degree of comfort that would not be possible in the face-to-face setting of a traditional classroom.

## MIMOUN Maurice - France

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Title: "Sexologie et chirurgie plastique, sexologie et chirurgie esthétique, quel lien?"

Où est la vraie question? Nous sommes plein de nos idées reçues sur les disciplines des autres. Il y a une interrogation des sexologues et une autre des plasticiens. La chirurgie esthétique et la sexologie ont ce point commun : toutes deux dérangent. Devons nous faire entrechoquer leurs deux images d'Epinal simplistes ou chercher plus loin? Ces conférences entre spécialités sont la seule manière de nous comprendre.

A travers la connaissance de l'autre, nous pourrions mieux nous connaître nous même, voir même nous découvrir un peu. Je ne sais pas ce que veut dire sexologie et j'ai depuis toujours bien du mal à définir la chirurgie esthétique. J'aurai donc bien du mal à répondre seul. C'est de l'échange que nous estimerons ce lien, voir que nous le ferons naître. L'auteur à travers des exemples de patients de chirurgie esthétique et réparatrice illustre le propos."

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## MIMOUN Sylvain - France

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Title : General aspects of sexuality in menopause

Many researchers have noted a direct correlation between sexual difficulties and E2 level, when  $E2 < 50 \text{pg/ml}$ . But sexual behavior also interferes with sexuality. The numerous complaints of that period (hot flushes, asthenia, tachycardia...) are creating physical and psychological conditions rather damaging for sexuality.

Even if estrogenotherapy is a good help to improve sexual intercourse, it is not sufficient to restore the libido, especially in case of ovariectomy. Many studies (Plouffe, Sherwin,) have noted the positive effect of androgens, but also their side effects, (Plouffe, Sherwin.).

The studies on Tibolone (Castelo-Branco, Egarter, Morris, Nathorst-Böös Palacios, Rymer,) show a significant improvement in the frequency of sexual intercourse, orgasm and satisfaction.

The impact of Tibolone on the libido could be linked with its androgenic effects. If a sexual dysfunction exists, sexotherapies are suggested by most of the authors

## MIN-LI Yeh - Taiwan

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Title: The evaluation of the Internet resources of sex therapy in Taiwan

In the Chinese society, it is difficult for people who suffering with sexual problems to seek for help by visiting the sex clinics. Internet access is the new way to solve sexual problem especially in this so called information explosion fashion. Users can get information and communicate with therapists via WWW browser privately. We aim to find out the Internet resources of sex therapy in Taiwan and evaluate the corresponding web pages. In order to collect the Internet resources of sex therapy in Taiwan, we use the search engine to find out the matching texts of sex therapy. The Characters using in Taiwan is Traditional Chinese system, which has been transit to be Big-5 coding system used in computer science, while GB coding system was used in China and Singapore to represent Simplified Chinese characters. Computers cannot display different Chinese character without proper operating system or coding system supplied. We use search engine: Google (<http://www.google.com>), Openfind (<http://www.openfind.com.tw>), Yam (<http://www.yam.com.tw>), Yahoo Taiwan (<http://www.yahoo.com.tw>) all support the Big-5 coding system. We key in the keyword sex therapy in the text filling area of the homepage of the search engine, and check the matching links by direct link to the pages. We found only 2 sex therapy web-sites, 15 web-sites offered the sex counseling by Q&A, and 17 web-sites mentioned about sex therapy. We evaluate these pages by the following five dimensions (1) Purpose (targeted audience, purpose...) (2) Authority (sponsors, profession...) (3) Maintenance (timeliness, continuity) (4) Content (Accuracy and Objectivity) (5) Structure & Functionality (creativity, interactivity). And we also analyze the utility of the online sex therapy and sex counseling of these web-sites.

## MIYAHARA Shinobu - Japan

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Title: Love and confucian morals in late 17th century japan written by Saikaku

During the Edo period (also called the Tokugawa period, 1600-1868), Japan enjoyed freedom from warfare at home and abroad under the control of the samurai (the warrior class). This was a feudal time and the people were strictly classified into four classes, the samurai, the farmers, the craftsmen, and the merchants. The society was controlled by the Confucian ideology in which the loyalty to the lord and the filial piety were the most important virtue. Although the merchants belonged to the lowest class, they accumulated the wealth, and gained the economical power. They gave birth to the flowering of the culture of the 17th century, Genroku era. Saikaku was one of the great names in the Japanese literature, who wrote many novels about love affairs, the lives of the townspeople, etc. His novels, e.g. Five women who loved love showed the conflict between the power of love and the feudal morality

## MO Chixhong - China

[Email: LHMING1976@YEAH.NET](mailto:LHMING1976@YEAH.NET)

Title: Diagnosis and operation treatment of congenital erectile dysfunction: a report of 21 cases

Diagnosis: To a grown-up male, his penis have never erected hardly, never inserted into the vagina when having sex and he have been proved that he haven't bulbocavernus through examination and operation, which is called Congenital Erectile Dysfunction (CED). The 21 cases we chose accord with the above condition.

Age: 21-30.

Protocal operation name: Operation for Restoration of sexual function (ORSF).

Operation Method: Lie supine, saperate loner limbs, folded and lift them. After normal disinfection and toponarcosis, a small longitudinal incision about 5.5cm is made on the perium and then cut through the skin, subcutaneous tissue to expose corpus cavernosum urethrae and strenthen it with surrounding soft tissue. After layer by layer sutine, the whole process end.

Therapeutic evaluation:

1. No curative effect: The operation doesn't work. 4 cases (4/21).
  2. Curative effect: Operation can improve the erectile function but the penis isn't still hardly enough to insert into vagina. 3 cases (3/21).
  3. Evident curative effect: After operation penis can erect hardly and sexual intercourse can be completed. 14 cases (14/21).
- 4 cases have their babies.

Discussion:

1. Bulbocavernosus is important to erectile function. It shouldn't be ignored in the treatment of ED.
2. CED is curable. It is the failure reason that we lack experience in previous time.
3. The 21 cases are founded in ORSF of 1826 cases.

## MOCQUARD Agnes - France

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Title: Re-education of premature ejaculation presented on doctissimo.fr

Sexology knows different premature-ejaculation-control-techniques to help people suffering from this trouble (Semans, Masters et Johnson). But for the first time, a web-site addressed to the general public (doctissimo.fr) proposes one of these techniques in the prospective of an interactive use.

The Internet application is made of:

- An explanation of the method with many details.
- Regular assessment of the site visitors.
- Possibility to seek advice to an expert.

Results are very encouraging. Couples who accept to take charge of their problem seem to attain satisfactory results.

## MOGUEL LOPEZ Africa - Spain

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Title: The family planning clinic for young people in the rural community:1998,1999,2000

AIMS: to make young people aware of having their sexual responsibilities, enjoyment and independence. METHODS: An outpatient clinic is set up as a place where the young people can clarify their doubts about sexuality, sexual transmitted diseases, their own anatomy, physiology of sexual organs and family planning. The clinic is attended by a social worker, a doctor, a psychologist and midwife. This free and confidential service is adapted to young people's timetables and habits.

Results: The total number of outpatient has increased over a three-year period. In 1998 it was 189, 284 in 1999 and 371 in 2000, that represents 6,2%, 9,3% and 12,2% of the young population, respectively. The number of people who attended the clinic for the first time has also increased. The distribution by age was 15 years(6,7%), 16-20 years(66,1%), and 21-25 years (27;2%). By sex the ratio women: men was 4:1. The most frequently asked question were, in descending order: barrier contraceptives; oral contraceptives, information about sexuality and the day after pill. During this timeframe, the number of voluntary abortions changed very little with a rate of 0,3% below the Andalusian average (0,5% in 1998).

Conclusions: The profile of people who attend this centre were women under 20 year requesting barrier and oral contraceptives. The increase number of first consultations highlights the success of the programme. The education activity groups, have already proved extremely beneficial, by expanding the programme to include the most difficult group, people under 20 years without education.

## MOLO Maria-Teresa - Italy

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Title: Personality disorder valuation in subject with Paraphilia and gender identity disorder (GID): guiding data

Aim of this study is to estimate the different incidence of Personality Disorders in the following samples: Paraphilic, GID (Female to Male) and GID (Male to Female) subjects. Data were compared to those of a control group, comparable in sex and age. SCID II Questionnaire, Version 1.0, was used to obtain guiding data on Personality Disorder diagnosis. A significantly higher incidence of SCID alteration appeared in the Paraphilic sample, compared to GID sample and Control group.

## MOLO Maria-Teresa - Italy

Email: [mtmolo@attglobal.net](mailto:mtmolo@attglobal.net)

Title: Sexual visual stimulation: a pilot study about cardiac response

The aim of the study was to assess the cardiac response in a group of 12 healthy subjects submitted to different sexual stimuli.

During the experimental session, the subjects were exposed to sexual stimuli represented by different hard-core movies. All the subjects were submitted to the same sequence of movies divided into consecutive videos: 1) strip-tease 2) landscapes scenes 3) vaginal coitus 4) landscapes scenes 5) oral coitus 6) landscapes scenes 7) anal coitus. Before showing the videos, heart-rate baseline was recorded for each subject during a period of 15 minutes in which subjects was asked to relax himself closing eyes. The whole session lasted 30 minutes; neutral stimuli (landscapes scenes) among hard-core videos, were important to reduce the possible addiction effects of the sexual stimuli view. Cardiac response was measured by electrodes placed on the median nerve of both arms. We considered as significant parameters the low-frequency (LF) values with 0.1 ->2 Hz, the high-frequency (HF) values with 50 Hz and the Pnn50 that represents the percentage of R-R intervals differing more than 50 milliseconds from the previous one. The data were analyzed by Friedman's test and the Wilcoxon test was used for the multiple comparisons. Results didn't show any statistically significant difference between the LF, HF and PNN50 values among the different videos considered.

## MOMTAZI Saeed - Iran

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Title: Islamic polygamy: a husband and two wives, psychological and sexual status of wives

Background: in Islamic Republic of Iran family laws are all based on religious rules. As these rules any man can have up to four wives simultaneously but only with permission and satisfaction of first wife. Objective: we wanted to know psychological status of wives of polygamy families.

Materials and Methods: We assessed 25 women in polygamy families with age between 17 and 43 with 28 items General Health Questionnaire (GHQ) and sexual satisfaction test. All these women were first or second wife of a two wives one husband family (group A). Also we assessed 25 women in monogamy (single wife) families as a matched control group (group B).

Results: Mean score of item A in GHQ which assesses physical and somatic symptoms in polygamy wives was 10.36 (sd 3.65), and in control group it was 6.6 (sd 2.33) (P value < 0.0001). Mean score of item B which assesses anxiety and insomnia was 12.48 (sd 3.23) comparing mean of control group which was 8.40 (sd 2.040, (P value < 0.00001). Mean score of item which assesses interpersonal and situational coping in polygamy group was 6.84 (sd 2.75) and in control group it was 5.00 (sd 1.35) (P < 0.005). Mean score of item D which assesses Depression and suicidal tendency in polygamy group was 12.04 (sd 3.1) comparing 5.64 (sd 1.85) in control group (P < 0.00001). Total score of GHQ was 41.07 (sd 10.18) in polygamy wives comparing 25.64 (sd 5.19) in control group (P < 0.0001). According to sexual satisfaction only 2 women (8%) of polygamy families had good satisfaction comparing 17 (68%) of Control group (p < 0.000001).

Conclusion: Women as first or second wife of a two wives one husband family are at risk for mental disorders and need more psychological and social supports as a high risk group. Also poor sexual satisfaction is a frequent problem among these women.

## MOMTAZI Saeed - Iran

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**Title:** Long term sexual problems among war veterans exposed to chemical weapons

**Background :** Thousands of Iranians were injured during eight years of Iran- Iraq war (1980- 1988). Many of Iranian veterans exposed to chemical weapons. **Objective :** We wanted to know how many of chemical injured veterans show sexual problems in long term, 12 years after end of the war.

**Materials and methods:** We assessed three groups, group A 58 war veterans with history of injury with chemical weapons exposure including nerve agents and/or nitrogen mustard, group B were 62 war veterans without chemical exposure, and group 3 included 62 matched control group without any history of participation in war. All three groups were married males with age between 30 and 46. We searched for presence of three main sexual complains, decreased sexual desire, premature ejaculation, and impotency. **Results:** 37 persons among 58 (63.79 %) chemical injured group, 28 of 62 group B (45.16 %), and 11 of 62 group (17.74%) had decreased sexual desire. Difference between all three groups and p- value of groups A and B comparison is less than 0.05. 41 (70.68%) of chemical injured group, 33 (53.22%) of group B and 17(27.44%) of group C had premature ejaculation ( $p < 0.05$ ). 25 (43.10%) of group A, 19 (30.64%) of group B and 8 (12.90%) of group C had impotency, the difference between group A and B is not significant ( $P = 0.15$ ).

**Conclusion:** sexual Problems especially low desire and premature ejaculation are frequent long term side effects of exposure to chemical weapons.

## MONESI Angelo - Brazil

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**Title :** Emotional expression, interpersonal relationship and sexual dysfunction

In order to consider associations among sexual problems and difficulties with emotional expression and interpersonal relationship the authors studied 71 clients in a row who sought for treatment for sexual dysfunction during the month of May 1999.

The sexual problems that drove women to treatment were anorgasmia (82 %) and inhibited sexual desire (36 %). Average age for those women was 31 years of age (ranging from 20 to 47 years old). They were mostly married (73%). Lack of assertiveness was found in 91 %, emotional difficulties (such as anxieties...) could be recognized in 86 % and lack of talk of feelings showed up in 73 % ; affective difficulties (such as incapability of attaining long term relationship) were present in 59 % of such women.

Among the men, erectile dysfunction is still the higher cause to a man seek treatment in psychosexual therapy (51 %) followed by lack of voluntary control over ejaculation (39 %). Men were married (33 %) or with multiple relationships (14 %), aged between 22 and 69 years (average 38 years). Lack of assertiveness was found in 84 % of those men, emotional difficulties (such as anxiety...) were diagnosed in 82 % ; lack of talk of feeling happened in 55 % of those men complaining of sexual dysfunction.

It seems that the sex therapists considered that women with sexual complains have more intense difficulties of expression emotions and in bigger proportion. Gender issues must be considered in this conclusion, once those difficulties are associated to sexual performance, a masculine commandment.

The author do not affirm that difficulties such as interpersonal relationship and emotional expression are merely "causes" for the sexual dysfunction. They ought to be considered for the treatment of the sexual dysfunction. They ought to be considered for the treatment of the sexual dysfunction altogether with behavioral sexual techniques

## MOORE Alison - Australia

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**Title:** Sexual contagion and boundaries of the self: historical perspectives on HIV/AIDS

HIV/AIDS was hardly the first sexually contagious disease to be conceptualised as such in Western civilisation. Looking at the examples of the early social hygienist fears about syphilis from the end of the nineteenth century until the 1930's, and the medieval concept of leprosy as punishment from God, I show that the concept of sexual contamination had a distinct genealogy in European society, one that is as much the story of exteriorised minorities as it is of disease. I look at what precisely is the nature of the "disease" caused by these conditions, and at why the European Self is historically perceived in terms of boundaries threatened by invasion and blood threatened by contamination. I show that the concept of disease, especially that transmitted through sexual contact, is intrinsically bound up with the question of alterity (Self versus Other) and with the fear of self-dissolution inherent to the collapse of identity which occurs in sexual union.

## MORALES Alvaro - Canada

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**Title:** Efficacy and safety of IC351 treatment for ED

IC351 is a potent & selective inhibitor of PDE5. This multicenter, placebo (PBO)-controlled, double-blind, parallel study evaluated the efficacy & safety of IC351 taken as needed by men with mild-to-severe ED. After a 4-wk tx-free run-in period, 212 men received PBO or IC351 2-25 mg for 8 wks. All doses (1 dose/24 h, max) were taken as needed prior to sexual activity. Measures of efficacy: global assessment question (GAQ), International Index of Erectile Function (IIEF) domains & questions (Q), Sexual Encounter Profile (SEP) diary data. Compared with PBO, IC351 5-25 mg significantly improved scores for SEP, IIEF Q3 & Q4, & IIEF domains. IC351-treated patients (2-25 mg, 57-88%) had a greater % of positive responses on the GAQ than patients on PBO (28%). The most common tx-related AEs (all IC351 >5%; headache & dyspepsia) were generally mild to moderate & appeared to abate over time. There was no difference in cardiovascular AEs between PBO & IC351. In this study, IC351 5-25 mg taken as needed to treat mild-to-severe ED demonstrated superiority over PBO & was well tolerated.

## **MOREIRA Edson - Brazil**

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**Title: Myths, beliefs and perceptions about erectile dysfunction: results from a population-based survey in north-eastern Brazil**

Erectile dysfunction (ED) is an ancient human problem, but little is known about men's attitudes towards it. This survey set out to ascertain perceptions of ED in a population-based sample of men in Salvador, a city of 2 million, in Brazil. Methods: From Feb/Jun 2000, a cluster sample of 504 men age 40 to 70 was selected from a random list of census tracts. Data were collected in an in-person interview lasting 25-30 minutes. Attitudes and perception towards ED were measured on a Likert scale. Results: The statements and respective percentages of men agreeing or strongly agreeing with them were as follows: ED negatively affects the quality of life (94%); sildenafil use is safe only under medical supervision (83%); ED is a natural part of aging (78%); medicine for ED can cause death (72%); ED is not a serious health problem (71%). For the other 5 questions answers differed significantly by education. Men with <8 years of education strongly agreed/agreed that: it is not worth treating ED because the current available oral treatment (sildenafil) is too risky (70%); ED is a rare condition that affects a few men (64%); God may punish those who take medicine to have pleasure, like men who seek care for ED to have sexual intercourse (59%); the elderly should not treat ED because it can be health hazardous (54%); there is no effective treatment for ED (43%). Corresponding values for subjects with 8 years of education were 42%, 48%, 22%, 31% and 29%.

Conclusions: Our data confirm that ED in Brazil is a subject fraught with misconceptions, prejudice, and taboos, even among more educated men. Clinicians should be aware that although ED is a medical condition, it is strongly influenced by cultural, psychological, and religious factors, which must be considered to ensure optimal treatment. Our data further suggest that educational programs about ED are urgently needed to dispel some of the mythology and misinformation surrounding the subject.

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## **MOREIRA Edson - Brazil**

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**Title: Prevalence and correlates of erectile dysfunction: results of a multicenter survey in Brazil.**

Objectives: To determine the prevalence of erectile dysfunction (ED) and its potential correlates. Methods: While attending the "Health Awareness Fair" in nine major cities in Brazil, 1,286 men completed a questionnaire regarding ED, demographics and medical conditions. ED was assessed by a single global self-rating question, where subjects were asked to describe themselves as (always/usually/sometimes/never) able to achieve and maintain an erection good enough for sexual intercourse. Multivariate analyses were carried out to calculate prevalence odds ratios and 95% confidence intervals for potential covariates. Results: Overall, 46.2% of men reported some degree of ED (minimal 31.5%, moderate 12.1%, complete 2.6%). Prevalence of complete ED increased ten times from 1% to 11% between subjects ages less than 40 and over 70 years, whereas moderate ED raised from 8% to 27% and minimal ED remained constant at approximately 31%. In the multivariate logistic regression model, low educational attainment; black race/ethnicity, homo/bisexuality, and a history of diabetes, hypertension, or depression were significantly ( $p < 0.05$ ) associated with increased prevalence of ED.

Conclusions: We conclude that ED is a major health problem in Brazil, and both severity and prevalence increase with age. The medical, sociodemographic, and lifestyle variables associated with ED may alert physicians to patients who are at risk of ED, as well as offering clues to the etiology of ED.

## **MORRISSEY Gabrielle - Australia**

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**Title: The experience of first sexual intercourse of Australian women**

Throughout time and across cultures the experience of first sexual intercourse is a powerful and significant initiation for females. This research study seeks to describe and understand the experience of female first sexual intercourse using the method of phenomenology. The study describes expectation, affective reaction, physical experience, personal meaning and sexual effects of the experience of first sexual intercourse of Australian women. Through purposive sampling, 20 Australian born and educated women between the ages of 18 and 30 were interviewed to illuminate the phenomenon of female first sexual intercourse (FSI). This research provides a foundation of information, as there has been limited study in Australia on the experience of female first sexual intercourse, especially in qualitative research. Preliminary thematic findings are grouped into the following categories (and sub-themes): 1) FSI as a physical experience (pain, blood, pleasure), 2) FSI as an emotional experience (disappointment, pressure, excitement, anxiety), 3) FSI as a transitional experience (as a step to womanhood, virginity as a hurdle), 4) FSI as an educational experience (expectation vs. reality, communication with friends and family, role of formal education), and 5) FSI as an experience that affects self concept, sex life and function (self-empowerment, sexual confidence, sexual dysfunction). A model is currently being generated by this research for understanding female FSI in Australia. This model will provide a more comprehensive understanding of sexual behaviour and approach to sexual-ity education.

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## **MOSER Charles - USA**

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**Title: DSM-IV-TR and the diagnoses of sexual sadism and masochism**

Resume: The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM), is the standard reference for defining the criteria for all psychiatric diagnoses. Its influence broadly affects law, child-custody, employment and other social issues. The new revision of the DSM, DSM-IV-TR (DSM, fourth edition, text revision), has just been published. The present paper will critically review whether DSM-IV-TR meets its own goals to "correct factual errors," "to ensure that all of the information is still up-to-date," and "to reflect new information available since the DSM-IV literature reviews were completed in 1992" (p. xxix). Sexual Sadism and Sexual Masochism will be used as case examples to show the confusion these diagnostic criteria have generated. Generic problems with the conceptualization of paraphilias will be highlighted. The problems with the need to specify the behavior for each diagnosis will be explored. Cross-cultural and trans-historical persp!

## **MOURA Regina Gonçalves - Brazil**

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**Title: Elective ovarian removal - effects on sexual life**

The present investigation had purpose of demonstrate behaviour pattern of medics concerning the variability of the criterion for castration, their knowledge about the macroscopic appearance of the ovarian, the concepts of ovarian function and female sexuality and prescription of HRT, analyzed in function of sex of the professionals. The work was developed in two stages. The first one consisted of oophorectomies in pathology laboratories of two municipal hospitals and a private laboratory of Rio de Janeiro in period between 1994 and 1998. The normal ovarian, studied macro and microscopically were separated from those with structural, inflammatory and neoplastic changes. In the second stage, 66 gynecologists (34 female and 32 male), answered a questionnaire structured on themes concerning castration, ovarian function and female sexuality and prescription of HTR. The analysis of the results reveled that 63,5 % of the ovarian removed in public hospitals and 74,4 % of those extracted in private hospitals were absolutely normal. No significant differences were observed relative to the Sex of professionals and concerning the criterion for castration and knowledge about the macroscopic appearance of the ovarian. With relation to ovarian function and female sexuality and criterion to prescribe HTR a statistical discordance was observed considering the sex of professionals.

The work concludes that intervention made by medics in the health and life of women patients is consequent of a mercy sentiment by the contingence of they can get sick, without a reflection about the consequences of their act and ignoring the women desire.

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## **MOURAS Harold - France**

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**Title: A functional magnetic resonance imaging (fMRI) study of brain processing of visual sexual stimuli in healthy male volunteers.**

The brain plays a central role in sexual motivation. fMRI allows now to image accurately the neural activity in various brain areas. The objective of this study was to identify cerebral areas whose activation was associated with sexual desire. The protocol was accepted by the CCPPRB (local ethics committee). fMRI was used to investigate brain responses of eight healthy male volunteers (range: 24 to 30 years old). The two experimental conditions were defined by the type of visual stimuli, i.e., a series of sexually stimulating photographic sexual stimuli (S condition) and a series of sexually neutral photographs (N condition). These visual stimuli had been previously selected out of a series of photographs representing women by subjects not otherwise involved in the experiment. Subjective responses pertaining to sexual desire were recorded after each of the two conditions. Using Statistical Parametric Mapping, we identified regions that were activated or deactivated in response to sexually stimulating pictures. Activated regions were the right and left inferior parietal lobules, right superior parietal lobule, right and left postcentral gyri, and right precentral gyrus. Deactivated regions were the right precentral gyrus (BA44 and 6), left inferior frontal gyrus, right precuneus, and right posterior cingulate gyrus. In conclusion, two different types of cerebral areas are activated in response to sexually stimulating visual stimuli : (I) parietal areas, known as being implicated in response to motivationally relevant visual stimuli ; (II) frontal areas involved in the preparation of motor acts.

## **MUKIISA Edith - Sweden**

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**Title: Approches to different sexual issues in countries in Africa**

Reaching Young Females: Naguru Teenage Information and Health Centre Experience.

Problem identified : Naguru Teenage Information and Health Centre is a youth clinic which provides Adolescent Sexual and Reproductive Health Services. The first of its kind in the country this clinic has also turned into a model for the country. When it started 65% of its clientele were males and even those females that attended were from schools leaving out the out of school who were more vulnerable to reproductive health problems.

Intervention : A radio programme was started on one of the fm stations addressing the specific needs of females who are out of school and the other target for this program were the parents. Outreaches were also started in area of operation through community leaders. Out of school groups that are organised were identified for specific activities like condom distribution and IEC activities.

Results : No of young people accessing services has increased tremendously with increasing attendances from 1408 in 1995 to 13,440 in 2000. Condom distribution including female condoms has also increased from an average 20comdoms a week in 1995 to 400 condoms in a day. STD prevalence among those seeking for services has decreased from a range 40-43% between 1995/98 to 31% in 1999 and 27% in 2000.

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## **MUKIISA Edith - Uganda**

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**Title: Aids opens up for sexuality: a case study for uganda**

Uganda's success story in combating the AIDS epidemic is largely characterised by the political commitment resulting in a multisectoral strategy. While the expected outcome was however prevalence which has gone down from 30% to as low as 9% in some areas, the other was an open door to sexuality. The media in particular was taken ahead in this area by starting sex education initiatives like newspaper (Straigh Talk, Young Talk)and regular colums in the newspaper and radio programmes on FM stations. Traditional sex education system have also been redesigned.

## MUKONDE Frank - Zambia

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Title: Changes in sexual behaviour in tertiary institution students following increased hiv-aids awareness campaigns.

The study was conducted on the hypothesis that HIV-AIDS awareness campaigns seem to have no impact on HIV-AIDS cases in Zambia.

Objectives:

General objective:

To determine changes in sexual behaviour in tertiary institution students following increased HIV-AIDS awareness campaigns.

Specific objective:

- To determine the past and present sexual behaviour among tertiary institution students
- To determine levels of high risk behaviour
- To determine factors responsible for lack of reduction in high risk behaviour despite increased HIV-AIDS awareness campaigns
- To determine levels of abstinence
- To determine levels of condom use as a preventive measure
- To recommend viable strategies in HIV-AIDS transmission and prevention.

Methodology: This was a community based prospective study. The sample comprised 384 respondents and a self-administered questionnaire was used with a female to male ratio of 1:1.

Results: The results showed little variation in responses of students in various tertiary institutions of learning. There was an increase of 6% in the number of students going to night clubs and engaging in excessive alcohol drinking. 52% of those who had multiple sexual partners had knowledge about HIV-AIDS about 10-14 years ago and 58% had the same knowledge 5-9 years ago. 40% of the respondents were exposed to risk factors like multiple sexual partners, unprotected sex and going to night clubs highly patronised by prostitutes, 20% were exposed irregularly, and 5% were not exposed at all. 19-29% used condom when having sex and 20% reported not having used a condom when having sex with strangers. The reasons given for such an action were that: it was a sign of trust between a couple, because they were drunk at the time of having sex, condom reduces pleasure, and other did not see the need for using the condom since it is not 100% protective. Behaviour change was observed in that 80% of females and 75% of male respondents have now started practising abstinence.

Conclusions:

From the study the following deductions were made:

- Sexual behaviour change was noted among students attending tertiary institutions. However a further research needs to be done to ascertain this or make an on the spot check.
- Most respondents who had sexual intercourse while drunk rarely or never used a condom and practises like having multisexual partners and having sex with strangers have been abandoned.
- A few tertiary institution students are still misinformed about HIV-AIDS prevention strategies.
- There is need to follow up some of the respondents with a focus group discussion and a one-to-one interview.

Recommendations

- Abstinence must be encouraged among the youths.
- Those who fail to abstain must practice monogamy.
- HIV-AIDS prevention programmes must be included in primary school curriculum to help the up-coming generation of children make informed choices as they grow up.

## MUNGER Placide - Canada

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Title: Équation média et consultation en sexualité

Known as the Media Equation, the emotional relationship that exists between humans and computers harbours a greater importance when exchanges and communications deal with sexual intimacy. Within these pages we will discuss this link triggered by interacting with a site specialised in providing scientific information and counselling on human sexuality, in this case Elysa. This paper focuses on the positive and negative aspects of the Internet relationship in dealing with the sexual emotion.

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## MURILLO MUNOZ Javier - Colombia

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Title: A new instrument to study sexual orientation

A descriptive study of the sexual orientation of 112 Colombian university students of both sexes was conducted using an instrument designed by the author, 7 variables were measured: visual attraction, propensity to fall in love, erotic fantasies, satisfaction associated with flirting, arousal with possible erotic activity, arousal with physical closeness and Robinson Crusoe fantasy (choosing a man or a woman to be alone with for several years on a deserted but paradise island). The instrument includes a one to seven scale, one being exclusively heterosexual, two fundamentally heterosexual, three to five bisexual, six fundamentally homosexual and seven exclusively homosexual. The results show that 36% of subjects were exclusively heterosexual, 52% fundamentally heterosexual, 9% bisexual and 3% fundamentally homosexual. According to these findings the rigid dichotomy: exclusively heterosexual - exclusively homosexual is not predominant. The instrument confirms its usefulness because it is aimed in the subject disposition and not in his / her behavior like the traditional ones.