

Editors: Cristina Tania Fridman

Alain Giami

Contributors: Kevan Wylie, Federation Presidents, Chairs Committees; Jaqueline Brendler; Rafael García Alvarez; Chiara Simonelli; Marlene Wasserman; D. Narayana Reddy; Woet Gianotten.

Topics Covered

1. A message from the president.
2. News from WAS at The 47th Session of the Commission on Population and Development New York on April 7-11 and IPPF; WHR and WAS
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-Dr Eve: 20 Years of Sexual Rights. Yeah Right!

-International Updates: News; India: D. Narayanna Redy Attached Some Relevant Observations of the Court for the Newsletter Perusal

-ICSoR 2014 Anatolian Congress

-From the webmaster

Art - Sun Yuan & Peng Yu – 2011

1- A message from the President

Dear friends and colleagues

Welcome to our June newsletter packed full of information sourced by Cristina and Alain. Thank you to everyone who has made the time to share some of their work and news in the newsletter, it is so important to let everyone be aware of try important work being done within WAS, the regional federations and member societies. Indeed, the vast majority of the committees are now starting to progress through their agreed work plans and I shall ask all committee chairs to provide a further summary for the September issue of the newsletter one year into our current administration.

At our next General Assembly we will be recommending some changes to the statutes. Pierre is leading the governance committee so please ensure you share your ideas with him so that these are heard in advance of the discussions and deliberations for any proposed changes.

We have faced recurring financial difficulties in securing a PCO for Singapore and much of my time and energy has been involved in meeting and negotiating with four companies to secure a suitable partner to act as both our congress

organiser as well as to provide association management to the Association. The latter is crucial in the professional running of our Association and we have some very exciting developments that will hopefully improve member communications and secure additional benefits to individuals regardless of how the individual member secures membership of WAS. More details will be distributed over the next couple of months.

With the signature of the contract, we will be able to invite tenders for the 2017 and 2019 congress hosts and cities.

Financial pressures also continue for our journal and under the negotiation of our past president Eusebio and editor Eli, we have essentially secured an alternative contract with Taylor & Francis for access to our journal. More details will follow shortly.

With the PCO in place, we will work towards the planning of our 2015 congress in Singapore. Ganesh and his local team and Pedro Nobre leading the scientific committee have already

started the detailed planning necessary to make this a success.

I would also like to share details of the first joint educational meeting between WAS and the International Society for Sexual Medicine (ISSM). This will take place in March next year in the Americas and will hopefully bring some financial benefit as well as extending the breadth to the clinical programme with our involvement. Again, more details will follow shortly.

By the time of our next newsletter, WSHD will have taken place and I urge all of you to try to identify a local team or society to run the day in your country or territory. Full details are contained within our newsletter. We will be coordinating the launch of the hugely successful rewrite of our Declaration of Sexual Rights under the leadership of Eli and Esther who with the special task force provided a strong declaration that was mentioned at the UN meeting in April. This speech by Esther can be viewed in full following the links from our web pages.

My personal congratulations are extended to all four 2015 Gold Medal winners. More details are within the newsletter and all speakers are invited to Singapore next year to receive their prize and deliver a lecture.

I had the pleasure to represent and co-chair the session on sexuality education at the recent meeting of the European Society of Contraception and Reproductive Health. We are hoping to secure future collaboration with the team involved in the project with WHO on the issue of the education guidelines, implementation and critical review.

Please remember to share your information with us and as our AM team (after appointment) become familiar with the work of WAS we hope to extend the current social media channels to keep everyone informed both inside and outside of WAS of our work and the valuable role each of you contribute to the success of the Association.

Continue with your great work in the field of Sexual Health and remember to share your experiences through our newsletter.



Kevan Wylie
President WAS
WORLD ASSOCIATION FOR SEXUAL HEALTH

2-1 News from WAS at the 47th Session of the Commission on Population and Development New York on April 7-11

The 47th Session of the Commission on Population and Development took place in New York City on April 7-11 to review the taken at the groundbreaking International Conference on Population and Development (ICPD), held in Cairo in 1994

WAS participated in this process attending plenary and special sessions, advocating for sexual health and rights, distributing copies of the draft of our new Sexual Rights Declaration and finalizing with the reading of a Statement at the Plenary. This was no easy task, it would not have been possible without the support and assistance from our staunch friends at IPPF, particularly Maria Antonieta Alcalde. It mean hours and hours of listening to statements made by governments , in which, notwithstanding the final result, the wording sexual rights came up again and again, the same as comprehensive sexuality education. We had the opportunity of meeting with many old friends and acquaintances from UN agencies and NGOs all over the world and to be able to talk about the work we have been carrying out at WAS, not only on the SR front but about our many other activities.

Speaking at the Assembly involved long sleepless hours trying to work on a statement, which, although being very short, still managed to convey the essence of our Declaration, which at the end , we had to even cut shorter.

You can see the results (<http://www.worldsexology.org/declaration-of-sexual-rights-presented-in-united-nations/>), thanks again to Eusebio Rubio and his technological savviness

After that the long wait for the resolution, (http://www.un.org/en/development/desa/population/pdf/commission/2014/documents/CPD47_Resolution_2014_1.pdf), and for which consensus was reached at 4 o'clock AM Saturday morning. The results are somewhat disappointing; it is true that a detailed analysis of the document still needs to be carried out, but for a start, sexual rights are NOT mentioned in the document. We have to acknowledge that this was, perhaps, the most contentious issue, which, in my opinion, means that it is the most revolutionary and forward looking subject. However, the words sexual and sexuality are there in some way. I have to remember that in Cairo we had to drop the sexual from sexual and reproductive health, once again, for the sake of consensus.

The Task Force has to be thanked for producing an excellent document, as well as Kevan Wylie and the the EOs, the SRC and the AC for supporting it. Our amazing writing group who has benefited from the Eusebio Rubio's clear insights and long experience, the sharpness, elegance and intelligence of Eleanor Matticka, the commitment and incredible knowledge of our legal expert, Eszter Kismodi and, last but not least, the wisdom and driving force of Eli Coleman which eventually will produce the Technical Document

Eli Coleman and the University of Minnesota have to be specially thanked also for having the vision to make this whole project possible

2.2 - News-

Presented to the 47th Session of the Commission on Population and Development by the International Planned Parenthood Federation, Western Hemisphere Region and the World Association for Sexual Health

Mr. Chairman, ladies and gentlemen,

Many thanks for allowing us to speak in this crucial session of the United Nations Commission of Population and Development

The World Association for Sexual Health (WAS) is a multidisciplinary, world-wide federation of scientific societies, NGOs and professionals in the field of human sexuality which promotes sexual health throughout the lifespan and throughout the world by developing, advancing and supporting

rights-based research, advocacy, education and services for all.

The International Conference on Population and Development (Cairo 1994) was a milestone in shaping and developing the concept of reproductive health in a way which responded to the need to state human rights in relation to reproduction.

Great strides have been made since ICPD in the recognition that health in general and sexual and reproductive health in particular, are closely linked to a broad understanding of sexuality as a central aspect of being human that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. There is no doubt that the way sexuality is lived and expressed is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.

This concept of sexuality is at the heart of sexual health, a state of physical, emotional, mental and social well-being which is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual rights are not a new concept; they are rights grounded in universal human rights which are enshrined in international and regional human rights documents, in national constitutions and laws, and based on scientific knowledge related to human sexuality and sexual health.

The time has come to recognize that sexual rights are based on the inherent freedom, dignity, and equality of all human beings and include a commitment to protection from harm.

The following sexual rights are human rights pertaining to a person's sexuality.

1. The right to life, liberty, and security of the person.
2. The right to equality and non-discrimination.

3. The right to autonomy and bodily integrity.
4. The right to be free from torture and cruel, inhuman, or degrading treatment or punishment.
5. The right to be free from all forms of violence and coercion.
6. The right to the freedom of thought, opinion, and expression.
7. The right to privacy.
8. The right to the highest attainable standard of health, including sexual health; which implies the possibility of having pleasurable, satisfying, and safe sexual experiences.
9. The right to enjoy the benefits of scientific progress and its application.
10. The right to information.
11. The right to education and the right to comprehensive sexuality education.
12. The right to enter, form, and dissolve marriage and other types of relationships based on equality and full and free consent.
13. The right to decide whether to have children, the number and spacing of children, and to have the information and the means to do so.
14. The right to access to justice, remedies, and redress.
15. The right to freedom of association and peaceful assembly.
16. The right to participation in public and political life.

The World Association for Sexual Health calls upon all member states to recognize the value of sexual health and sexual rights and to acknowledge their links to personal and social development and the legitimate aspiration of all people **through the promotion and protection of sexual rights, indivisible parts of basic human rights**

WAS REPRESENTATIVE -ESTHER CORONA,
TASK FORCE

CO-CHAIRS: Eli Coleman; Esther Corona

MEMBERS

Maria Antonieta Alcalde
Antón Castellanos Usigli
Mariela Castro Espín
Yuko Higashi
Pinar Ilkharacan
Ezster Kismodi
Eleanor Maticka Tyndall
Rafael Mazín Reynoso
María Perez Conchillo
Marlene Wasserman

3 - News from WAS COMMITTEES

SCIENTIFIC COMMITTEE

A Statutory Committee

MEMBERSHIP

Chair: Pedro Nobre (Portugal)

Vice-Chair: Maryanne Doherty-Poirier (Canada)

Field Leaders

Basic Sciences: Erick Janssen (USA)

Behavioral & Social Sciences: Osmo Kontula (Finland)

Clinical Sciences: Marita MacCabe (Australia)

Educational Sciences: Aleksandar Štulhofer (Croatia)

Medical Sciences: Andrea Salonia (Italy)

Public Health: Maryanne Doherty-Poirier (Canada)

Sexual Rights: Yuko Higashi (Japan)

WORK PLAN 2014

Objectives:

The main objectives of the WAS Scientific Committee for the 2014-2017 periods are:

To monitor the standards and quality of scientific activities undertaken on behalf of WAS in particular the biennial congress.

The Committee **will work** in order **to help developing high scientific quality meetings in Singapore 2015 and 2017**. This will include monitoring the quality of the accepted submissions (both posters and oral communications) and coordinating the process of selecting invited speakers, plenary sessions, and symposia. The members of the WAS SC will be responsible to coordinate each of the seven tracks: Basic Science, Behavioral & Social Sciences, Educational Sciences; Medical Sciences, Public Health, Sexual Rights. Each Track leader will be responsible to monitor the quality of the submissions for that track and should suggest a list of experts in the field to be part of the Congress Scientific Committee.

To proceed with the project for the development of the World Database on Sexual Health

The first phase is ongoing (goal 1) and the objective for the 2014-2017 period is to start the second phase including goals 2 and 3.

GOAL 1: To / create and store a database/archive of all available scientific literature in the main topics of sexual health (sexual behaviour, sexual problems, sexual education, HIV/AIDS, reproductive health, sexual rights, sexual aggression, sexual health and well-being)

GOAL 2: To collect and store with available information from several organizations (e.g., WHO, Unaid, UNO, Unesco, Research centers, etc.) indicators of sexual health/sexual rights across several countries.

GOAL 3: To promote the development of comparable studies on a variety of key dimensions of sexuality (e.g., sexual behavior, sexual health, sexual rights) across different countries worldwide. In order to accomplish this goal we should be able to establish partnerships with key research centers across the world that would be interested and willing to write grants to fund this project. This could include regional grants or Cross-national funds (e.g., European Union, WHO, UNO, Ford Foundation, etc.).

To propose the development of online advanced training programs in the main topics of sexual health and sexual rights

These advanced training programs may include brief and specific training actions in a given topic, or be broader and cover the main topics of sexual health. The SC members in accordance with the WAS Education Committee may propose actions and suggest world experts in the field to constitute a list of Faculty.

To propose and prepare evidence based Position Papers on relevant topics of sexual health and sexual rights matters.

The preparation of the position papers should have the input of all members of the Scientific Committee with particular emphasis on the experts on the subject matter under debate. The track leader of the Sexual Rights should have a predominant role in this regard and be responsible to propose position papers and prepare drafts incorporating the input of the members.

To propose the development of alternative formats for the WAS meetings exploring the possibilities of online technologies.

The development of webinars or web meetings should not compete with the biennial WAS Congress but should create alternative options for professionals and interested colleagues across the world to assist and participate in the WAS scientific activities.

The WAS SC will also respond to specific requests from the Executive Committee and make recommendations to the Advisory Committee, as appropriate. Also, upon request, the SC will provide advice and assistance to researchers and authors, both within and outside of WAS.

Chair: Pedro Nobre

SEXUALITY EDUCATION COMMITTEE (SEC)

A Statutory Committee

SEC Committee asks WAS members to submit any information of the barriers in 2014 to implement sexuality education programs in different countries around the world

The Sexuality Education Committee (SEC) is a statutory committee of the World Association for Sexual Health. The purpose of this committee is to provide information, advice, support and assessments in the area of sexuality education. This committee is also responsible for the Excellence in Education Awards.

Chair of the committee is Osmo Kontula (Finland), and **Vice-Chair** is Lotta Löfgren-Mårtenson (Sweden). Other members of committee are Roger Ingham (United Kingdom), Bill Taverner (USA), Esther Corona (Mexico), Cristina Tania Fridman (Argentina), and Sharful (Bobby) Islam Khan (Bangladesh).

The Sexuality Education Committee had decided to collect information and later also to survey sexuality education programs and practice around the world. **Committee is especially interested in 2014** of the barriers to implement sexuality education programs in different countries around the world. What are the forces which prevent or

disturb national or local sexuality education in your country? SEC Committee asks WAS members to submit any information of these barriers to: Osmo.Kontula@vaestoliitto.fi The summary of this information will be later published on the WAS website.

Chair: Osmo Kontula

SEXUAL RIGHTS COMMITTEE

A Statutory Committee

June 2014 edition - Sexual Rights for All

Co-Chairs: Yuko Higashi (Japan) & Tommi Paalanen (Finland)

Tamara Adrian (Venezuela)
Mariela Castro (Cuba)
Eli Coleman (USA)
Faysal El-Kak (Lebanon)
Ingrid Geray (France)
Sharful Islam Khan (Bangladesh)
Ilsa Lottes (USA)
Rafael Mazin (USA)
Xud Zubieta Méndez (Spain)
Emil Man-Lun Ng (Hong Kong)
Aminta Parra (Venezuela)
María Perez (Spain)
Marcia Rocha (Brazil)
Marlene Wasserman (South Africa)

WAS has taken a strong stand and reaffirmed its commitment to the worldwide promotion of sexual rights with Esther Corona's presentation of the newly revised WAS Declaration of Sexual Rights at a session of the UN Commission of Population and Development. In conjunction with that declaration, the Sexual Rights Committee (SRC) has a mandate to monitor infringements of those rights and respond by expressing in a clear voice that such violations will not go unnoticed and can never be tolerated. Our mission is guided by the view that sexual rights are universal and inalienable human rights that belong to every single human being regardless of their attributes, sexual orientation or preferences.

The focus of our attention is primarily directed at government and non-government organizational activities that breach sexual rights as well as human rights that may impact sexual health. Our committee members monitor current events and extensive networks related to our individual fields of study, geographical locations, and professional

connections. Following an alert to a violation, the committee works to determine the best course of action that at least includes drafting an official response from WAS, identifying individuals and organizations that should receive this letter, and seeking other means of raising public awareness of the issue. While it's simply impossible to address every violation of sexual rights, we strive in particular to respond to high impact emergent legislations and laws that allow political leaders and governments to exercise execution, torture, imprisonment, and/or violence on their citizens.

The following represent some of the issues that the SRC has responded to recently.

- **May 2014** – Brunei's newly revised law that follows the sharia-based penal code was enacted last October and recently came to be enforced. This violates the sexual rights of its citizens by criminalising human acts that include extra-marital affairs, abortions and same-sex relationships with punishments such as death by flogging and stoning.
- **February 2014** – The Ugandan parliament passed the Anti-Homosexuality Act, which was then signed into law by President Yoweri Museveni. In December 2012, the SRC initially urged the President and the members of the Uganda Parliament to immediately dismiss the bill that forms the basis of this law.
- **December 2013** – India's Supreme Court re-criminalised consensual adult same-sex relations and referred to the colonial era penal code 377 that describes homosexual sex as being "against the order of nature".
- **June 2013** – Russia's President Vladimir Putin signed into law an anti-"propaganda" bill targeting non-traditional relationships that would prohibit any person to write a book, publish an article, or speak in public about being gay, lesbian or transgender. When Russian political leaders were preparing to vote on the law, the SRC urged the

immediate dismissal of this bill and demanded that Russia honour its commitment to human rights. Russia has signed the European Convention on Human Rights and this legislation is in violation of the commitment Russia has made to this treaty.

(For full versions of all of our statements, please visit our WAS website:
<http://www.worldsexology.org/committees/sexual-rights/statements/>)

The SRC's work extends to other activities such as preparing WAS position statements and providing support for other initiatives that denounce the violation of Sexual Rights in different parts of the world. We issued one position statement in 2012 to clarify that the promotion of 'traditional values' should not undermine the rights of the LGBT people. This was done in response to the United Nations Human Rights Council resolution. With recent news related to gender recognition, we are now preparing a position paper on this topic. In April 2014, the Supreme Court of India declared that Transgender people are entitled to the same rights as all other citizens of the nation and can choose to be recognized as a "third gender." In the same month, the High Court of Australia ruled that a person can be registered as neither female nor male ('unspecified sex'). We warmly welcome the news about the recent change in laws concerning gender recognition. It is important that the diversity of gender experienced and expressed by individuals is officially recognized.

In each letter, correspondence, and position statement, the SRC and WAS are able to reference the Declaration of Sexual Rights. Based on universal human rights norms, the Declaration guides and strengthens the work of our committee. We hope that each member of WAS can make their own efforts to share and promote the Declaration of Sexual Rights as we all strive to see its contents become universally accepted.

A Call for Support

The Sexual Rights Committee wishes to extend its reach by setting up five regional workgroups,

which would monitor the status of sexual rights and draft statements and propose other activities to promote sexual rights in the region. The workgroups will represent Europe, Africa, South America, North America and Asia (including Australia and Oceania).

If you are interested in joining one of the workgroups and supporting the efforts of the SRC, please contact SRC Co-Chair Tommi Paalanen: tommi.paalanen@iki.fi

Co-Chairs **Yuko Higashi and Tommi Paalanen**

GOLD MEDAL COMMITTEE

An Ad hoc committee

Chair: Lillemor Rosenqvist (Sweden)
Members 2013-2015
Vice-Chair: Roy Levin (UK)
Reiko Ohkawa (Japan)
Simon Rosser (USA)
Leon Roberto Gindin (Argentina)
Lars-Gösta Dahlöf (Sweden)

The Gold Medal Committee was installed after the WAS World Congress in Valencia 1997. Lillemor Rosenqvist was elected Chair of the committee by the WAS Advisory Committee and it was decided that the other members of this committee should be the latest Gold Medal awardees. In July 2009 the WAS Advisory Committee decided that 3 additional persons, each of whom is a member of WAS and has extensive knowledge and experience, should be nominated as members to provide a balance.

The Gold Medal Committee is constituted to review all submissions for the award of the Gold Medal and to make a recommendation to the Advisory Committee on the most worthy, potential recipients. During the biennial congresses, WAS delivers two kinds of awards to recognize excellence and life-work in sexology. The Gold Medal is the most prestigious individual honor of the World Association for Sexual Health. A maximum of five Gold Medals are awarded at the WAS Biennial Congress. At this time, the committee was working on the final stage of choose candidates for the 2015 Gold Medal that

will be delivered on the occasion of the next congress in Singapore 2015.

The four persons honored with the WAS most prestigious professional award - for their life-long contribution to the field- with the 2015 WAS Gold Medal are (in alphabetical order):

- DOORTJE BRAEKEN, HOLLAND
- MILTON DIAMOND, HAWAI, USA
- AMINTA PARRA, VENEZUELA
- EUSEBIO RUBIO-AUREOLES, MEXICO

Each recipient was invited to give a presentation at the World Congress at Singapore 2015.



Chair: Lillemor Rosenqvist

MIDDLE EAST SEXUAL HEALTH COMMITTEE

An Ad hoc Committee

The Middle East Sexual Health Committee was established to support the development of sexological associations in the Middle Eastern countries, and to promote sexology, sexual health and sexual rights in the region. Growing in popularity, the committee is recognized as the overarching umbrella organization for professionals of human sexuality in the Middle East.

The committee started with three core members and grew to accommodate fifteen core members, now extending to eight countries within the region. Most of our members are individual members of WAS mainly due to lack of existence of sexological associations within the region. However with the growth of such organizations, future efforts will be made to encourage membership from range of organizations as well.

2013-2015

Chair: Dr. Sara Nasserzadeh (Iran/USA)
Dr. Faysal El-Kak (Lebanon)- Vice Chair
Dr. Elham Atalla (Bahrain)
Mr. Qadeer Baig (Pakistan)

Affiliate members

Wafa Alomari (UK/Egypt)
Pierre Assalian (Canada)
Seyed Ali Azin (Iran)
Amini El Khatim (Lebanon)
Amr El Meliegy (Egypt/Saudi Arabia)
Farideh Farahani (Iran)
R. Y. Jalali (Pakistan)
Abbas Nasehi (Iran)
Firrozeh Raisi (Iran)
Dina Seddiqi (Lebanon)
Mehmet Sungur (Turkey)
Rola Yasmin (Lebanon)

2014 Specific News from The Members:

Dr. Mehmet Sungur, was awarded with the ESSM-EFS award as well as **Julia Heiman** award at the Jointly organized conference by Sexual Health Institute (CISED) and German Society for Social Scientific Sexuality Research (DGSS) for his contributions to the field of couples and sex therapy.

Dr. Sungur and colleagues organized the 1st joint ESSM-EFS congress in Istanbul between 29 Jan - 1st Feb. Before this event we have also organized the training course for recognition as "psycho-sexologist" by the joint efforts of EFS and ESSM. There were about 2000 attendants in the congress and professionals from different continents attended the training course and the exam following the course. During that congress a gold medal award was given to 3 researchers and clinicians.

Reported by Qadeer Baig (Country representative of WPF-Rutgers in Pakistan):

There has been substantial work on SRHR this year including some new initiatives and some resources developed by **the Rutgers WPF** which could be accessed online. These resources could be helpful for colleagues who work in the region or with clients from the Middle-East and South Asian cultural background.

Infograph on Domestic Violence in Pakistan

<http://rutgerswfpak.org/campaigns/RT.html>

- Journalism Awards & Launch of Child Marriages Case Study book

<http://rutgerswpfpak.org/campaigns/Newsletter-CMA2014.htm>

- Awareness to Action (Project Launch)

<http://rutgerswpfpak.org/campaigns/Newsletter-A2A.html>

- ASA Evaluation Report

www.rutgerswpfpak.org/content/pdfs/IEC/ASA-Evaluation-Report.pdf

- SRHR report 2013

www.rutgerswpfpak.org/content/pdfs/IEC/HK/SRHR-End-Line-Report.pdf

- HK End Evaluation Report

www.rutgerswpfpak.org/content/pdfs/IEC/HK-End-Evaluation-Report.pdf

All reports are also available on:
<http://rutgerswpfpak.org/publications.html>

- Campaign against child marriages launched

<http://www.thenews.com.pk/Todays-News-4-249525-Campaign-against-child-marriages-launched>

- Mother's day seminar: 'Most important step now is to implement child marriage restraint bill'

<http://tribune.com.pk/story/706909/mothers-day-seminar-most-important-step-now-is-to-implement-child-marriage-restraint-bill/>

for Pictures Please visit our Facebook Page:

<https://www.facebook.com/media/set/?set=a.660659090637495.1073741836.163776223659120&type=3>

- Domestic Violence Fact Sheet

(Urdu) www.rutgerswpfpak.org/content/pdfs/factsheets/DV-factsheet-urdu.pdf

- (English) www.rutgerswpfpak.org/content/pdfs/factsheets/DV-factsheet-ENG.pdf

If you are interested in joining our efforts at the Middle East Sexual Committee at the World Association for Sexual Health please contact us through the contact page of the website with the subject line: MESH- Dr. Nasserzadeh, and we will be in touch with you shortly.

Chair: Sara Nasserzadeh

WORLD SEXUAL HEALTH DAY COMMITTEE

And Ad- hoc Committee

Co-Chairs: Luis Perelman y Nadine Terrein-Roccatti de México **Members:** Jacqueline Brendler (Brasil), Antón Castellanos-Usigli (México), Cristina Tania Fridman (Argentina), Yuko Higashi, (Japón), Sara Nasserzadeh (EE.UU.), Narayana Reddy (India), Marlene Wasserman (Sudáfrica), Felipe Hurtado (España)

Asesores Honorarios: Esther Corona (México), Rosemary Coates (Australia)

Enlace con EC: María Pérez-Conchillo (España)
worldsexualhealthday@gmail.com

SUGGESTED INTERNATIONAL PRESS RELEASE

WORLD SEXUAL HEALTH DAY 2014

On September 4th of this year, the World Association for Sexual Health (WAS) will celebrate World Sexual Health Day 2014, with the theme: Sexual health: the wellbeing of sexuality"

Since 2010, WAS called on its member organizations to celebrate, World Sexual Health Day in an effort to promote a greater social awareness on sexual health across the globe. In four years, more than 35 countries have participated in this relatively new global celebration, which has relied on volunteer work.

2014 has been the year to review and define the UN Millennium Goals, where the concept of sexual health has been traditionally included as part of reproductive health. This is why we need a specific and comprehensive understanding of sexual health in light of the Working Definition published by WHO and the updated Sexual Rights Declaration recently approved by WAS. (http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf)

This September 4th, WAS invites people from all over the world to learn about their own sexual health as the wellbeing of sexuality, to evaluate it and ponder how to improve it based on human rights and science.

World Sexual Health Day activities are organized in different formats around the world which do not require big expenses like conferences, workshops, public activities, art exhibitions, press conferences, social media and many more.

We invite you to like and follow the Global Facebook Page of World Sexual Health Day: www.facebook.com/4sept and twitter @sexualhealthday

For information about WSHD activities in your country, please contact:

PLEASE INSERT YOUR OWN NAMES AND CONTACT INFORMATION.

For further questions, you can also write to:
worldsexualhealthday@gmail.com

*The World Association for Sexual Health (WAS—formerly the World Association for Sexology) was founded in 1978 by a multidisciplinary, worldwide group of non-governmental organizations (NGOs) with the aim of promoting sexual health and sexual rights throughout the world based on scientifically-based multidisciplinary sexuality research, sexuality education, health promotion, and behavioral and clinical sexology. WAS promotes sexual health and sexual rights and encourages the participation of all people, without discrimination or prejudice.

"La salud sexual: el bienestar de la sexualidad"

See "point 8" from this newsletter all complete WSHD guides lines in English and Spanish.

4- News from The Regions

The WAS Federations with their regional bi-annual congresses take place in the alternating years. Here were and are the dates for the Regional Congresses in 2014.

29 Jan-1 Feb: EFS Istanbul, Turkey

3 -7 Feb: AFSHR Yaoundé, Cameroun

10-14 Sept: FLASSES Punta Cana, DDominican Rep

22-25 Oct: AOFS Brisbane, Australia

EFS - European Federation of Sexology – 2014
EFS – Congress and ESSM - Congress
29Jan.- 1Feb. Turkey



"I am very proud to present you the results of the last 14th Congress of the EUROPEAN FEDERATION of SEXOLOGY joint by the 16th Congress of the EUROPEAN SOCIETY FOR

SEXUAL MEDICINE held in Istanbul from January 29th to the 1st of February 2014. Thanks also to both EFS and ESSM Local Hosts, respectively Mehmet Sungur and Ate Kadioglu this event attracted more than 1.500 participants, amazingly coming from all over the world (73 different countries were represented). It was the first ever event of this scale at which we were able to actively engage International medical and psychological societies together.

An amazing innovation in training took place on January 28th: the first examination for psychologist qualification! This examination of Clinical-sexology – and its pre-course - is under the auspices of both EFS and ESSM as well as the new Syllabus of Clinical Sexology written for this purpose.

More than 56 participants from 15 countries attended the exam. In the same day, the Second Qualification Examination for medical doctors took place on January 28th, with more than 128 participants from 38 countries.

The main objective of the Conference was to illustrate the complexity of Sexology, a portrait with biological, psychological and sociological aspects. To that effect, the Conference sessions were designed to provide participants with a pretty good understanding of EFS-ESSM activities, the implementation of their ambitious agendas, their sensibility to take into consideration research, intervention and education.

Concerning this latter issue I would like to mention the work of the EFS Young Committee, directly dedicated to build and carry-on remarkable International research projects.

EFS has awarded Professors Caruso, Sungur, Giuliano and Crowe for their outstanding careers in the field of Sexology with our Gold Medal.

Moreover we have to praise Dr. Stenqvist (Sweden) for the Best Oral Presentation and Dr. de Maio (Italy) for the Best Poster Presentation.

Indeed, the four days were buzzing with lively discussion and debate – not only during the interactive sessions: a hard joint work on the rich program has been done by the two wonderful presidents of our Scientific Committees:

professors Caruso (EFS) and Salonia (ESSM) always in contact with the two Presidents of the Congress, me and Professor Porst .

The EFS and the ESSM are particularly grateful for the support they received for this event from sponsors and the splendid location that hosted our Conference. Furthermore the EFS-ESSM wishes to thank sincerely all contributors and participants of this event for making it a very informative and enjoyable four days.

And last, but certainly not least, I would like to thank warmly everybody who gave me again his or her trust and respect carrying on loving Sexology and supported me as President of the European Federation for the next two years”.



Chiara Simonelli, *President of EFS*

The success of the 16th ESSM Congress and the 12th EFS Congress 2014

“The congress took place in Istanbul, Turkey, from 29 January to 1 February, in Lütfi Kırdar (ICEC) Convention Center, being an innovative event because for the first time EFS joined ESSM to a congress, thus uniting the two most powerful entities that deal with sexuality in Europe. The conference leaders were the president of EFS Chiara Simonelli, president Hartmut Porst (ESSM), the two presidents of the Congress in 2014, Mehmet Sungur (EFS) and Ates Kadioglu (ESSM), plus the contribution of the two leaders of scientific committees Salvo Caruso (EFS) and Andrea Salonia (ESSM).

The junction of ESSM & EFS I thought have been beneficial to members of the two institutions, because despite dealing with sexuality, the EFS has a multidisciplinary focus and ESSM is more focused on the organic aspects of medical science, providing opportunities in Istanbul, its members broader updates .

There was prize giving "Career Award" and "Award of Excellence" as well as ESSM best presentations (in five categories), the EFS &

ESSM for posters in 3 categories (F1000 poster prizes) besides these four Gold medals (EFS) spoke for 30 minutes during the congress.

The official language is English although it has happened "national symposium" in Turkish, Spanish, Portuguese, but also in German, organized by members of Germany, Austria and Switzerland. Besides the numerous themes addressing sexuality in all fields, by researchers of international renown, there were some symposia sponsored by the pharmaceutical industry. The theme was very broad and diverse as one would expect from an event with over 1500 participants.

The 596 abstracts approved by the scientific committees of the entities were high level of quality and were published in J Sex Med. Abstracts sent to the ESSM were published until page 81, page summaries 8-13 belonged to combined activity of ESSM & EFS after page 82 to 108 take place approved by the EFS.

The ESSM held a pre-meeting the “Master Course on The ABC of Sexual Medicine ” and there was a video course during the congress. There was possibility of performing medical tests aiming receive the ESSM certification (which is valid in the European Union of Medical Specialties - UEMS) and the first test happened to psychologist who wished to receive EFS & ESSM Certified Psycho - Sexologist (ECPS), which helped attract delegates to Istanbul.

See friends and have a good time with them was possible in the opening cocktail, the coffee breaks and lunch during the three day event. Istanbul as host city of the event gave everyone also great cultural and fun moments. My thanks to all colleagues who worked on this wonderful event”.

Warmly,



Dr. Jaqueline Brendler, *Gynecologist and Sexologist – President of WAS’ s Congress 2013.*



**AFSHR -The African Federation
for Sexual Health and Rights**

- Conference February 3-7, 2014 Cameroon

Outcome Document – Eliminating women’s and girls’ sexual and reproductive health vulnerabilities in Africa <http://www.africalsexuality.org/>

The African Federation on Sexual Health and Rights in collaboration with a broad range of partners convened diverse stakeholders including young people at the 6th Africa Conference on Sexual Health and Rights held in Yaoundé, Cameroon **from the 5th – 7th February 2014** with the theme, eliminating women and girls’ sexual and reproductive health vulnerabilities in Africa.

The conference;

Recognized the significant progress recorded on the continent in certain relevant areas of sexual and reproductive health and rights. Nevertheless, the conference, noting however that progress is still short of the MDG targets;

Appreciated the critical role that leadership at the continental and national levels has played in facilitating the delivery of concrete results on the continent;

Noted the continued relevance of key global and continental commitments that seek to improve sexual and reproductive health and rights in Africa especially;

ICPD Programme of Action (1994) and ICPD beyond 2014.

Millennium Development Goals (2000)

Abuja Commitments (2001, 2005, 2013)

Continental Framework on Sexual and Reproductive Health and Rights and its Maputo Plan of Action (2006)

Kampala Declaration: Actions on Maternal & Child Health (2010)

Highlighted the broad range of factors rooted in systemic and institutional weakness, including economic challenges as well as socio-cultural and religious barriers, amongst others, that continue to

underpin the vulnerabilities of women and girls to sexual and reproductive health vulnerabilities;

Identified critical SRHR issues on the continent, notably gender based violence, child marriage, unsafe abortion, unmet need for contraception, female genital mutilation, as well as lack of access to SRH information and services, especially for adolescent girls amongst others;

Acknowledged that set targets in sexual and reproductive health cannot be delivered without addressing the specific needs and fulfilling the human rights of all persons especially the vulnerable and the disadvantaged including the diverse categories of young persons, while confronting the unique challenges of persons with disabilities;

Further **noted** that on going continental and global policy dialogue processes such as the AU Vision 2063; ICPD beyond 2014 and post 2015/MDG agenda setting provides a unique opportunity to highlight critical SRHR issues, engage a wide range of stakeholders involving all segments of the population and facilitate commitment to strategic targets;

Emphasized the critical linkages between universal access to SRH and the promotion of rights to the achievement of Africa’s development agenda;

Identified the critical contribution of indigenous research and all efforts to strengthen the evidence base for decision making, in promoting the sexual and reproductive health and rights of Africans;

The Conference recommends to the *Governments of African states to:*

Revise national legislation, removing provisions that are discriminatory and/or reinforce SRH vulnerabilities for any segment of the population especially for girls and women;

Ensure adequate resourcing and implementation of the programmes that respond to the sexual and reproductive health and rights of all segments of the population including those with special needs and key populations such as people with disabilities;

Step up action to eliminate harmful practices especially child marriage, FGM and all forms of violence and discrimination against girls and women;

Scale up access of young persons, in and out of school, to comprehensive sexuality education information as well as to youth-friendly sexual and reproductive health services including contraception;

Advocate for concrete SRHR related goals and targets, including a youth focused development goal within the continental frameworks as well as the post 2015 development agenda;

Integrate SRH and HIV services to improve quality of care as well as removing barriers to access while addressing discrimination and stigma of persons living with HIV and AIDS;

Adopt innovative programs to reposition family planning as a key intervention to enhance sexual and reproductive health status;

Reinvigorate the efforts to reverse the incidence of HIV, with special emphasis on key populations and vulnerable people including persons with disabilities;

Implement effective social protection schemes that address the economic and social factors that underpin the vulnerabilities of the poor;

Address the impact of unsafe abortion on maternal health by facilitating access to safe abortion within limits of national legislation;

Harmonize and enforce laws on harmful practices like child marriage and female genital mutilation;

Provide enabling environment and framework to promote triangular cooperation (South-South and North-South collaboration) and harness the contribution of the African diaspora to guaranteeing sexual and reproductive health and rights;

Communities especially parents, traditional and religious leaders to;

Recognize the benefits of promoting SRHR to the overall wellbeing and socio-economic development of the community;

Strongly discourage socio-cultural practices that violate the sexual and reproductive health and rights of any segment of the society especially those of marginalized /vulnerable girls and young women;

Support the provision of sexuality information and services to all segments of the community, in a manner consistent with evolving capacities, to facilitate informed choices;

Promote male involvement and cultivate positive stereotypes of masculinity with men and boys as part of the solution to deliberately bring actions to address vulnerabilities, enhance the status of women and girls and realize the sexual and reproductive health of all;

Development partners and civil society organizations to;

Facilitate the institution of mechanisms and systems that promote accountability of all stakeholders to the duties they bear with regards to SRHR;

Explore the avenue of strategic litigation to motivate critical changes in legislation and policies in support of SRHR thus eliminating all forms of discrimination;

Support the strengthening of institutional capacity to implement programmes and provide integrated services to all segments of the community;

Promote meaningful and non-discriminatory community participation in decision making and policy dialogue processes relating to SRHR;

Facilitate capacity strengthening for the conduct of African driven research to strengthen to evidence base to guide relevant interventions;

The African Federation on Sexual Health and Rights in collaboration with the broad range of partners and stakeholder groups **will explore** all credible platforms including the auspices of the African Union to advocate for the implementation of these recommendations.

International Day of Zero Tolerance to Female Genital Mutilation - 6 February 2014

Secretary-General's Message

As Secretary-General of the United Nations, I hold high the banner of empowering women and girls, promoting their health and defending their rights. The International Day of Zero-Tolerance for Female Genital Mutilation is an opportunity to confront this persistent problem – and to find hope in initiatives proving that it can end.

We should strive to preserve the best in any culture, and leave harm behind.

There is no developmental, religious or health reason to cut or mutilate any girl or woman. Although some would argue that this is a 'tradition,' we must recall that slavery, so-called honour killings and other inhumane practices have been defended with the same weak argument. Just because a harmful practice has long existed does not justify its continuation. All 'traditions' that demean, dehumanize and injure are human rights violations that must be actively opposed until they are ended.

FGM causes grave harm to individuals. The immediate and long-term health consequences include constant pain, infections, incontinence and sometimes deadly complications in pregnancy and childbirth.

The practice is declining in almost all countries but it is still frighteningly widespread. Although firm statistics are difficult to obtain, it is estimated that more than 125 million girls and women alive today have been cut in 29 countries in Africa and the Middle East, where FGM is most prevalent and data exist. If current trends continue, some 86 million young girls worldwide are likely to experience some form of the practice by 2030. Asia, Europe, North America and other regions are not spared and must be equally vigilant in addressing the problem.

Fortunately there are positive signs of progress in our global push to end this harmful practice.

Girls themselves instinctively understand the dangers of being cut, and many mothers who have seen or experienced the trauma want to shield their daughters from suffering. It is

encouraging that an increasing number of communities are coming together and agreeing publically to end FGM and ensure a better life for their girls.

Recently, Uganda, Kenya and Guinea-Bissau adopted laws to end FGM. In Ethiopia, those responsible have been arrested, tried and penalized, with full media coverage further raising public awareness.

The United Nations and our partners are engaged in valuable, culturally sensitive activities that aim to stop FGM without scolding or shame.

In Sudan, we are seeing social change from a campaign called "Saleema," the Arabic word that implies complete, intact, whole and untouched. One father moved by the effort who decided to leave his daughters uncut explained simply, "A girl is born Saleema, so leave her Saleema." Hundreds of communities have embraced this initiative, expressing their support through songs, poetry and clothes in the campaign's trademark bright colours. Other countries are emulating Saleema or coming up with solutions tailored to their local needs, such as Kenya, where Meru community elders have prohibited FGM and vow to impose a fine on anyone who conducts or abets the practice.

In addition to prevention, the United Nations is working with partners to help those who have been affected by FGM. Pioneering medical advances now allow doctors to repair women's bodies and restore their health. I recall the words of one physician working in Burkina Faso who described "the relief that overwhelms women" following the surgery, which she said is 100 per cent effective. The many women who lack the resources needed to travel to the right facilities and the programmes that offer proper treatment deserve generous support.

The General Assembly's landmark resolution proclaiming this commemorative Day was sponsored by every country in Africa and embraced by the entire membership of the United Nations. This breakthrough shows the great value of the United Nations in rising as one to defend universal human rights. Now our challenge is to give real meaning to this Day by using it to generate public support, trigger legal and practical

advances, and help girls and women at risk of or affected by FGM.

The effect on individuals will be profound, sparing them pain and spurring their success. The benefits will reverberate across society as these girls and women thrive and contribute to a better future for all.

Statement by the Africa CSOs Coalition on Population and Development

Harnessing the gains of ICPD POA implementation in the Post 2015 Development Agenda

Twenty years after the global consensus was reached at the 1994 Cairo International Conference on Population and Development, the lessons and recommendations of the ICPD beyond 2014 review process, distilled in the UN Secretary General's Global Report "**Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014**" provide the means to carry forward the paradigm shift of the ICPD, despite the identified unfinished business that still exist, while also responding to new challenges.

The ICPD Beyond 2014 review process engaged Members States and a wide range of stakeholders in an open and transparent process thus the results reflect country experiences and an agenda truly owned by developing countries. The review incorporated responses to the Global Survey from 183 Member States, territories and areas – many completed in partnership with civil society organizations – and built on the outcomes of regional conferences, drew from three thematic meetings on young people, human rights and women's health, and reviewed and analyzed the most up to date data and research outcomes.

The findings of the review point to the necessity of equality, dignity and human rights – including sexual and reproductive health and rights – as a foundation for sustainable development, and how inequality is undermining development gains. They identify a wide range of groups that face persistent discrimination, quantify the costs of

discrimination for people and societies, and the importance of non-discrimination for all, without distinction of any kind. Thus we are at a critical intersection at which we must stand up for dignity and human rights in order to guarantee the health of all people.

The findings also describe wide-ranging changes to household composition that have taken place in the last twenty years, especially the rise of single-person households, women-headed households, child-headed households and other living arrangements, a display of the diversity of the family that the POA recognized and how that diversity has grown.

The findings map the way to reducing maternal morbidity and mortality, including the importance of legal access to safe abortion as a means of saving the lives of women and girls. The report unequivocally make the case for access to age-appropriate information and comprehensive sexuality education, services and rights for sexual and reproductive health of young people around the world. The recommendations, if implemented, will promote the health and development of women and young people especially adolescent girls.

During the 47th meeting of the United Nations Commission on Population and Development (CPD), Heads of Government delegations in plenary emphasized how the implementation of the ICPD PoA has galvanized their countries development and empowered their people, acknowledge the ICPD Beyond 2014 review process and the resulting Global Report in reflecting the gains and charting the path forward for dignity, human rights and sustainability. Furthermore, there was an overwhelming call for continued implementation of the ICPD PoA beyond 2014, and its' inclusion in the post-2015 development agenda.

The outcome of the CPD reaffirmed the gains made in 1994. It reflected much of the diversity of the comprehensive development agenda that the ICPD represents: addressing sexual and reproductive health, reproductive rights, the needs and aspirations of adolescents and youth, persons with disabilities, unemployed persons, older

persons, disadvantaged and marginalized groups, gender equality and elimination of violence, aspects of discrimination, urbanization, migration, climate change and more. It also highlights the importance of population and development for the Post-2015 development agenda. These findings were affirmed across the regional outcomes, pointing the way for a forward-looking agenda built from regional agreements.

In light of this, we urge African Governments to take full advantage of the General Assembly Special Session on the ICPD to be held on 22 September, to commit to the full scope of the ICPD Beyond 2014 review and its findings, particularly the Addis Ababa Declaration on Population and Development in Africa Beyond 2014 and to ensure that this is fully reflected in the post 2015 development agenda.

We especially urge Member States during the Special Session of the General Assembly on the follow-up to the ICPD Programme of Action to listen to the voices of civil society around the world, particularly from the global south.

We commend the review process that generated the Report under the leadership of UNFPA, and urge UNFPA to continue its mandate to support countries in the implementation of the ICPD Programme of Action.

For more information about the ACCPD, contact

Uwem Esiet, Interim Coordinator at

u.esiet@actionhealthinc.org

FLASSES is celebrating its 34th anniversary with a memorable congress that will take place in an exciting venue in the Dominican Republic.

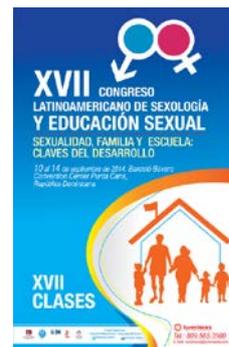
Two main subjects will be addressed in this meeting; the first is clinical intervention in human sexuality and the second, sexual education across the life cycle. The most important representatives of these areas will be discussing topics related to recent advances in the management of sexual dysfunction as well as new/innovative methodologies to teach sexual education at home and in the school setting.

Particular attention will be given to erectile dysfunction, premature ejaculation, and the management of sexual desire disorders in women, without neglecting other sexual difficulties that contribute to reduce the quality of life of many human beings. Another area of special interest in the congress will be marital therapy; several workshops will be offered discussing new approaches to managing marital conflicts and difficulties in the presence of sexual dysfunction. A specific workshop will address forensic sexology; important area that needs to compliment court procedures in sexual abuse cases.

The congress will host a group of expert that will elaborate the "Punta Cana Declaration" in which FLASSES will set its official position concerning the need for sex education in the entire region; with especial emphasis on those countries with a high incidence of teenage pregnancy, sexual abuse, and violence against women.

INTERNATIONAL SPEAKERS CONFIRMED TO ATTEND THE CONGRESS

- Dr. ANTONIO CASAUBON, FLASSES' PRESIDENT (SPAIN)
- Dr. RUBEN HERNANDEZ SERRANO (VENEZUELA)
- Dr. FERNANDO BIANCO COLMENARES (VENEZUELA)
- Dr. LEON ROBERTO GINDIN (ARGENTINA)
- Dra. CRISTINA TANIA FRIDMAN (ARGENTINA)
- Dr. ANTONIO PACHECO PALHA (PORTUGAL)
- Dra. MARIA PEREZ CONCHILLO (SPAIN)
- Dra. TERESITA BLANCO (MONTEVIDEO)
- Dr. RICARDO CAVALCANTI (BRAZIL)



FLASSES - Next CLASES 2014

XVII LATIN AMERICAN CONGRESS OF SEXUALITY AND SEXUAL EDUCATION

Punta Cana -República Dominicana
10-14 de Septiembre de 2014

SEXUALITY, FAMILY AND SCHOOL: A KEY TO DEVELOPMENT

10-14 September, 2014 Punta Cana, Dominican Republic

Dr. JOSE R. PANDO (PUERTO RICO)
Dr. FELIPE HURTADO MURILLO (SPAIN)
Dr. ALVARO SKUPIN (USA)
Dra. NANCY ALVAREZ (USA, R.D.)
Dr. RODOLFO RODRIGUEZ CASTELLO (ECUADOR)
Dra. MARIA DE LOS ANGELES NUÑEZ (ECUADOR)
Dr. ALEXIS VASQUEZ (VENEZUELA)
Dra. MIRTHA GRANERO (ARGENTINA)
Dra. ELENA SEPULVEDA (CHILE)
Dra. RAQUEL VERASCHIN (BRASIL)
Dra. LUZ JAIME (VENEZUELA)
Dra. MIRTHA GRANERO (ARGENTINA)
Dr. MANUEL LUCAS MATHEUS (SPAIN)

Rafael García Alvarez; *Presidente CLASES 2014*
FLASSES
www.flasses.net

More information: Instituto de Sexualidad Humana,
Universidad Autónoma de Santo Domingo (UASD)
Santo Domingo, República Dominicana:
clases2014@gmail.com
www.clases2014.com

Memoria de FLASSES para WAS

“El 31 de Enero vio la luz el tercer número de la Revista científica Desexologia.com publicada en España. Dicha revista que nació con la idea de ser un medio de difusión de la actividad creativa, investigadora, de opinión y debate, de todo el quehacer profesional que desde diferentes disciplinas y puntos de actividad profesional, aglutine el desarrollo científico de la Sexología en español. Los artículos de este número son:

“DSM 5 un análisis crítico desde la Sexología”. Rubén Hernández Serrano Venezuela).

“Tratamiento del caso de un varón con adicción al sexo”. Alonso/ Gamero y Torres (España).

“Las burras en la iniciación sexual de los jóvenes caribeños. Un breve apunte antropológico. Z. Benavides (Colombia).

“Grooming y abuso sexual en menores”. I. Dumitrache (Rumanía).

Más de 200 médicos de toda España participaron los días 28 y 29 de marzo en Santander en el III Foro de la Salud Sexual “Aprendizaje y dinamismo”, organizado por el Centro Interdisciplinar de Psicología y Salud de Santander (CIPSA), en colaboración con el Ayuntamiento. Dicho foro, avalado por la Academia Española de Sexología y Medicina Sexual, SEMERGEN y la Federación Latinoamericana de Sociedades de Sexología y Educación Sexual (FLASSES), han ido especialmente dirigidas a médicos de atención primaria, desde la consideración de la importancia del bienestar de los individuos en la esfera

sexual, uno de los objetivos principales del Foro ha sido el de dotar a los profesionales médicos de formación y unas habilidades y actitudes que favorezcan el abordaje de los problemas sexuales de sus pacientes en la consulta de Atención Primaria.

Desde el mes de marzo de 2014, la Asociación de Especialistas en Sexología (AES) y la Academia Española de Sexología y Medicina Sexual (AESMES), bajo la supervisión del Programa Modular de Formación en Salud Sexual de la Universidad Nacional de Educación a Distancia (UNED) y la Federación Española de Sociedades de Sexología (FESS), están llevando a cabo en España el estudio EURO-SEXO, sobre la práctica de la sexología.

EURO-SEXO es un estudio internacional de colaboración sobre la Profesión del Sexólogo en Europa, que ya ha sido realizado en varios países (Dinamarca, Francia, Inglaterra, Italia, Noruega, Suecia y Portugal), cuyo protocolo y cuestionario fueron desarrollados por el Professor Alain Giami del Institut de la Santé et de la Recherche Medicale (INSERM-France). La traducción y adaptación del cuestionario original en español ha sido realizada conjuntamente por la Asociación de Especialistas en Sexología (AES), la Academia Española de Sexología y Medicina Sexual (AESMES), Programa Modular de Formación en Salud Sexual de la Universidad Nacional de Educación a Distancia (UNED) y la Federación Española de Sociedades de Sexología (FESS).

Este cuestionario anónimo, tiene como finalidad el poder saber 1) la formación profesional inicial en sexología / sexualidad humana, 2) la práctica profesional en sexología / sexualidad humana, 3) la opinión que tienen sobre sexología / sexualidad humana, 4) datos socio-demográficos.

El 4 de Mayo del 2009, en reunión del comité ejecutivo de la FLASSES presidido por Rubén Hernández, se constituyó el Comité de Sexólogos Jóvenes FLASSES (CSJF), quedando conformado en aquel entonces por doce (12) jóvenes de los diferentes países de Latinoamérica:

PS. OSCAR SAPENA PASTOR (H) (PARAGUAY), LCDO. ARIEL GONZALEZ GALEANO (PARAGUAY), LCDO EZEQUIEL LOPEZ PERALTA (ARGENTINA) DRA. SILVINA VALENTE (ARGENTINA), DRA ALICIA GARZON (ECUADOR), DR. SANTIAGO CEDRES SOLIS (URUGUAY), DRA. CAROLINA LONDOÑO GUTIERREZ. (COLOMBIA), LCDA. ALEJANDRA QUINTEROS (COLOMBIA), LCDA RAQUEL VARASCHIN (BRASIL), DRA. MAGDALENA RIVERA (CHILE), BRIGITE BAENA (VENEZUELA) Y EL DR. CARLOS COTIZ (VENEZUELA).

El paso del tiempo y el crecimiento del comité ha demandado la inclusión de nuevos miembros, por ello en Abril de 2013, se abre el periodo de postulación de nuevos miembros al Comité, este proceso finaliza en Marzo del 2014, con la aceptación por parte del CE de FLASSES, de diez nuevos ingresados:

JOSE BUSTAMANTE BELLMUNT (ESPAÑA), YASMANY DIAZ (CUBA), MAURICIO LOPEZ (CHILE), FABIOLA JARAMILLO (CHILE), SILVIA GUEVARA (ECUADOR), PATRICIA CORREA (ECUADOR), FERNANDO ROSERO (COLOMBIA), MARIA ROSA APPELYARD (PARAGUAY), ERIKA PINZON (COLOMBIA), ADRIANA QUINTERO (COLOMBIA).

Por otro lado, y según establece la normativa del reglamento y al superar el límite de edad para seguir perteneciendo al CSJF, egresan del mismo: EZEQUIEL LOPEZ PERALTA, RAQUEL VARASCHIN, SANTIAGO CEDRES, BRIGITTE BAENA Y SILVINA VALENTE, y han pasado a ser miembros asesores del CSJF, por un periodo de 2 años, para finalmente y transcurrido ese tiempo dejar la membresía.

La Asociación Nacional de Sexología de Colombia ASANSEX estrena Junta Directiva cuya toma de posesión tuvo lugar el día 9 de Abril. El nuevo presidente Dr. Carlos Mario Sánchez V. planteó como declaración de principios de la nueva andadura:

"Desde ASANSEX, trabajaremos de manera decidida en la proyección de la episteme sexológica y la educación de las sexualidades en nuestro país. La Asociación cuenta con excelentes profesionales para lograr este cometido. Proyección geográfica, divulgación y producción académica son algunos de los principales objetivos que nos ocuparán este período."

El programa científico del XVII Congreso Latinoamericano de Sexología y Educación Sexual (XVII CLASES) a celebrar del 10 al 14 de septiembre de 2014, bajo el lema "Sexualidad, Familia y Escuela: Claves del Desarrollo Humano" se va consolidando con la confirmación como participantes de prestigiosos profesionales como: ADRIÁN SAPETTI, ELENA SEPÚLVEDA, CRISTINA TANIA FRIDMAN, MARÍA PÉREZ CONCHILLO, TERESITA BLANCO, ESTHER CORONA, ROBERTO GINDIN, JAQUELINE BRENDLER, RICARDO CAVALCANTI, SILVIA CAVALCANTI, FERNANDO BIANCO, RUBÉN HERNÁNDEZ SERRANO, FELIPE HURTADO MURILLO...Clases2014.com

Bajo la coordinación de Teresita Blanco ya están armados los cursos de FLASSES a desarrollar en el CLASES 2014. En dichos cursos se tratarán los siguientes temas: Sexualidad de I@s adult@s mayores.- Cómo brindar Educación Sexual en las distintas etapas de la vida. Actualización en sexualidad femenina.

Los ponentes de dichos Cursos FLASSES serán:

M^o DE LOS ANGELES NUÑEZ, MIRTA GRANERO, RICARDO CAVALCANTI, RODOLFO RODRÍGUEZ CASTELO, FERNANDO BIANCO, RUBÉN HERNÁNDEZ SERRANO, TERESITA BLANCO, ESTHER CORONA Y LEÓN ROBERTO GINDIN.

In English

"On January 31 was released the third issue of the scientific journal published in Spain Desexologia.com. This magazine was created with the idea of being a broadcast medium of creative activity, research, opinion and debates around the professional work that points from different disciplines and professional activity, brings together the scientific development of sexology in Spanish. The articles in this issue are:

"DSM May 1 from sexology critical analysis." Rubén Hernández Serrano (Venezuela). "Treatment of the case of a man with sex addiction." Alonso / Gamero and Torres (Spain). "The donkeys in the sexual initiation of young Caribbean. A brief anthropological point. Z. Benavides (Colombia).

"Grooming and sexual abuse in children." I. Dumitrache (Romania).

More than 200 doctors from all over Spain participated on 28 and 29 March in Santander at the III Forum on Sexual Health "Learning and dynamism", organized by the Interdisciplinary Center for Psychology and Health Santander (CIPSA), in collaboration with City Hall. The forum, supported by the Spanish Academy of Sexology and Sexual Medicine, SEMERGEN and the Latin American Federation of Sexology and Sexual Education (FLASSES) have been specifically targeted at primary care physicians, from the consideration of the importance of welfare individuals in the sexual sphere, one of the main objectives of the Forum was to provide medical professionals training and other skills and attitudes conducive to addressing sexual problems of their patients in Primary Care.

Since March 2014, the Association of Sexology (AES) and the Spanish Academy of Sexology and Sexual Medicine (AESMES), under the supervision of Modular Training Program in Sexual Health National University of Distance Education (UNED) and the Spanish Federation of Sexology (FESS), being carried out in Spain EURO-SEX study on the practice of sexology.

EURO-SEX is an international collaborative study on the Occupation Sexologist in Europe, which has already been done in several countries (Denmark, France, England, Italy, Norway, Sweden and Portugal), the protocol and questionnaire were developed by Professor Alain Giami from the Institut de la Santé et de la Recherche Medicale (INSERM, France).

The translation and adaptation of the original in Spanish has been conducted jointly by the Association of Sexology (AES), the Spanish Academy of Sexology and Sexual Medicine (AESMES) Modular Training Program in Sexual Health National University of Education Distance (UNED) and the Spanish Federation of Sexology (FESS). This anonymous questionnaire aims to find the 1) initial vocational training in sexology / human sexuality, 2) professional practice in sexology / Human Sexuality, 3) the opinion they have on sexology / Human Sexuality, 4) socio-demographic.

On May 4, 2009, at a meeting of the executive committee headed by Rubén Hernández FLASSES the Youth Committee FLASSES Sexologists (CSJF), being formed at that time by twelve (12) Young of the different countries of Latin America was established:

PS. OSCAR SAPENA PASTOR (H) (PARAGUAY), LCDO. ARIEL GONZALEZ GALEANO (PARAGUAY), LCDO EZEQUIEL LOPEZ PERALTA (ARGENTINA) DRA. SILVINA VALENTE (ARGENTINA), DRA ALICIA GARZON (ECUADOR), DR. SANTIAGO CEDRES SOLIS (URUGUAY), DRA. CAROLINA LONDOÑO GUTIERREZ. (COLOMBIA), LCDA. ALEJANDRA QUINTEROS (COLOMBIA), LCDA RAQUEL VARASCHIN (BRASIL), DRA. MAGDALENA RIVERA (CHILE), BRIGITE BAENA (VENEZUELA) Y EL DR. CARLOS COTIZ (VENEZUELA).

The passage of time and the growth of the committee demanded the inclusion of new members, so in April of 2013, the application period @ s To Tree opens the Committee members, this process ends in March 2014, with the acceptance FLASSES CE, ten new entrants: JOSE BUSTAMANTE BELLMUNT (ESPAÑA), YASMANY DIAZ (CUBA), MAURICIO LOPEZ (CHILE), FABIOLA JARAMILLO (CHILE), SILVIA GUEVARA (ECUADOR), PATRICIA CORREA (ECUADOR), FERNANDO ROSERO (COLOMBIA), MARIA ROSA APPELYARD (PARAGUAY), ERIKA PINZON (COLOMBIA), ADRIANA QUINTERO (COLOMBIA).

On the other hand, and as established by the rules of regulation and beat the age limit to continue to belong to CSJF, graduating the same: EZEQUIEL LOPEZ PERALTA, RAQUEL VARASCHIN, SANTIAGO CEDRES, BRIGITTE BAENA AND SILVINA VALENTE, and have become members CJSF advisers, for a period of 2 years, after that time and finally let the membership. The National Association for Sexology Colombia ASANSEX premieres Board whose inauguration took place on April 9. The new president Dr.

Carlos Mario Sánchez V. raised as a statement of principles of the new venture: "From ASANSEX, work decisively in projecting sexological episteme and sexualities education in our country. The Association has excellent professionals to achieve this task. Geographic projection, outreach and academic production are some of the main objectives that will occupy us this time. "

The scientific program of the XVII Latin American Congress of Sexology and Sexual Education (XVII CLASS) to be held from 10 to 14 September 2014 under the theme "Sexuality, Family and School: Highlights of Human Development" is being consolidated with confirmation as participants prestigious professionals as: ADRIAN SAPETTI, ELENA SEPULVEDA CRISTINA TANIA FRIDMAN, MARÍA PEREZ CONCHILLO, TERESITA BLANCO, ESTHER CORONA, LEÓN ROBERTO GINDIN, JAQUELINE BRENDLER, RICARDO CAVALCANTI, SILVIA CAVALCANTI, FERNANDO BIANCO, RUBÉN HERNÁNDEZ SERRANO, FELIPE HURTADO MURILLO ... Clases2014. Com

Coordinated by Teresita Blanco already armed FLASSES courses to develop in the 2014 CLASSES In these courses the following topics.:

- Sexuality I @ s @ s older adult. How to provide sex education at different stages of life.- Updated on female sexuality.

The speakers of these courses will FLASSES: MARIA DE LOS ANGELES NUÑEZ, MIRTA GRANERO, RICARDO CAVALCANTI, RODOLFO RODRIGUEZ CASTELO, FERNANDO BIANCO, RUBÉN HERNÁNDEZ SERRANO, TERESITA BLANCO, ESTHER CORONA-LEON ROBERTO GINDIN.

Antonio Casaubón; *Presidente de FLASSES*



-Issue 8/nov 2013

Important notice

Our region, Asia Oceania covers a wide area and many diverse cultures. In order to achieve our goals of increasing the sexual wellbeing of our region we need to unite through networking, education and participation in joint ventures. This Newsletter is one way for us to work together in sharing information on activities happening in the region and what individual sexual health professionals are doing.

All members of AOFS are asked to contribute to this newsletter by submitting articles about their

country's Sexology Conference and educational meetings, information on special education/professional development programs, outcomes of sexological or education programs, acknowledgement awards given to members of AOFS, fun activities held by members and anything else that you feel would be of interest to other members of AOFS. Photos are very welcome. 3-4 editions per year are planned. There will be a regular section on each member country to introduce what is happening there. Please contact the editor if you would like to be featured. Please send contributions to the Newsletter to Margaret Redelman <aofsasia@gmail.com> Warm regards
Dr Margaret Redelman, Australia

National Symposium and Workshop on Anti Aging Medicine (NASWAAM) Bali, 14 16 March 2014-

Use and Misuse of Testosterone Professor FX Arif Adimoelja .

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

Sexual Dysfunction Conference, Sydney, 25-27 April 2014

Conference President Dr Margaret Redelman

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

Mandy Deek is a psychologist from the Jean Hailes Foundation for Women's Health spoke about "**Sexual Dysfunction and Menopause: Is it hormones, me or...?**"

She spoke about the fact that major physical symptoms of menopause can impact quality of life for many women, including sexual function. Menopause provides an ideal opportunity for women to discuss sexual problems and often for the first time. The effects of menopause on sexual function range from minor to severe are individual, and likely to be influenced by many bio-psycho-

social factors, much the same as affects sexual function. The bi-directionality means that a good history is needed to successfully address the sexuality situation.

Dr Chris G McMahon is a Sexual Health Physician and the current President of the International Society of Sexual Medicine (ISSM), a co-chairman of the 2015 4th International Consultation on Sexual Dysfunction (ICUD) and a chairman of the International Society of Sexual Medicine (ISSM) medical and research standards committee. He is an Associate Editor of the Journal of Sexual Medicine and an associate section editor of the British Journal of Urology. He spoke about "*Update on the Management of Premature Ejaculation*"

Presentations by SAS members

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

2014 AOFS Conference Brisbane, Australia The 13th AOFS Conference - 22-25 Oct

13th Asia-Oceania Federation of Sexology Congress
Hosted by Society of Australian Sexologists
Mercure Hotel Conference Centre, Brisbane, Australia
22-25 October 2014

Four Welcome Messages for this Conference

Welcome Message from WAS President

It is a great personal pleasure to invite you and to welcome you to Australia to the 13th Asia-Oceania

Federation of Sexology congress hosted by the Society of Australian Sexologists.

Sexual Health is crucial to the well-being of the population of the world and 'From Podium to Practice' will extend our delivery of excellence in the clinical setting. The theme has been selected by the local organising committee and resonates as crucial for so many of us as we know what is sometimes researched, shared and accepted cannot always make it into practice for any number of reasons.

Whatever your discipline and your understanding of the theme for 2014, I am certain that there will be much in common with fellow delegates and that this congress will be a prodigious opportunity to share our experiences with generosity and through collegial interaction. I hope that during these most difficult times of allocation of finances and time for education that you will find the space and resources to be able to participate in one of the most important sexual health meetings in 2014. The sharing of good clinical practice is critical for professional, ethical and beneficial practice.

Please join your colleagues in Brisbane and participate at the AOFS conference in October 2014.

With warm regards

Kevan Wylie
President of the WAS

Welcome Message from Conference President

President's welcome letter for 13 AOFS Conference, Brisbane 22-25 October 2014

Dear Colleagues and Friends,

As President of the 13th Asia-Oceania Federation for Sexology Conference, Brisbane, Australia 22-25 October 2014, it is both a pleasure and an honor to invite you to join me in participating in this multi-disciplinary regional conference for Clinicians, Family Physicians, Specialists, Practice Nurses Psychologists, Counsellors, Physiotherapists, Sex Therapists, Couples Therapists and students in this field of sexology.

The Australian Society of Sexologists is proud to be the national organization representing individuals working in this field in Australia and to have been given the privilege of hosting this conference.

As President of this Conference, I endorsed the theme "From Podium to Practice" to reflect a priority that as a medically trained therapist I felt has been missing from some of our conferences. I believe the clinical application of theories and ideas needs to be presented, discussed and tested for valence. The medical treatments we use are tested and discussed but not so much the psycho-social-relational strategies we apply to help our patients/clients. This Conference will focus on the traditional inclusions such as recent research developments and the advances in the clinical treatment and understanding of sexual problems for males, females and couples, both heterosexual and non - heterosexual. However, it will also include case studies and novel personal strategies to open up the 'practice' aspects of our work. The aim is to assist professionals both new and experienced to develop their practice with the benefit of shared evidence based strategies and methods. This area will be further enriched by the inclusion of Eastern and Western therapies so that we can achieve the best outcomes possible for our patients/clients.

The Conference organizing committee is comprised of academics, clinicians and therapists from Australia and the Asia Oceania region. We cannot, however achieve our objectives and goals of a valuable learning and networking experience alone; we need our colleagues and supporters from the Asia Oceania region and all over the world, to join us to make this 13th AOFS Conference outstanding.

This conference may meet the CPD point's criteria for your accrediting body; please check with your relevant body. The conference will be accredited for Society of Australian Sexologists members.

Brisbane is a thriving city of 2 million people, situated on a river, in tropical Queensland known for its warm relaxed attitude. It attracts people from a variety of cultures, backgrounds, and ideologies, which leads to a constant exchange of

ideas. October is a perfect time to hold an event there. Brisbane is very convenient for access from anywhere in Australia and also anywhere in Asia, with many direct flights. Further travel within Australia either before or after the Conference is very convenient and Australia is a wonderful country to explore.

The Conference venue is the Mercure Hotel/Conference Centre situated in the heart of Brisbane, with easy access to all attractions. The venue is an intimate space that ensures we will be together for maximum networking and convenience. There is a large range of accommodation options in close proximity to the venue.

I look forward to seeing you in Brisbane, Australia, 22-25 October, 2014 as a registrant, a presenter of a poster, a proffered paper or as part of a symposium or plenary session.

With warm regards

Dr Margaret Redelman

Welcome Message from AOFS President

Dear Friends and Colleagues,

It is a great pleasure to welcome you to the 13th AOFS Congress to be held in Brisbane, Australia. It will be hosted by Dr. Redelman, the president of the congress and the Society of Australian Sexologists.

The AOFS is an interdisciplinary society on sexuality and sexual health, which has held congresses biannually since 1990 and is strongly related to the World Association for Sexual Health, WAS.

Though this is the first AOFS Congress held in Australia, Dr. Margaret Redelman and the Australian Society has previously hosted the 18th WAS Congress in Sydney in 2007. The 18th WAS Congress was a memorable congress in which the general assembly adopted the "Millennium Declaration" for the promotion of sexual health for all, which pronounced that sexual health is an essential part of human wellbeing.

I believe the 13th AOFS will be exciting, with many attractive scientific and social programs. Also you can enjoy staying in Brisbane, an Australian New World City.

On behalf of the council members of AOFS I cordially invite you to join the 13th AOFS to promote sexual health in your country, Asia Oceania and all over the world.

Reiko OHKAWA M.D.

President

Asia Oceania Federation for Sexology

Welcome Message from the Chair Society of Australian Sexologists

Dear Colleagues in Australia, the Asia Oceania Region and the broader sexology community,

On behalf of the Society of Australian Sexologists, it gives me great pleasure to invite you to attend the 13th Asia Oceania Federation of Sexology (AOFS) Conference in beautiful Brisbane, Australia from the 22-25 October 2014. We are planning a professionally enriching programme to meet the professional needs of the multidisciplinary community that is involved in sexology.

The Society of Australian Sexologists (SAS), previously known as ASSERT National, is Australia's national, multi-disciplinary organization, representing Australian professionals working in the field of sexology.

The 'Society' follows a unified constitution, code of professional conduct and most importantly accreditation, with branches in every state and territory in Australia. The website for SAS is www.australiansexologists.org.au.

All our members and the organizing committee for the AOFS conference are fully committed to putting together a well-organized conference highlighting the most up-to-date research information and clinical applications.

As a 'Brisbanite' and Chair of SAS, I look forward to welcoming you to Brisbane, Queensland - Australia's Sunshine State. Brisbane is a fabulous city, situated on the banks of the wide meandering Brisbane River. Brisbane prides itself on its

friendly, casual out door life style, great food and culture. Brisbane also allows for easy access to the beautiful Morton Bay, Gold Coast, Sunshine Coast, Northern Queensland and other great Australian destinations.

Warm regards

Jocelyn Klug

Chair Society of Australian Sexologists

aofsasia@gmail.com - www.aofs-asia.org

NAFSO - North American Federation Of Sexuality Organizations

The board of directors of the North American Federation of Sexuality Organizations (NAFSO) had its first official reorganizational board meeting during the 2013 meeting of the Society for the Scientific Study of Sexuality (SSSS). Currently, the board is working to revise the federation's bylaws and expects to ratify the new bylaws at a meeting in November 2014. The federation is expanding its membership and working to reconstitute itself in order to increase collaboration between the region's organizations and to strengthen its roles within WAS.



Michael Reece; *President*

Update from the Youth Initiative Committee

For more information about the Youth Initiative Committee activities, please write to:

Antón Castellanos Usigli (Chair): ac3638@columbia.edu

Stefano Eleuteri (Vice-Chair): stefano.eleuteri@gmail.com

5 - For your agenda

Upcoming sexual health related meetings.

Sexology / Sexual Health meetings

Europe

www.europealsexology.com

Africa

AFSHR -

www.africalsexuality.org

Latin America

17th CLASES meeting

10-14 September, 2014

Punta Cana, Dominicana Republic

www.clases2014.com

Asia-Oceania

13th AOFSS Congress

22-25 October, **2014**

Brisbane, Australia

www.aofs-asia.org

World

22nd Congress of the World Association for Sexual Health

July 22 – 28, **2015**

Singapore

www.worldsexology.org

Sexual Medicine Meetings

Asian-Pacific

15th APSSM meeting

Date: not yet known

Venue: (probably) Beijing, China

World

16th World Meeting on Sexual Medicine

8-12 October, **2014**

Sao Paulo, Brazil

www.issm.info

Compact - timetable

2014

25-28 June	IASR Annual meeting	Dubrovnik, Croatia
10 - 14 Sept	17 th CLASES meeting	Punta Cana, Dominican Rep.
8-12 Oct	16 th World Meeting on Sexual Medicine	Sao Paulo, Brazil
22-25 Oct	13 th AOFS Congress	Brisbane, Australia

2015

25 – 28 July	22 nd World Congress for Sexual Health	Singapore
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2014

4th Consulta Internacional Medicina Sexual **June 19-21** Madrid

36 Annual Guelph Sexuality Conferences, **19-20 June** 2014. Canada

International Academy of Sex Research. The 2014 Annual Meeting- **June 25-28** Dubrovnik, Croatia, 2014

SSR 47th Annual Meeting—Fertility: A Global Challenge **July 19–23**, 2014—Grand Rapids, Michigan

AIDS 2014: 20th International AIDS Conference **July 20–25**, 2014—Melbourne, Australia

American Urogynecologic Society 35th Annual Scientific Meeting, **July 22–27**, 2014—Washington DC

American Sociological Association 2015 Annual Meeting, **August 16–19**, 2014—San Francisco, California

World Sexual Health Day - **September 4th** - WAS- the entire world

ICOG 2014: International Conference on Obstetrics and Gynecology, **September 4–5**, 2014—London, United Kingdom

XVII Congreso Latinoamericano de Sociedades de Sexología y Educación Sexual CLASES - September 10-14- Punta Cana República Dominicana- FLASES

International Anatolian Congress on Sexual Health and disorders-**September 11- 14** -Istanbul- Turkey. 2014

XVI World Congress of Psychiatry, which will be held in Madrid, Spain, on **September 14-18**, 2014.

16th World Meeting on Sexual Medicine 2014, Sao Paulo, **8-12 October**, 2014, Brazil.

The 2014 Australasian Sexual Health Conference, **9-11 October**, Sydney

North American Forum on Family Planning **October 10–13**, 2014—Miami, Florida

II Congreso Latinoamericano de Células Madre – **October 16-19** 2014- Punta Cana; R. Dominicana.

XII Congreso de Sexología y VI Encuentro Iberoamericano de Profesionales de la Sexología, FESS; **November 14 - 16** Córdoba, España

6 Welcome from the Media Committee: New Team



"We are pleased to present the second WAS's Newsletter (dated June 2014) - under the auspices of the new WAS Advisory and Executive Committee (2013-2017).

The Media Committee has a new team. Cristina Tania Fridman (Argentina) and Alain Giami (France) are the Co - Chairs. The Media Committee also includes Rubén Hernandez Serrano (Venezuela) and Marlene Wasserman (South Africa) are regular partners on this committee as well as Tommi Paalanen (Finland) who is responsible for the website of WAS. Kevan Wylie (President of WAS) is one of the principal collaborators of the Newsletter.

As it was mentioned in the previous newsletter, we believe in the demonstrative power and exchange that provides this communication tool with, the impact of instant communication and globalization. We can learn from each other and seek a constant dialogue around sexuality.

The aim of this newsletter is to contribute to an active communication among members of the World Association for Sexual Health between all WAS Federations and WAS Committees (Statutory and ad hoc) and outside WAS with individuals and partner organizations. The Newsletter will publish news about activities (congresses, declarations, projects, etc. . .) but also our objective is to develop the WAS newsletter as a forum for discussion about ongoing projects in sexual rights and and world press on sexology around the world.

To help us keep the WAS newsletter updated, we ask you to send us any news from your regions or associations to be reviewed for inclusion in the future Newsletters. WAS Newsletters are published bi-annually. The next newsletter will be published by December 2014. Final deadline for submission of the materials is November 15th .We look forward to hearing from you.



Alain Giami



Cristina Tania Fridman

To read more about the Media Committee and its upcoming activities please visit us at (we will include the media committee page on the website here <http://www.worldsexology.org/committees/>

This link is yet to be available; it is under construction at the moment. In the meantime, please connect with Cristina Tania Fridman: ctfridman@gmail.com or Alain Giami : alain_giami@inserm.fr. The specific area of the MC within WAS' website will be automatically updated upon completion.

Best wishes to all

Cristina & Alain

7- Publications

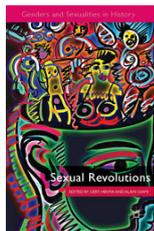
New Publication

Sexual Revolutions

Edited By Gert Hekma and Alain Giami

Palgrave Macmillan, 2014

The sexual revolution of 1960-1980 created a major break in attitudes and practices in Western societies. It created many new freedoms for gay men, youth and women, in terms of sexual imagery, information, and rights. Leftists denounced the revolution's consumerism whilst feminists lamented its continuation of sexism. Conservatives criticised the extreme individualism which it purportedly encouraged and the subsequent loss of traditional values. The contributions chosen by Gert Hekma and Alain Giami offer a critical exploration of these changes in the Western world, as well as in the USSR, engaging with topics such as abortion, contraception, sexuality, pedophilia, pornography, and the law. Surveys from this time suggest a transformation in the practices and attitudes of the general population. A comprehensive analysis of this shift, *Sexual Revolutions* explores the views of feminists, leftists, liberals, artists, scholars and church leaders. The repercussions of the sexual revolution went beyond sexuality. It was a Gesamtkunstwerk that coincided with major social changes in issues such as religiosity, education, justice, medicine, politics, institutions, and arts, and so this work begins to reveal the many aspects of the sexual revolution magnificent review



Sexologies : European Journal of Sexology and Sexual Health / Revue européenne de sexologie et de santé sexuelle /

Editors : Mireille Bonierbale, Robert Porto, Alain Giami, Marie Hélène Colson

Sexologies is the official journal of the European Federation of Sexology (EFS), published with the scientific cooperation of the Interdisciplinary Post-University Association of Sexology (AIUS) which has gathered French academic teachings of Sexology since 1983. Created in 1992, **Sexologies** quarterly publishes original, synthetic articles on human sexuality, its dysfunctions and its management.

Sexologies offers a large panel of information to all health professionals working in the field of sexuality: anatomophysiological and basic research; psychodynamic, cognitive, behavioral and relational evaluations of sexual difficulties; epidemiological, sociological, forensic data; information on new sexoactive molecules; research on sexual physiology, reports on specialized congresses; press and books reviews; ethical aspects; calendar of major events of sexology around the world. Major international experts in their field joined the editorial committee as « Field Editors », confirming and enhancing the will for scientific excellence of the journal.

"Sexologies" is a unique bi-lingual journal publishing both in French and English on paper and on line included in the Elsevier platform.

WAS members are invited to submit papers in English or French version. Recommendations for authors are available on the website of the journal :<http://www.elsevier-masson.fr/pathologies/sexologies-revue/zsx/>

8 - "SEXUAL HEALTH: THE WELLBEING OF SEXUALITY"

World Sexual Health Day 2014 will focus on the definition of sexual health and what this means for all of us



This year, we are going back to basics, with our slogan "**Sexual Health: the wellbeing of sexuality**" we aim to focus on the WAS/WHO working definition of sexual health (2002):

"Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

The history of WSHD

In 2010, the World Association for Sexual Health (WAS) called on all their member organizations and all NGOs to celebrate, each September 4th, World Sexual Health Day in an effort to promote a greater social awareness of sexual health across the globe.

The first World Sexual Health Day was introduced with the slogan "Let's talk about it!" to start breaking fears and taboos surrounding sexuality. The topic of WSHD 2010 was addressed in different forums, many of which were intergenerational discussions.

World Sexual Health Day 2011 focused on youth "Youth's sexual health: Shared rights and responsibilities". The topic of WSHD was a consequence of the creation of the WAS Youth Initiative and in the context of the International Year of Youth proclaimed by United Nations. Within WAS, the different members of the Advisory Committee and the Youth Initiative Committee celebrated the day by organizing a wide range of activities in their home countries, from Round Table Discussions to Conferences and Art Exhibitions.

The focus of World Sexual Health Day 2012 was diversity and minorities, "In a diverse world, sexual health for all!" Around the world, activities to commemorate WSHD 2012 made visible the realities of population groups such as: the elderly, transgender people, people living with disabilities, immigrants.

Last years' celebration WSHD 2014, was joyful, we collected lots of pictures from around the world with people taking conscience of their sexual rights "To achieve sexual health, picture yourself owning your sexual rights" aiming to remind us about the fundamental importance that sexual rights have in order to achieve sexual health.

How many countries have been involved in WSHD?

World Sexual Health Day is a relatively new global celebration that functions on a volunteer basis. To date, we have reports that more than 35 countries have participated, including:

- Italy- Sweden- Brazil- Venezuela- Chile- Cuba- Japan- Lebanon- Croatia- Pakistan
- Iran- Australia- Mexico- Austria- Colombia- Puerto Rico- Spain- Argentina- Turkey- Peru

- USA- Macedonia- Nicaragua- Indonesia- Lithuania- El Salvador

Country organizers have taken WSHD activities to schools, media, hospitals, libraries, universities, public squares, art halls, theatre groups, etc. WSHD aims to expand to many different social contexts throughout the imagination of its organizers! WAS wants to ensure that sexual health issues are widely discussed everywhere!

What can I do to celebrate World Sexual Health 2014?

As World Sexual Health Day is a global and volunteer celebration, the possibilities are limitless. You can use the theme of this year's WSHD and take it to wherever you find suitable, and in the ways that are easier for you. You can organize playful activities that involve everyone, or choose from the ones we are proposing.

Suggested Activities

A. The activity will be to ask people to evaluate their own sexual health, through a simple questionnaire that they will be invited to take their picture with and discuss in the forums. SIECUS has a good item list of sexually responsible adult that we adapted with their authorization. The idea of the questionnaire based on SIECUS list is that each person can make her/his own evaluation of their sexual health in a playful way, we thought that we could print the questionnaire (translated in local languages when needed) in a big banner and give each person a paper printed with the definitions of sexuality and sexual health and the sexual rights on one side and on the other side a space to fill the score and for comments so each one can think in ways to enhance their sexual health.

The objective is to evaluate our individual and collective sexual health from the definition of sexual health that is not centered on biological problems or diseases.

Life Behaviors of a Sexually Healthy Adult (adapted version we gratefully acknowledge the permission to use and to adapt to SIECUS Sexuality Information and Education Council of the US, to see the full version : http://www.siecus.org/_data/global/images/guidelines.pdf):

- Appreciate one's own body.
- Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Affirm one's own sexual orientation, gender identity and expression and respect the sexual orientations, gender identity and expression of others.
- Develop and maintain meaningful relationships.
- Enjoy and express one's sexuality throughout life.
- Enjoy sexual feelings without necessarily acting on them
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others and avoid the harmful ones.
- Express one's sexuality while respecting the rights of others.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.
- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Demonstrate respect for people with different sexual values.
- Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
- Reject stereotypes about the sexuality of different populations.
- Know and apply sexual rights, they are fundamental human rights related to sexuality

Educate others about sexuality.

B.

Create and edit a vlog (video blog) a few minutes long (maximum 3 mns), that gets across our theme.

Linked to this we must create some interaction from the public, that offers them a reward.... for example we invite people to create their own vlog on our specific theme , ask them to send to us and we choose the "best" one — which we send out globally through our Facebook World Sexual Health Day- the Global Page. The vlog can be done in local languages with subtitles if possible.

The video blogger can answer each these questions in one minute each

-Based on the WAS/WHO definition how do you evaluate your sexual health from 1 to 10, 10 being the highest?

- What does it have to do with your general wellbeing?

- Name 3 elements that are fundamental in securing your sexual health

Timeline for your consideration

Month Activities

***By June 15**

please inform the organizers of WSHD 2014 if you are willing to undertake the role of Local WSHD Coordinator. Our e-mail is: worldsexualhealthday@gmail.com

May-June 2014

Plan the activity that you would like to carry out in accordance to your cultural needs, translating all the information you'll need to spread the idea (such as a press release).

May-June 2014

Select the location(s) to carry out your activity to celebrate WSHD 2014

June 2013-August 2014

Contact all the possible media (magazines-TV-newspapers) in order to start spreading the idea.

July 2013-August 2014

Prepare all the materials and human resources that you'll need such as the banners and posters of the suggested activity or the photographer who would be willing to take the pictures. Be sure to include the logo and information of WAS everywhere you can, as well as the slogan of WSHD.

Explain to the people who participate, that the most representative pictures will be uploaded to the official WAS Global Facebook page of World Sexual Health Day (<https://www.facebook.com/4sept>)

Always remember: These are just alternatives... These activities are only proposals... Possibilities to celebrate WSHD are limitless!

The activities we suggest do not have to take place in public spaces necessarily. You can promote the idea in more private spaces, such as an office or a classroom. Through social networks, WAS will encourage people to participate individually or as groups in the celebration, giving their ideas and their own evaluations, take pictures of themselves celebrating their own way, in order to put them as their profile picture in Facebook and to upload them to the Global Facebook page of WSHD.

If you have more and different ideas, please let us know! WSHD activities rely on everyone's creativity! Finally, remember...

- KISS (KEEP IT SMART AND SIMPLE)! Whatever you decide to do, it does not have to implicate big expenses, it can easily be arranged with a very small amount of money.

- Use the WHO/WAS definitions of sexual health and sexuality to guide everything you decide to do and in all the materials you decide to use! You can download the document through this link:

http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf.

Access to the WAS Declaration of Sexual Rights to obtain the name and definitions of all sexual rights:

<http://www.worldsexology.org/resources/declaration-of-sexual-rights/>

Please be aware that WAS has approved a new sexual rights declaration that is to be announced worldwide in the coming weeks.

Access the guidelines of SIECUS to have the full list of Life Behaviors of a Sexually Healthy Adult

http://www.siecus.org/_data/global/images/guidelines.pdf

- Promote that people from ALL ages can get engaged in the activity you organize. Children, teenagers, adults, seniors, we want all of them participate and evaluate their own sexual health!

September 4 Take all the pictures that you can to document your activity. Upload them to the WSHD global Facebook page as well as the articles that are published about the activity in local media.

Timeline for your consideration

Month Activities

- A good strategy of promotion is to try to involve celebrities, government officials and politicians in the activity that you organize.

- Be sure to accurately translate WHO/WAS working definitions of sexuality and sexual health into your own native language as well as the sexual rights

- The core idea behind WSHD is that people have to understand and inform themselves about sexual health! If you carry out the suggested activity, you will see that by evaluating their own sexual health, and taking a picture with it, people can realize what they need to do to attain it. Whatever you decide to do: feel good about it!

- You can use either one of our WSHD logos in your publicity, they will be available in WAS' website www.worldsexualhealth.org

- And... Don't forget to LIKE and SHARE the official Global WSHD Facebook page:

www.facebook.com/4sept

- You can stay in touch with the WSHD committee through our email: worldsexualhealthday@gmail.com

Twitter: @SexualHealthday (in English) @DiaSaludSexual (in Spanish)

Upload all the pictures you take to our Facebook page!

Note: all WAS member and non-member organizations and individuals are welcome to participate and organize an event to celebrate WSHD

If you as an individual or your organization are interested in becoming a member of WAS, please contact Dr. Narayana Reddy deganr@gmail.com ; www.worldsexualhealth.org

BEST REGARDS,

World Sexual Health Day Committee

Chairs: Luis Perelman and Nadine Terrein-Roccatti from Mexico

Jacqueline Brendler (Brazil),

Antón Castellanos-Usigli (Mexico),

Cristina Tania Fridman (Argentina),

Yuko Higashi, (Japan),

Sara Nasserzadeh (USA),

Narayana Reddy (India),

Marlene Wasserman (South Africa),

Felipe Hurtado (Spain)

Honorary advisors: Esther Corona (Mexico), Rosemary Coates (Australia)

Liaison with EC: María Pérez-Conchillo (Spain)

worldsexualhealthday@gmail.com

En Español

El Día Mundial de la Salud Sexual 2014 se centrará en la definición de la salud sexual y lo que esto significa para todos nosotros

La Celebración de 2014

Este año, nos enfocamos en el concepto básico, con nuestro lema "La salud sexual: el bienestar de la sexualidad".

Buscamos centrarnos en la definición de la salud sexual de la WAS/OMS de 2002

"La salud sexual es un estado de completo bienestar físico, emocional, mental y social en relación con la sexualidad, no es solamente la ausencia de enfermedad, disfunción o malestar. La salud sexual requiere un enfoque positivo y respetuoso hacia la sexualidad y las relaciones sexuales, así como la posibilidad de tener experiencias sexuales placenteras y seguras, libres de coerción, discriminación y violencia. Para que la salud sexual se logre y se mantenga, los derechos sexuales de todas las personas deben ser respetados, protegidos y cumplidos. "

La historia del DMSS

En 2010, la Asociación Mundial para la Salud Sexual (WAS) hizo un llamado a todas sus organizaciones miembros y todas las organizaciones no gubernamentales para celebrar, cada 04 de septiembre, el Día Mundial de la Salud Sexual, en un esfuerzo para promover una mayor conciencia social de la salud sexual en todo el mundo.

El primer Día Mundial de la Salud Sexual fue presentado con el lema "Hablemos de eso" para comenzar a romper miedos y tabúes que rodean la sexualidad. El tema del DMSS 2010 fue abordado en diversos foros en todo el mundo, muchos de ellos fueron discusiones intergeneracionales.

El Día Mundial de la Salud Sexual 2011 se centró en la juventud. "La salud sexual de los jóvenes: derechos y responsabilidades compartidas".

El tema del DMSS fue una consecuencia de la creación de la Iniciativa Juvenil de la WAS y en el contexto del Año Internacional de la Juventud proclamado por las Naciones Unidas

Dentro de la WAS, los diferentes miembros del Comité Asesor y el Comité de Iniciativa Juvenil celebraron el día organizando una amplia gama de actividades en sus países de origen, desde mesas redondas de discusión hasta conferencias y exposiciones de arte.

El tema central del Día Mundial de la Salud Sexual de 2012 fue la diversidad y las minorías, "En un mundo diverso, salud sexual para todos". Alrededor del mundo, las actividades para conmemorar el DMSS 2012 hicieron visibles las realidades de grupos de población, tales como ancianos, personas transgénero, personas que viven con discapacidad e inmigrantes.

La celebración del año pasado DMSS 2013, fue alegre, recogimos muchas fotos de todo el mundo con personas tomando conciencia de sus derechos sexuales. "Para lograr la salud sexual, escoge tus derechos sexuales" con el objetivo de recordarnos la importancia fundamental que los derechos sexuales tienen para alcanzar la salud sexual.

¿Cuántos países han participado en DMSS?

El Día Mundial de la Salud Sexual es una celebración global relativamente nueva que depende del trabajo comprometido y voluntario. Hasta la fecha, tenemos informes de que más de 35 países han participado, entre ellos:

-Italia - Suecia - Brasil - Venezuela - Chile - Cuba - Japón - Líbano - Croacia – Pakistán - Irán - Australia - México - Austria - Colombia - Puerto Rico - España - Argentina - Turquía - Perú - EE.UU. - Macedonia - Nicaragua - Indonesia - Lituania - El Salvador.

Los países organizadores han llevado las actividades del DMSS a las escuelas, medios de comunicación, hospitales, bibliotecas, universidades, plazas públicas, salas de arte, grupos de teatro, etc. .

El DMSS busca expandirse a diferentes contextos sociales a través de la imaginación de sus organizadores. La WAS quiere asegurarse de que las cuestiones de salud sexual sean ampliamente discutidas en todas partes.

Qué puedo hacer para celebrar el Día Mundial de la Salud Sexual de 2014?

Como el Día Mundial de la Salud Sexual es una celebración global y voluntaria, las posibilidades son ilimitadas. Usted puede utilizar el tema de DMSS de este año y utilizarlo como considere adecuado y fácil. Puede organizar actividades lúdicas que involucran a todos, o elegir entre las que proponemos.

Actividades Sugeridas.

A. La actividad será pedir a la gente que evalúe su propia salud sexual, mediante un sencillo cuestionario en el que se les invitará a tomar su foto con el resultado y discutir en los foros.

SIECUS (Consejo de Información y Educación en Sexualidad de los EE.UU) tiene una lista de elementos sobre adultos sexualmente responsables que adaptamos con su autorización.

La idea del cuestionario basado en la lista de SIECUS es que cada persona puede hacer su propia evaluación de su salud sexual de una manera lúdica, pensamos que podríamos imprimir el cuestionario (traducido en los idiomas locales cuando sea necesario) en una gran pancarta y dar a cada persona un papel impreso con las definiciones de la sexualidad, la salud sexual y los derechos sexuales de un lado y del otro lado un espacio para llenar la puntuación y los comentarios. Así cada participante puede pensar en formas de mejorar su salud sexual. El objetivo es evaluar nuestra salud sexual individual y colectiva desde una definición de salud sexual que no se centra en los problemas biológicos o enfermedades.

Comportamientos de Vida Adulta Sexualmente Sana (versión adaptada.) Agradecemos a SIECUS el acceso a este material.
Para ver la versión completa por favor vaya a http://www.siecus.org/_data/global/images/guidelines.pdf o en español:

http://www.pasa.cl/wpcontent/uploads/2011/08/Guia_para_una_Ed._Sexual_Integral_para_la_Juventud_Hispanolatina_Grup.pdf

_ Afirmación por el propio cuerpo; afirmación de que el desarrollo humano incluye el desarrollo sexual, el cual puede o no incluir la reproducción o la experiencia sexual genital. • Afirmación de la propia orientación sexual, identidad y expresión de género y respeto a las orientaciones sexuales, identidad y expresión de otros géneros. • Desarrollar y mantener relaciones significativas. • Disfrutar y expresar su sexualidad durante toda la vida. • Disfrute de los sentimientos sexuales sin necesidad de llevarlos a cabo. • Discriminar entre comportamientos sexuales que realzan la vida y los que son perjudiciales para sí mismo y/u otras personas, y evitar estos últimos. • Expresar su sexualidad mientras se respetan los derechos de los demás. • Participar en relaciones sexuales consensuales, libres de explotación, honestas, agradables y protegidas. • Practicar comportamientos que promueven la salud, como chequeos regulares, de mama y testicular, auto-exámenes y la identificación temprana de problemas potenciales. • Evitar contraer o transmitir una enfermedad de transmisión sexual, incluido el VIH. • Demostrar respeto por personas con diferentes valores sexuales.

• Evaluar el impacto de la vida familiar, cultural, de los medios de comunicación y los mensajes sociales en los pensamientos, Sentimientos, valores y comportamientos relacionados con la sexualidad. • Rechazar los estereotipos sobre la sexualidad de diferentes poblaciones. • Conocer y aplicar los derechos sexuales, que son derechos humanos fundamentales relacionados con la sexualidad.

B. Crear y editar un vlog (video blog) de pocos minutos de duración (máximo 3 mns) sobre nuestro tema, Vinculado a esto hay que crear algún tipo de interacción por parte del público, que les ofrezca una recompensa. Por ejemplo, invitar a la gente a crear su propio vlog con nuestro tema específico, pedirles que nos lo envíen y elegiremos el mejor. - el cual enviamos a nivel mundial a través de nuestro Facebook Global del Día Mundial de la Salud Sexual. El vlog puede hacerse en los idiomas locales con subtítulos si es posible.

El blogger de vídeo puede responder cada una de estas preguntas en un minuto

-Sobre la base de la definición de la WAS / OMS cómo evalúa su salud sexual de 1 a 10, siendo 10 el valor mas alto?

-¿Qué tiene eso que ver con su bienestar general?

-Enuncie 3 elementos que son fundamentales en el logro de su salud sexual

Cronograma para su consideración

Mes/Actividad

Junio 15 Por favor informe a los organizadores del DMSS 2014 si usted está dispuesto a asumir la coordinación del DMSS Local. Nuestro correo electrónico es: worldsexualhealthday@gmail.com

Mayo-Junio 2014 Planificar la actividad que desea llevar a cabo de acuerdo a sus necesidades culturales, traduciendo toda la información que necesita para difundir la idea (como un comunicado de prensa).

Mayo-Junio 2014 Seleccione la ubicación (s) para llevar a cabo su actividad para celebrar DMSS 2014

Junio 2013-Agosto 2014 Póngase en contacto con todos los posibles medios de comunicación (revistas-TV-periódicos) con el fin de empezar a difundir la idea.

Julio 2013-Agosto 2014 Prepare todos los materiales y recursos humanos que usted necesita tales como pancartas y carteles de la actividad sugerida o el fotógrafo que estaría dispuesto a tomar las fotos. Asegúrese de incluir el logotipo y la información de WAS cada vez que pueda, así como el lema de DMSS.

Septiembre 4 Tome todas las imágenes que se pueden para documentar su actividad así como todos los artículos publicados sobre la actividad en los medios de comunicación locales y súbalos a la página global de Facebook

Explique a las personas que participan, que las fotografías más representativas serán subidas a la página oficial del Facebook Global del Día Mundial de la Salud Sexual (<https://www.facebook.com/4sept>)

Recuerde siempre: Estas son sólo alternativas... Estas actividades son sólo propuestas ... Las posibilidades de celebrar el DMSS son ilimitadas! Las actividades que proponemos no tienen que llevarse a cabo en espacios públicos necesariamente. Puede promover la idea en espacios más privados, como una oficina o un aula escolar. A través de las redes sociales, la WAS alentará a personas a participar en la celebración, individualmente o en grupos, aportando sus ideas y sus propias evaluaciones, tomarse fotografías

celebrando a su manera, con la intención de colocarlas como sus fotos de perfil del Facebook y subirlas a la página global de facebook del DMSS.

Si usted tiene más ideas, incluso diferentes, por favor ¡háganoslo saber! ¡Las actividades del DMSS dependen de la creatividad de cada quien!

Finalmente recuerde:

- (Manténgalo listo y simple) lo que decida hacer, no tiene por qué implicar grandes gastos, puede ser una actividad que se lleve a cabo fácilmente con una cantidad muy pequeña de dinero.
- Utilice las definiciones de la salud sexual y la sexualidad de la OMS / WAS para orientar todo lo que decida hacer, y en todos los materiales que decida usar!

Puede descargar el documento a través de este enlace:

http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

Acceda a la Declaración de los Derechos Sexuales de la WAS para obtener el nombre y las definiciones de todos los derechos sexuales: <http://www.worldsexology.org/resources/declaration-of-sexual-rights/>

Tenga en cuenta que la WAS ha aprobado una nueva declaración de derechos sexuales que se anunciará en todo el mundo en las próximas semanas..

Acceda a las guías de la SIECUS para tener la lista completa de los Comportamientos de Vida de un adulto sexualmente sano

http://www.siecus.org/_data/global/images/guidelines.pdf

- Promover que las personas de todas las edades puedan comprometerse a organizar la actividad. Niños, adolescentes, adultos, adultos mayores, queremos que todos ellos participen y evalúen su propia salud sexual!
- Una buena estrategia de promoción es tratar de involucrar a celebridades, funcionarios gubernamentales y los políticos en la actividad que usted organice.
- Asegúrese de traducir con precisión las definiciones de la OMS / WAS sobre la sexualidad y la salud sexual, así como los derechos sexuales a su propia lengua materna,
- La idea central detrás de DMSS es que la gente tiene que comprender e informarse acerca de la salud sexual. Si realiza la actividad sugerida, verá que evaluando la propia salud sexual, y tomando una fotografía con la evaluación, la gente puede darse cuenta de lo que tiene que hacer para alcanzarla. Decida lo que decida hacer, siéntase bien con ello!
- Puede utilizar para su publicidad cualquiera de nuestros logos DMSS que estarán disponibles en el sitio web de la WAS www.worldsexualhealth.org
- Y No olvide dar un click de ME GUSTA y COMPARTIR la página oficial del facebook Global DMSS:

www.facebook.com/4sept

Usted puede mantenerse en contacto con el comité del DMSS a través de nuestros

email: worldsexualhealthday@gmail.com

Twitter: @ SexualHealthday (en Inglés)

@ DiaSaludSexual (en español)

Suba todas las fotos que tome a nuestra página de Facebook!

Nota: todas las organizaciones e individuos miembros y no miembros de WAS son bienvenidos a participar y a organizar un evento para celebrar el DMSS.

Si usted como individuo o su organización está interesada en convertirse en un miembro de la WAS, por favor póngase en contacto con Dr. Narayana Reddy deganr@gmail.com www.worldsexualhealth.org

Saludos cordiales,

Comité del Día Mundial de la Salud Sexual

Titulares: Luis Perelman y Nadine Terrein-Roccati de México Jacqueline Brendler (Brasil),

Antón Castellanos-Usigli (México),

Cristina Tania Fridman (Argentina),

Yuko Higashi, (Japón), Sara Nasserzadeh (EE.UU.), Narayana Reddy (India),

Marlene Wasserman (Sudáfrica), Felipe Hurtado (España) Asesores Honorarios: Esther Corona (México), Rosemary Coates

(Australia) Enlace con EC: María Pérez-Conchillo (España) worldsexualhealthday@gmail.com

9 - Miscellaneous

DR EVE: 20 YEARS OF SEXUAL RIGHTS. YEAH RIGHT!

EYEWITNESS NEWS - FRIDAY, 02 MAY

The year was 1994. Out of the ashes of human rights abuse, I naively and unwittingly stepped into a brave new world of South African democracy, called myself Dr Eve, as Marlene Wasserman was just too cumbersome a name for a radio host to have, and waved my rainbow flags. My flags, which I carried fresh from my Doctoral training at the Institute of Advanced Studies in Human Sexuality, in San Francisco, represented equality, non-discrimination, and tolerance for the rainbow diversity of sexual expression of all South Africans.

Sexual rights and sexual health were words and concepts that were yet unknown to me and my countrymen. These concepts had begun creeping into international human rights and reproductive rights treaties and declarations and in 1978, formally initiated by the World Association of Sexual Health.

In 1994 we South Africans knew little about sex. Consider how hard the Apartheid government worked to keep us sexually ignorant, criminalised and shamed: they created sexual Apartheid acts: the Immorality Act, Prohibition of Mixed Marriages Act and then the Amendment to the Immorality Act.

In addition sex work, known as prostitution, was banned, lesbian, gay, bisexual, transgender and intersex (LGBTI) rights non-existent and men having sex with men, called 'sodomy', banned and criminalised.

Sexuality education did not exist in schools and the good old NG Kerk was the dominant voice in the bedroom: "thou shalt nots" preached from the pulpit while coloured babies were born to the 'maid' in the back yards of nice whites-only suburbs. And backstreet abortions performed routinely.

I was in the right place at the right time: South Africa circa 1994... land of liberation, democracy and, by implication, sexual freedom.

Also land of HIV/Aids. As we gasped with relief that white people were not going to be killed by 'Die Swart Gevaar', and we believed that we had turned the corner to embrace the rainbow nation, HIV/Aids hit us in the face.

And because of this I believe my voice was welcomed on radio and in the media. Talking about sexuality under the guise of HIV/Aids felt comfortable and I took the gap.

I was a proud sexual South African.

South Africa's post-apartheid Constitution was the first in the world to outlaw discrimination based on sexual orientation, and South Africa was the fifth country in the world, and the first in Africa, to legalise same-sex marriage. In 1996 the Termination of Pregnancy Act was passed, marital rape was criminalised, women protected under the Domestic Violence Act 1998 and children given sexual and reproductive rights and protection under the Children's Act.

Even transgender folk have been recognised in a majorly proactive manner: The Alteration of Sex Description and Sex Status Act allows people to apply to have their sex status altered in the population registry, and consequently to receive identity documents and passports indicating their new sex. The law requires the person to have undergone medical or surgical treatment. Hormone replacement therapy is sufficient and sex reassignment surgery is not required.

And pornography was sold on every street corner!

On radio I met people's thirst for knowledge. Curiosity about "Am I normal?" was prime. From frequency of masturbation to sexual orientation to fetishes, the queries flooded me.

And that's where my life took another turn: In 1998 Viagra was launched by Pfizer. And the world woke up with a hard on.

Suddenly it was medically permissible to talk about sexuality with your health care provider... seriously?

An estimated 43 percent of medically healthy women held their hands up and said "I have no sexual desire", 33 percent of healthy men said "I have an erection problem", and even more admitted to being dissatisfied with their time of ejaculation, as the pre-orgasmic women wept with shame and relief in the corner... at last. Freud was outed for the sexual fraud he was – I have a clitoris and it needs stimulation in order for me to become orgasmic – forget the vaginal orgasm myth!

As time passed South Africa adjusted to its new coat, and we found that, in fact, the emperor is naked – despite all the progressive laws, we are a violent, infected nation of discriminating people and need to bring in human and sexual rights... pronto!

Our present day sexual rights truths include:

- LGBTI South Africans continue to face considerable challenges, including social stigma, homophobic violence (particularly corrective rape), and high rates of HIV/Aids infection;
- Gender-based violence is concomitant with high rates of HIV/Aids/STIs;
- Rape escalates – or is it the judicial system? Or a president who was acquitted of an alleged rape?;
- Reproductive health is freely available, yet the clinics are filled with healthcare providers who shame and stigmatize young women and do nothing to encourage men to attend;
- Pornography is misunderstood and placed in the hands of the religious and moral brigades; and
- Sexuality education is not comprehensive and the focus is still on fear factors of unintended pregnancies and HIV/Aids.

I ask you: what have been, if any, your sexual rights gains over the last 20 years?

Dr Eve is an internationally accredited couples and sex therapist and has a weekly slot on the Redi Thabi show on Talk Radio 702 and 567 CapeTalk.

Dr Eve, as Marlene Wasserman

INTERNATIONAL UPDATES

CENTRO DE PRENSA

La OPS/OMS advierte que están invisibilizados los problemas de salud de las personas LGBT en las Américas

En el marco de Día Internacional contra la Homofobia y la Transfobia, que se observa cada **17 de mayo**, urgen a generar información sobre la situación de salud de este grupo y a implementar medidas contra el estigma para garantizar su acceso a los servicios de salud

Washington, DC, 16 de mayo de 2014 (OPS/OMS).- La falta de información sobre la salud de las personas lesbianas, homosexuales, bisexuales y trans (LGBT) en las Américas oculta su situación sanitaria y demora acciones que pueden implementarse para combatir el estigma, mejorar su salud y salvar vidas, afirmaron expertos de la Organización Panamericana de la Salud/Organización Mundial de la Salud (OPS/OMS).

Con el fin de revertir esta situación, la OPS/OMS presta cooperación técnica para apoyar a los países a recopilar y analizar información acerca de las necesidades de salud de esta población, los obstáculos que enfrentan para acceder a la atención y el impacto del estigma sobre su salud y bienestar. La iniciativa responde al compromiso asumido por los ministros de salud de la región quienes en septiembre pasado se comprometieron a promover el acceso igualitario a los servicios de salud.

“Existe una gran ausencia de conocimiento sobre cuáles son los verdaderos problemas de estas colectividades, invisibilizándolas”, consideró el jefe de la unidad de VIH, Hepatitis, Tuberculosis e Infecciones de Transmisión Sexual de la OPS/OMS, Massimo Ghidinelli. “Sabemos que son más vulnerables al VIH, a las hepatitis virales y a otras infecciones de transmisión sexual, así como también víctimas frecuentes de situaciones de violencia extrema, pero esto es sólo la punta del iceberg de los problemas y necesidades de salud que tienen”, afirmó.

El prejuicio y la ignorancia sobre las realidades de las personas LGBT en la sociedad en general y en los sistemas de salud en particular contribuyen también al desconocimiento de sus problemas, estado general y bienestar, y a que no les brinden atención oportuna, efectiva y adecuada. Muchas personas de los colectivos LGBT llegan en forma tardía a los servicios y sus condiciones o problemas de salud son tratadas tardíamente con un pronóstico menos favorable. Por ejemplo, la infección por VIH, que tiene una muy alta prevalencia entre hombres que tienen relaciones con otros hombres (HSH) y mujeres trans en América Latina y el Caribe, es muy a menudo diagnosticada en forma tardía entre personas de estas poblaciones.

Según datos de 2012 del ONUSIDA, la prevalencia de VIH en este grupo en Latinoamérica y el Caribe se estimó en 11,42% mientras que en la población en general no llega al 1%. En muchos países, este porcentaje se ha calculado que podría superar el 15%. No existe información disponible acerca de la situación entre mujeres trans, pero hay indicios de que la prevalencia de infección por VIH podría ser mucho más alta que entre HSH. También según el ONUSIDA, sólo la mitad de los hombres que tienen sexo con hombres y que viven con VIH conocían su estado, lo que significa una pérdida de oportunidad para iniciar el tratamiento en forma temprana y para reducir el riesgo de transmisión a sus parejas sexuales.

“Debemos erradicar de los servicios de salud la intolerancia hacia las personas LGBT”, aseveró el asesor principal en VIH, enfermedades de transmisión sexual y hepatitis de la OPS/OMS, Rafael Mazin, y agregó que el maltrato en los servicios es violatorio de las obligaciones de derechos humanos establecidas en tratados universales y regionales. Además, “es inaceptable y no debe ser tolerado”, subrayó.

Muchos de los datos que actualmente se tienen no logran distinguir importantes diferencias entre las condiciones de salud y las necesidades de atención de diferentes grupos al estar integrados dentro de una misma categoría. Por ejemplo, en la categoría “hombres que tienen sexo con hombres” se incluye tanto a los hombres gay, como a aquellos que no tienen una identidad gay (pero que mantienen relaciones con otros hombres) y también a las mujeres trans. En realidad, estos tres grupos tienen diferentes realidades, determinantes de salud, riesgos y necesidades de atención.

Las lesbianas también han quedado invisibilizadas, en parte, porque no han sido tan impactadas por la epidemia de VIH como los gays o las trans. “Se presume que son poblaciones que no tienen riesgo ni vulnerabilidad aumentada, pero sin embargo sufren igualmente el estigma, la discriminación, el maltrato y la violencia como problemas de salud en sí mismos y como factores que las alejan de los servicios de salud, y, por consiguiente, del diagnóstico y tratamiento temprano de sus problemas de salud, como pueden ser el cáncer de mama y los trastornos metabólicos o endocrinos”, señaló Mazin.

El Día Internacional contra la Homofobia y Transfobia se observa cada 17 de mayo desde que en 1990 la OMS eliminó la homosexualidad de la Clasificación Internacional de Enfermedades (CIE). Hasta entonces, el sector de la salud y la sociedad en general consideraban que lesbianas, gays y bisexuales tenían una “enfermedad” o una “dolencia” debido a su orientación sexual.

Lesbianas, gays, bisexuales y trans son sujetos de derechos. Los países que integran la Organización de los Estados Americanos (OEA) reafirmaron su compromiso con la prevención de la violencia, de la discriminación y de la violación a los derechos humanos cometidos contra las personas LGBT por su orientación sexual e identidad de género (resolución 2659, 2012).

Según la Comisión Interamericana de Derechos Humanos (CIDH) de la OEA, entre octubre de 2013 y enero de 2014 al menos 58 mujeres trans, 58 hombres gay, dos lesbianas y un hombre bisexual fueron asesinados en Estados Miembros de la OPS.

Un trato respetuoso y considerado, sumado a un acceso equitativo a la salud, puede contribuir a mejorar la salud y prolongar la esperanza de vida de estas personas.

La OPS trabaja con los países de las Américas para mejorar la salud y la calidad de la vida de su población. Fundada en 1902, es la organización internacional de salud pública más antigua del mundo. Actúa como la oficina regional para las Américas de la OMS y es la agencia especializada en salud del sistema interamericano.

LGBT health problems are “invisible,” says PAHO/WHO

- **Washington, D.C., 16 May 2014 (PAHO/WHO)** — The lack of health information about lesbians, homosexuals, bisexuals and trans (LGBT) people in the Americas has led to a poor understanding of their health needs and is hindering action to counter stigma, improve their health and save lives, said experts from the Pan American Health Organization/World Health Organization (PAHO/WHO).

To address this situation, PAHO/WHO is providing technical cooperation to support countries' efforts to collect and analyze information on LGBTs' health needs, the obstacles they face in accessing health care, and the impact of stigma on their health and well-being. This work is in line with a commitment made by ministers of health from PAHO/WHO member countries last September to promote equitable access to health services for all.

“There is a serious lack of knowledge about these groups' real health problems—they are basically invisible,” said Massimo Ghidinelli, head of PAHO/WHO's program on HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Diseases. “We know they are more vulnerable to HIV, viral hepatitis and other sexually transmitted infections and that they are frequently victims of violence. But this is just the tip of the iceberg when it comes to their health problems and needs.”

Prejudice and ignorance about LGBT people—in society at large and in health systems in particular—also contribute to the lack of understanding of their problems and prevent them from receiving timely, appropriate and effective health care. Many LGBT people do not seek health care until their problems are at an advanced stage, delaying treatment and resulting in less favorable prognoses. For example, HIV infection—which has high prevalence among men who have sex with men (MSM) and trans women in Latin America and the Caribbean—is often diagnosed late in members of these groups.

According to 2012 estimates by UNAIDS, average HIV prevalence in LGBT people in Latin America and Caribbean is 11.42%, while in the general population it is less than 1%. In some individual countries, HIV prevalence among LGBTs exceeds 15%. Good data are not available on trans women, but some indicators suggest they could have much higher rates of HIV infection than MSM. UNAIDS data also show that half of MSM who are infected with HIV do not know about their status, which keeps them from accessing timely treatment and reducing the risk of transmission to their sexual partners.

“We need to eradicate intolerance toward LGBTs in health care,” said **Rafael Mazin**, PAHO/WHO senior advisor on HIV, sexually transmitted infections and hepatitis. He added that mistreatment of LGBTs in health services is a violation of human rights that are established in global and regional treaties, such that “it is unacceptable and should not be tolerated.”

Most currently available information about LGBT people fails to distinguish important differences in the health conditions and needs of different groups that are aggregated into one category. For example, the category “men who have sex with men” includes both gay men and those who do not identify as gay (but who have sex with other men) as well as trans women. In fact, these three groups face different health determinants and risks and have different health needs.

Lesbians’ health conditions and needs are also largely “invisible,” in part because this group has not been as affected by the HIV epidemic as gays or trans people.

“Presumably these groups do not face increased risk or vulnerability, but they too are subject to stigma, discrimination, mistreatment and violence both as health problems per se and as factors that keep them from accessing health services,” said Mazin. “As a result, they are less likely to get timely diagnoses and early treatment for their health problems, including conditions such as breast cancer and obesity.”

The International Day against Homophobia and Transphobia has been observed each May 17 since 1990, when WHO eliminated homosexuality as a disorder in the International Classification of Diseases (ICD). Until then, the health sector and society in general considered lesbians, gays and bisexuals as having an “illness” or a “disorder” because of their sexual orientation.

Lesbians, gays, bisexuals and trans people have rights. OAS member countries have confirmed their commitment to preventing violence, discrimination and violation of the human rights of anyone based on their sexual orientation or gender identity (Resolution 2659, 2012).

According to the Inter-American Human Rights Commission of the Organization of American States (OAS), at least 58 trans women, 58 gay men, two lesbians and a bisexual man were murdered in PAHO/WHO Member States between October 2013 and January 2014.

Respectful and considerate treatment and equitable access to health care can contribute to improving the health and extending the lives of LGBT people.

PAHO, founded in 1902, is the oldest international public health organization in the world. It works with its member countries to improve the health and the quality of life of the people of the Americas. It also serves as the Regional Office for the Americas of WHO.

Inglés

http://www.paho.org/hq/index.php?option=com_content&view=article&id=9591&Itemid=40019&lang=en

Espanol

http://www.paho.org/hq/index.php?option=com_content&view=article&id=9591&Itemid=40019&lang=es

NEWS

Confused by All the New Facebook Genders? Here's What They Mean.

By Peter Weber

A version of this post appeared on [The Week](#) - Feb. 21 2014 10:59 AM

This month, Facebook started allowing users to self-identify as something other than male or female. Good. There may be some cynical ad-targeting motive at work, but as [Facebook spokesman Will Hodges explains](#), "While to many this change may not mean much, for those it affects it means a great deal."

You can make the change [in your Facebook settings](#), and choose who will (and won't) see your new gender nomenclature. You can also change the pronoun Facebook uses when it talks about you to the gender-neutral (but grammatically problematic) "they" (not "xe" or "thon"). The new options are only available in the U.S. so far.

So, if you don't identify as male or female, then what? Well, Facebook [offers 56 options](#). You can use up to 10 of them on your profile. Fifty-six sounds like a lot, but actually many of them are variations on a theme—"cisgender man" and "cisgender male," as well as "cis man" and "cis male." In terms of broad categories, there about a dozen. Here's what they mean:

- 1. Agender/Neutrois** — These terms are used by people who don't identify with any gender at all—they tend to either feel they have no gender or a neutral gender. Some use surgery and/or hormones to make their bodies conform to this gender neutrality.
- 2. Androgyne/Androgynous** — Androgynes have both male and female gender characteristics and identify as a separate, third gender.
- 3. Bigender** — Someone who is bigender identifies as male and female at different times. Whereas an androgyne has a single gender blending male and female, a bigender switches between the two.
- 4. Cis/Cisgender** — Cisgender is essentially the opposite of transgender (**cis-** being Latin for "on this side of" versus **trans-**, "on the other side"). People who identify as cisgender are males or females whose gender aligns with their birth sex.
- 5. Female to Male/FTM** — Someone who is transitioning from female to male, either physically (transsexual) or in terms of gender identity.
- 6. Gender Fluid** — Like bigender people, the gender-fluid feel free to express both masculine and feminine characteristics at different times.
- 7. Gender Nonconforming/Variant** — This is a broad category for people who don't act or behave according to the societal expectation for their sex. It includes cross-dressers and tomboys as well as the transgender.
- 8. Gender Questioning** — This category is for people who are still trying to figure out where they fit on the axes of sex and gender.
- 9. Genderqueer** — This is an umbrella term for all nonconforming gender identities. Most of the other identities in this list fall into the genderqueer category.
- 10. Intersex** — This term refers to a person who was born with sexual anatomy, organs, or chromosomes that aren't entirely male or female. Intersex has largely replaced the term "hermaphrodite" for humans.

- 11. Male to Female/MTF** — Someone who is transitioning from male to female, either physically (transsexual) or in terms of gender identity.
- 12. Neither** — You understand this one: "I don't feel like I'm fully male or fully female. 'Nuff said."
- 13. Non-binary** — People who identify as non-binary disregard the idea of a male and female dichotomy, or even a male-to-female continuum with androgyny in the middle. For them, gender is a complex idea that might fit better on a three-dimensional chart, or a multidimensional web.
- 14. Other** — Like "neither," this is pretty self-explanatory. It can cover everything from "I'd prefer not to specify how I don't fit in the gender dichotomy" to "My gender is none of your damn business, Facebook."
- 15. Pangender** — Pangender is similar to androgyny, in that the person identifies as a third gender with some combination of both male and female aspects, but it's a little more fluid. It can also be used as an inclusive term to signify "all genders."
- 16. Trans/Transgender** — Transgender is a broad category that encompasses people who feel their gender is different than their birth sex—sometimes known as gender dysphoria. They may or may not choose to physically transition from their birth sex to their experienced gender.
- 17. Transsexual** — Transsexual refers to transgender people who outwardly identify as their experienced gender rather than their birth sex. Many, but not all, transsexuals are transitioning (or have transitioned) from male to female or female to male through hormone therapy and/or gender reassignment surgery.
- 18. Two-spirit** — This term refers to gender-variant Native Americans. In more than 150 Native American tribes, people with "two spirits"—a term coined in the 1990s to replace the term "berdache"—were part of a widely accepted, often respected, category of gender-ambiguous men and women.

La Nación/ GDA jue feb 13 2014 18:28

Facebook incluirá la opción de identidad "trans" además de "hombre" y "mujer"

Por ahora no está disponible en Uruguay ni Argentina; los usuarios podrán optar por hasta diez definiciones de género distintas.

La red social Facebook dará a sus usuarios la posibilidad de elegir entre hasta diez definiciones de género diferentes, incluyendo "transgénero" (o trans, es decir, aquellas y aquellos cuya expresión o identidad de género difiere de las expectativas convencionales del sexo físico) e "intersex" (personas que poseen caracteres sexuales de ambos sexos; llamados como hermafroditas). Estas opciones se suman a las ya existentes de "femenino" o "masculino".

Por ahora, estas opciones no están disponibles para los usuarios de Uruguay y Argentina, pero cuando aparezca será de la siguiente manera. La opción aparecerá en "Acerca de la página del usuario" y también se tendrá en cuenta en todas las referencias que se haga sobre ese usuario.

Entonces, las personas no sólo se verán como él o ella, sino que también pueden aparecer con un pronombre neutro cuando se los mencione.

Para quienes ya estén usando esta red y sean, por ejemplo, personas trans podrán cambiar su configuración de la página. Allí aparecerá "opciones de género". Junto con hombres y mujeres, se verá una opción "Otro". Cuando el "otro" está seleccionado, aparecerá una lista de diez opciones.

"Si bien para muchos este cambio no puede significar mucho, para aquellos a quienes los afecta significa mucho", dijo el publicista de Facebook Will Hodges. "Vemos esto como una manera más de que podemos hacer de Facebook un lugar donde la gente puede expresar su auténtica identidad".

Según comentó este publicista, Facebook trabajó en estrecha colaboración con grupos de activistas LGBT (lesbianas, gays, bisexuales y trans) para compilar la nueva lista de opciones de identidad de género.

INDIA: D. NARAYANNA REDY ATTACHED SOME RELEVANT OBSERVATIONS OF THE COURT FOR THE NEWSLETTER PERUSAL.

16 de abril de 2014

Good News about Transgender Status in India.

In a land mark judgement the Supreme court (Highest Judicial Authority) of India, on Tuesday 15th April recognized Transgender as the Third Gender and ordered them to be included in the in the OBC (Other Backward Class) category for education and jobs.

The Supreme court directed the Centre and State governments to take steps to treat them as socially and educationally backward classes of citizens and extend all kinds of reservation in cases of admissions in educational institutions and for Public appointments.

The supreme court bench had observed" the decision to grant the third gender OBC status is to assuage the insult and injury suffered by them so far and to speed up the process of securing FULL Human rights of the marginalized community."

This judgement came on a petition filed by National Legal Aid Services in 2012 to ensure fundamental rights for Transgenders.

“SUPREME COURT OBSERVATION”

The Supreme Court bench said transgender community had an inviolable constitutional right to enjoy freedom of expression (Article 19) and right to live with dignity (Article 21). Besides legal benefits, Tuesday’s Judgment entitles transgenders to other welfare legislations like National Rural Employment Guarantee Act (NREGA).

The judgment came on a petition filed by National Legal Aid Services Authority (Nalsa), which through its then secretary Sarat Chandran had approached the court in 2012 to ensure fundamental rights for transgenders. Mata Nasib Kaur Ji Women Welfare Society, working for Kinnars, and transgender Laxmi Narayan Tripathy had joined Nalsa in seeking the rights for hijras.

It traced historical discrimination of the transgender community globally and subsequent attempts by countries to protect their human rights. It said, “Gender identity lies at the core of one’s personal identity, gender expression and presentation and, therefore, it will have to be protected under Article 19 of the Constitution.”

Legal status to gender after sex change surgery

In its historic decision to give ‘third gender’ status to eunuchs, the Supreme Court also ruled that Governments cannot deprive a person his/her legal right to acquire preferred gender through sex change operation. A bench of justice K S Radhakrishnan and Justice A K Sikri said transgender community included persons who intended to undergo sex re-assignment surgery to had undergone such surgery to align their biological sex with their gender identity in order to become male or female. It referred to a media report about a person born as a boy but with the characteristics of a girl. The story narrated the trials and tribulations of the boy and the extreme sense of liberation after acquiring the preferred gender through surgery to become a girl.



**4TH INTERNATIONAL CONFERENCE
ON THE SURVIVORS OF RAPE**

Dates and title of ICSOR 2014 announced:

4th ICSOR: Rape, Survivors, Policies and Support Systems a European Challenge 20 - 22 November 2014- ICSOR 2014 will be held in Lisbon, Portugal with hosts Associacao de Mulheres Contra a Violencia (AMCV).

Conference 2014 theme has been announced

Conference 2014 Theme:

The IV ICSOR will contribute to the continuing improvement of the knowledge of the impact of Rape on Survivals and the work of the experts, researches and support systems, following the outcomes of the previous ICSOR conferences.

Moreover the 2014 Conference will introduce the issue related with the fulfilment of the State's due diligence obligations to prevent Human Rights violations, specifically rape; to investigate all crimes of rape and punish the offenders; to protect and to provide remedy and reparation to all victims/survivors.

The objective is to challenge the EU institutions and European policy makers to be engaged in a common European approach, to provide comparable data collection on rape and to implement, effectively, policies measures that really prevent and combat sexual violence and rape. This conference intends to contribute for the change of the actual situation, from an almost invisibility and impunity of rape cases to an informed, empowered and active citizenship through a Human Rights advocacy approach.

This conference will also provide the opportunity to share the expertise of the most prestigious academics, professionals and policymakers and to contribute to a future European common approach on prevention and combat against rape.

The IV ICSOR will be open to all stakeholders and professionals that want to make the difference on this field - researchers, policymakers, legal system professionals (forensics, lawyers, judges, law enforcement officers), professions and voluntaries working in NGO, physicians, psychologists, social workers, educators, and others.

Abstracts are welcoming covering the following issues: Human Rights, data collection, medical, mental health, social, legal, and intervention and support models related with rape.

We are particularly interested in deepening the following issues/main themes:

Prevention and Combat against Rape at European level

- Monitoring the States commitments and fulfilment of their obligations regarding the protection of Human Rights.
- How can Europe build a common approach on this issues?
- How can we all act against rape?

European data collection on Sexual violence and Rape

- The need for comparable Indicators.
- How to harmonise data and indicators at a European level?
- How to gather evidence on the costs of sexual violence and rape?

The impact of Sexual Violence and Rape on their victims

- What survivors tell us?

Multidisciplinary-agency cooperation

- effectiveness of current models of intervention and treatment for the survivor's recovery process.
- Do we need more specialized resources and professional training?
- How does it meet the survivors needs?
- Is it survivors centered?

The Intervention programs with sexual offenders

- Are they effective for the prevention of further offences?
- How do they guarantee the victims/survivals safety?

Legal issues on Rape

How can the Justice system be more effective in investigating the crimes of rape, punishing the offenders and providing reparation to the victims?
How can the Justice system cooperate with the victims/survivals support systems?

Primary Prevention and Education

The role of the educational system and others sectors in the prevention of sexual violence and rape.
How can we educate children and young people to be zero-tolerant throughout violence?
How can we protect children and young people from being victims of sexual violence and rape?

Survivors Voice and Empowerment How to promote and support the participation of survivors in self-help, self-representation and self-advocate groups.

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www.sexologycongress2014.com

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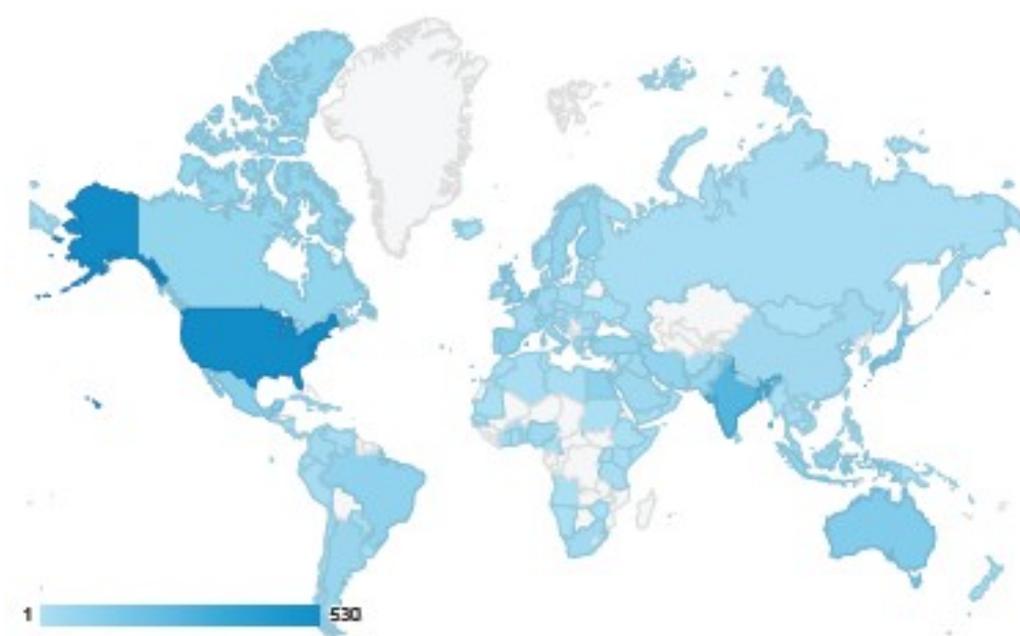
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ATTACHMENT

From the webmaster



The new website of WAS has been there only for half a year, but it has already gathered a good audience, which is interested in browsing news and sexual rights. The site has currently up to 3500 visitors monthly and while USA is the most frequent location of the site user, the top ten includes also India, Brazil, Lebanon and Iran. As the Declaration of Sexual Rights is the most popular of individual pages, it can be seen that there is a growing interest in sexual rights around the world.

The attachment shows where the website visitors are coming from.

Tommi Paalanen

Philosopher, specialist in sexual ethics Authorised Sexuality Educator and Sexual Health Promoter (NACS) Executive Director, Sexpo Foundation Finland

ATTACHMENT

2011 - Sun Yuan & Peng Yu



Teenager Teenager, 2011 Performance, sofa, stones — 47.2 × 17.8 feet Courtesy of the artists & Galerie Emmanuel Perrotin — Saint Claude, Paris

Galerie Perrotin present the exhibition *Dear* by Sun Yuan & Peng Yu gathering a film — *If I die* — four installations, three of which are monumental — *Teenager Teenager, Spilling out, Dear* and *If I die*. Their works come across as provocative takes on complex issues of our contemporary era. Although they are among the most controversial artists in China — with a style marked by a poignant and disturbing hyperrealism — their installations express a vision of the human condition set in the modern world. Using human fat, rubbish or live animals, parodying figures of powerful leaders, their works are so many challenges to value systems, socially conditioned prejudices, and the ambiguous relations between East and West. While their “all-powerful machines”, characterized by their technical virtuosity, act as metaphors for a consumer society that has lost its way. With dark humour, they intensely probe life and death in strange, destabilizing situations. Generating a different disquiet so as to better overcome the existing one. As part of the Galerie Perrotin’s 25th anniversary, lille3000 is hosting at Gare Saint Sauveur, the exhibition by Sun Yuan & Peng Yu, *Le Coup du Fantôme*, curated by Jerome Sans. Sun Yuan and Peng Yu are famous for working with very extreme mediums with their art works. They have used materials such as human fat tissue, live animals, and baby cadavers to deal with issues of perception, death, and the human condition. This has made them some of the most controversial artists in China today. One of their live performance pieces used old men dressed up as famous world leaders. They were put into electric wheelchairs and set into a blank room to slowly move around and bump into each other as a harmless “skirmish.” The old men looked weathered and aged most of them drooling and expressionless as a parody of the U.N. dead

For more about Bo and his work, visit his web site at: <http://slash-paris.com/evenements/sun-yuan-and-peng-yu-dear>