portion of the population in these countries and are disproportionately affected by HIV and other negative reproductive health outcomes (MacCauley and Salter, 1995).

Recent trends in adolescents’ reproductive health and fertility-related behaviours include earlier sexual debut, a greater number of sexual partners, increased involvement in non-dating sexual experiences high rates of unplanned pregnancy, and premature parenthood. Thus, the need to understand the movable factors that can result in a decrease in sexual risk is critical. One fruitful approach is to focus on the interplay of adolescents’ self-concept, peer group influence, emotional mastery and social support that may influence sexual decision-making.

Research throughout much of Africa indicates that the first sexual experiences of today’s young people are taking place in a different social context from those of previous generations (Friedman, 1992). Pillai, Achola and Barton (1993) observe that increasing urbanization, modernization and education, together with exposure to western media, appear to have led to a decline in traditional values and, in particular, to have reduced the importance of virginity at marriage. Evidences suggest that parental control and authority over young people are declining and that adolescents are no longer willing-or required - to be accountable to the societal structures that formerly controlled and informed their sexual behaviour (Letamo and Bainame, 1997).

**T03-O-13**

**Sex therapist and patient shared fantasy: ethical consideration about the inner and the outer dialogue**

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This study is based on video recorded supervision of Sex Therapy, geared to depict inner and outer dialogue gaps. Gaps stem from the ability or inability of the therapist to identify the mode by which sexual fantasies about the patient are controlled, and the level of sexuality the therapist attributes to the patient.

The data suggests: 1. Situations where the discrepant between what is been expressed verbally and nonverbally by the therapist serves to protect the patient. 2. It pinpoints conditions by which the incongruent message reflecting the therapist’s discomfort, evokes subtle emotional violation of ethical and professional behavior. The physical red line that should not be crossed between therapist and patient is set up clearly.

The paper discusses and postulates a sort of ethical violations that are subtle within the grey area. Being constructed of subtle nature, the therapist might not be aware of the Blind Spots or the hidden agenda, reflected in the therapeutic relations. Sex Therapy sessions invite overt and covert eroticism and fantasies. It is processed throughout the erotic transference and counter transference. This might lead towards a sexual loaded interaction. The therapist paramount ability and responsibility to control the loaded situation goes beyond saying.

Therapists are expected to listen to their inner dialogue, acknowledge and legitimate her/his attributions and fantasies about the patient. At the same time the therapist should be able to process an outer dialogue which maintain ethical standards and patient’s safeguard. Such pitfalls are clinically demonstrated along the discussion of the theoretical concept.

**T03-O-14**

**Teenagers’ knowledge about sexuality**

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**Objective:** The aim of the study was to evaluate teenagers’ knowledge about sexuality.

**Methods:** The sample includes 315 teenagers (126 girls, 189 boys), from two high schools in Caserta and Latina. The students’ mean age was 15.4 (SD ± 1.6). The students filled in a questionnaire anonymously. The questionnaire we created is composed by two domains of 10 and 26 questions respectively. The first domain presents general questions, the second one investigates student’s knowledge. The students from Latina re-filled in the test after a program of sexual education.

**Results:** Teenagers prefer to talk about sexuality with friends; the main information source is the web. 94% of students didn’t have a previous sexual education. They wish to examine closely some topics like: masturbation (31%), first time (27%), sexual development (15%), sexually transmitted diseases (14%), petting (6%), homosexuality (9%). There is no relevant difference between the groups at time 0 (p value after χ test > 0.01 - mean of correct answers <43%), though there’s a significant improvement in the group from Latina, after the sexual education program (p< 0.01).

**Discussion:** Teenagers show an inaccurate knowledge about sexuality, so the study points out the importance of sexual education as a preventive mean, like it’s shown by the results after the re-test in Latina.

**T03-O-15**

**Analysis of psycho-sexual experience in women with genital mutilation**

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