enced by their family, friend acceptance and media. Because female absent power of bargaining sex relation and male youth did not responsibility in Thai social gender, female would be infected STDs and unwanted pregnancy. Beside, adolescents didn’t receive health service that they desire.

According to the differing sexual behaviour of males and females adolescents, Thai adults had the same behaviour with adolescents in the future. Thai male could have the most sex partners (lover, wife or prostitute) and like sex activities which were the valuable of them. This results reflected the power relationship between female and male in sex intercourse of adolescents.

T10-O-25
Clarifications about some theories in sexology and about a correct sexual terminology

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Female sexual anatomy is neglected by sexologists who divulged some notions on the female sexual physiology despite not having any scientific bases. The vaginal orgasm described by some women is caused by the erectile structures that surround the vagina. The vaginal orgasm is a theory.

Grafenberg in 1950 described the role of the whole urethra in female orgasm. Every sexologist should read Grafenberg’s original article and understand that the hypothetical area named G-spot should not be defined with Grafenberg’s name. Grafenberg not report a G-spot, whose existence is currently an hypothesis.

By now no scientist demonstrated some vagus nerve’s terminations in the vagina and in the cervix uteri so that the genitosensory component of the vagus nerve is a theory too.

The whole erectile tissue of the vulva corresponds to the male penis: clitoris is the homologous only of a part of the male penis.

The terms bulbs of the clitoris, clitoral urethra, clitoral vagina, from an embryological and anatomical point of view are not correct.

Textbooks of anatomy report the terms of pubovaginalis (responsible of the superior vaginismus) and puborectalis muscles instead of pubococygeus muscle (pubovisceral muscle).

The term periurethral glands should not be used as the correct term is vaginal vestibule.

The Halban’s fascia is a layer of dense connective present in the bladder-vaginal septum and doesn’t correspond to the male corpus spongiosum.

It is important that sexologists divulge to people scientific notions and that they use a correct scientific terminology when they describe the sexual anatomy.

T10-O-26
Andropause awareness in men and women

P. Rossi

Objective: In Italy, aged men and women (more than 65 years) are 7 million however the testosterone replacement therapy is uncommon with an esteem of 500.000 treatments. There is a fracture between the number of aged men and the real number of testosterone replacements.

The fracture may be due to a poor andrological culture in general practice or to a poor awareness in people about andropause.

Methods: 250 patients were administered with a simplified AMS. In order to assess a sample of general population the questionnaires are administrated at the ticket office by only one interviewer. Men and women afferent to Andrology, Urology Orthopaedic, Endocrinology may be more aware of aging and they could be more informed about andropause. The questionnaires is done by only an interviewer in order to standardize the answers. The interviewer, furthermore, simplifies the answers, speeding up the questionnaires and increasing the number of patients recruited.

Results: A simplified AMS is used and the knowledge about physical, psychological and physical symptoms of Andropause is assessed resulting in a better knowledge in women about 35% vs 20%.

Conclusions: In Italy the awareness about andropause is still lacking in men and women.

T10-O-27
Barriers to emergency contraception (EC): does promoting EC increase risk for contacting STI/AIDS?

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Objective: The aim of this study is to focus on barriers to access, controversy and perceived risk associated with use of EC after unprotected sexual intercourse.

Design and Method: Data are extracted from literature of MEDLINE service. Original articles, surveys, clinical trials and investigations are considered for this study.

Results: Even after introduction of over-the-counter and advance prescription provisions for easy access, rural-urban disparity in availability of EC poses a barrier to use EC for rural dwellers. Socio-economically weaker people are unable to buy EC because of their less or no income, despite mounting pressure for prevention of unintended pregnancy by using EC to save huge medical costs by the State. Some health care providers have objected to provide EC to the patient on the grounds of their conscience and morality. Some providers and users have also expressed concerns about possibility of increase in irresponsible sexual behaviour due to easy access to EC. Their apprehension may have some truth because nearly 3.2 million unintended pregnancies occur annually.