

NACS 2021 - 43RD ANNUAL CONFERENCE



INTERSECTIONALITY IN THE FIELD OF
SEXUALITY

PROGRAM AND ABSTRACT OVERVIEW

FRIDAY TO SUNDAY, OCTOBER 1ST-3RD 2021

Thursday

17:00 - 19:00 Meet and greet - Hotel Bar at Grand hotel

Friday

08:00 - 09:00 Registration into conference in conference room Háteigur

09:00-16:20 Full day conference and NACS annual meeting

17:45 Welcome reception at Ásmundarsafn, meet at Grand hotel reception at 17:45

Saturday

09:00-15:25 Full day conference

19:00 Gala dinner - Meet at Perlan

Sunday

09:30 - 12:00 Half day conference

This program is subject to change.

IMPORTANT LOCATIONS

Conference venue:

Grand Hotel

Sigtún 28

105 Reykjavík

Conference room: Háteigur

Welcome reception

Ásmundarsafn

Sigtúni (meet at Grand reception at 17:45 and the group walks together)

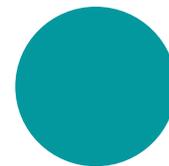
Gala dinner

Perlan

Meet at Perlan at 19:00, taxis available at +354 5885522 and +354 561 0000 (about 5 minutes in a taxi from Grand hotel)

NACS 2021 CONFERENCE

PROGRAM SCHEDULE



DAY 1

Friday, October 1st, 9 am- 4 pm

Timing	Presenter(s)	Title
09:00	Kynís	Start of conference
09:10	Kevatniemi F & Kekkonen H	Communication - A basic right to everyone: How to protect the right of disabled people to communicate
09:30	Embla Guðrúnar Ágústsdóttir (she) and Freyja Haraldsdóttir (she)	Sex, disability and empowerment: Lessons from a feminist disability movement in Iceland
09:50	Ásta Jóhannsdóttir, (she)	"I feel like I got catfished because you did not tell me" Perceptions on dating and disability
10:10	(coffee break)	
10:25	Embla Guðrúnar Ágústsdóttir (she) and Ásta Jóhannsdóttir (she).	The shame of pleasure in disabled people's lives': The impact of microaggression on gender identity
10:45	Kjersti Helgeland, (she)	Positive sexuality in Correctional Services in Norway
11:05	(short break)	
11:10	Mrs. Sidsel Louise Schaller	Constructions of sexual identities in an ageing body: A Norwegian, qualitative study.
11:30	Ugla Stefana	Keynote speaker
12:30	(Lunch)	
13:20	Edythe L. Mangindin	Migrant women's experiences of respect, autonomy and mistreatment in Icelandic maternity care
13:40	Camilla Ivarsson (she/her)	Queer migration in an intersectional perspective
14:00	Hanne Grasmø (she, sometimes he)	Sexual arousal in character
14:20	NACS ANNUAL MEETING	

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PROGRAM SCHEDULE



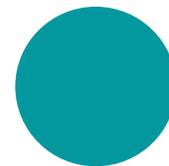
DAY 2

Saturday, October 2nd, 9 am- 4 pm

Timing	Presenter(s)	Title
9:00	Mrs. Maj Wismann	The need for sexological counselling for Danish veterans in PTSD treatment
09:20	Sóley S. Bender, Professor; Yvonne K. Fulbright, PhD, MEd	Rebirth: A New Beginning for Iceland's Only Sexual- and Reproductive Health Association
09:40	Sóley S. Bender, Professor; Yvonne K. Fulbright, PhD, MEd	New Comprehensive Sexuality Education Curriculum for Young People
10:00	Helle gerbild	Acceptability of Health Professionals' Address of Sexuality and Erectile Dysfunction - A
10:20	Coffee break	Qualitative
10:35	Helle gerbild	Danish Health Professional Students' Attitudes Toward Addressing Sexual Health: A Cross-Sectional Su
10:55	Gitte Vittrup, S. Westmark, J.Riis, L. Mørup, T. Heilesen, D. Jensen, D. Meldgaard	Sexual Counselling on Quality of Life and Sexual Functioning in Women with Lichen Sclerosus – a RCT
11:15	Phillip Keudel, (he/him)	Pelvic Floor Center: When clinical sexology meets somatic medicine in a multidisciplinary forum
11:35	Short break	
11:40	Anette Højer Mikkelsen	Sexual counselling as part of the rehabilitation program in patients with late effects after cancer.
12:00	Póra Geirlaug Bjartmarsd. (she)	„Us“ - a comprehensive sex education in elementary school in Iceland
12:20	Lunch	
13:10	Birna Gustafsson and Rauða Regnhlífín	Keynote and Q and A
14:30	Coffee break	
14:45	Martin Rosmo Hansen	Regional Center for Gender incongruence in Norway
15:05	Katrin Hilmarsdottir	Young men's condom use: A qualitative study

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PROGRAM SCHEDULE



DAY 3

Sunday, October 3rd, 09:30 am- 12 pm

Timing	Presenter(s)	Title
10:30	Start of last day	Kynís
10:40	Tore Aasheim (he)	Norwegian national project: "Aging and Sexual Health"
11:00	Dubravka Gladoic Håkansson	Women's Experiences of Abort and Conscience Clause
11:20	Sólveig Anna Bóasdóttir (female)	Religion, LGBTI issues, Human Rights and Trans Jesus
11:40	Suzann Larsdotter (her)	How can we be kinky friendly sexologists/therapists?
12:00	Lunch	Lunch and certificate of participation

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 1

Friday , October 1st, 9 am- 4 pm

Keynote speaker

Ugla Stefanía

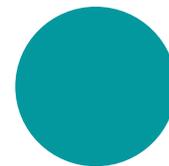
Ugla Stefanía Kristjónudóttir Jónsdóttir will be a key note speaker at NACS. Ugla Stefanía Kristjónudóttir Jónsdóttir (MA in gender studies) is an author and campaigner. They are the chair of Trans Iceland and run the film project *My Generation* and are the co-author of *The Trans Teen Survival Guide* and *Trans Survival Workbook*. In 2019 she was listed as one of the most influential women according to BBC 100 Women List.

Photos by Móa Hjartardóttir and Sharon Kilgannon.



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PRELIMINARY PROGRAM



DAY 1

Friday, October 1st, 9 am- 4 pm

Communication - A basic right to everyone: How to protect the right of disabled people to communicate

Kevatniemi F & Kekkonen Hw

Objective: When talked about sexual health, communicating about sexuality can't be ignored. But usually it means speaking of it, and that's a major ableist point of view. People who use AAC (augmentative and alternative communication) methods to supplement or replace speech are more than likely to be forgotten. Our accomplishment has been to create accessibility to communicating about sexuality for all individuals. By that, we can increase sexual health and well-being, raise awareness that people with disabilities are sexual beings, and fulfill their basic human right to communicate.

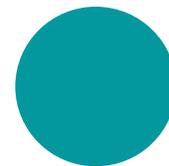
Design and Method: We created an internet-based imagebank for pictures about sexuality, sex, gender, intimacy, hygiene, sexual health, anatomy, etc. We introduced them to consultation group which included individuals from trans, sexual minority, kinky, non-binary, and social, healthcare, and rehabilitation communities. Our goal was to get the pictures non-heteronormative and indicate that sex is more than penis-vagina intercourse. We applied financial support but were declined by all.

Results: Pictures are available in an internet-based imagebank. We requested feedback about our pictures from people who have used them at their work. We were given experiences from a physical therapist, practical nurses, neuropsychiatric coach, sexuality educator, and specialist in sexological counseling. Professionals stated that pictures were high quality and much needed for their work. The only criticism received was about the number of pictures. We are constantly developing more of them.

Conclusions: There is a great need for high-quality sexuality-themed communication pictures as well as awareness about the communication of sexuality with disabled people. By giving a chance and tools to people to communicate, we're raising awareness among professionals that disabled people are sexual beings and break the ableist wall.

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PRELIMINARY PROGRAM



DAY 1

Friday , October 1st, 9 am- 4 pm

Sex, disability and empowerment: Lessons from a feminist disability movement in Iceland

Embla Guðrúnar Ágústsdóttir (she) and Freyja Haraldsdóttir (she)

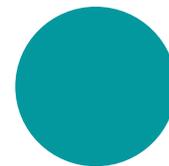
Tabú is a intersectional feminist disability movement founded in 2014 by self-identified disabled women in Iceland.. The aim of Tabú is to create a safer space for self-identified disabled women, trans and intersex people, to practice activism and share experiences, knowledge and our stories, both within our movement and publicly. One of Tabú's principle is to work on cross-disability level, meaning anyone who identifies as disabled or chronically ill can participate. No one is too disabled or not disabled enough.

Tabú has focused on disability, sex, sexuality, and sexual health and autonomy, among other issues. These topics have been overlooked, both in disability services and in mainstream sex education and awareness campaigns. Through our workshops, participation in the Reykjavík Slut Walks and other areas we emphasise creating spaces where it is safe and encouraged to talk about sex and on peer to peer basis welcome inclusive sex education which we feel is deeply needed for disabled/chronically ill people who have often been robbed of the opportunity to learn about and express their sexuality and sexual autonomy. When a space like this is created, we've come to learn that inside our group is a lot of knowledge, creative solutions and empowering stories about sex, but also many people who deal with a lot of isolation, loneliness and shame around disability and sex.

We believe that disability can offer fundamental knowledge, liberation and creativity when it comes to how we define and talk about sex. In our paper we want to share our learning and unlearning and open up a conversation on how disability is a key to more open and empowering discussion on sex and our bodies.

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PRELIMINARY PROGRAM



DAY 1

Friday , October 1st, 9 am- 4 pm

"I feel like I got catfished because you did not tell me" Perceptions on dating and disability

Ásta Jóhannsdóttir (she)

"I feel like I got catfished because you did not tell me" Story completion study on perceptions of dating and disability

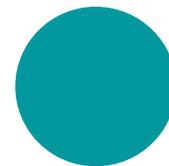
The aim of this paper is to explore understanding and perceptions towards disability and online dating. There is a need for more research on sexuality and disability, both in regards of the experiences of disabled people, but also on common perceptions and opinion of sexuality and disability. Especially because attitude towards disability and sexuality can shape the experiences of disabled people.

The data consists of stories collected according to the story completion method. In story completion method the researchers create a hypothetical scenario, writing an opening to a story. Participants then complete the story, and there are no right or wrong answers/completion of stories. The stories are then analysed by the researchers. The opening to a story where twofold in this research, in one scenario the woman disclosed that she used a wheelchair before the date, but in the other scenario she did not state that before the date. The stories were split equally between participants. 103 participants started, with fifty-three people finishing. The stories were analysed using thematic analysis.

Findings indicate a widespread of ableism, which surfaces through stories of shame and demand of disclosure. While online dating might increase the dating market, research show that for example trans people and disabled people are expected to disclose their transness or disability in the first days chatting to a possible date, and if they do not, the reaction can be extremely negative. This was notable in our data and will be the focus of this paper.

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PRELIMINARY PROGRAM



DAY 1

Friday , October 1st, 9 am- 4 pm

The shame of pleasure in disabled people's lives': The impact of microaggression on gender identity

Embla Guðrúnar Ágústsdóttir (she) and Ásta Jóhannsdóttir (she).

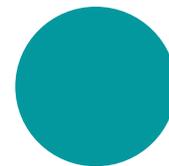
The aim of this paper is to explore disabled people's experiences of expressing their sexuality and the reaction such expressions stir. Furthermore, we investigate how disabled people experience their bodies as sexual and the impact of microaggressions on their gender identity. The data was collected between 2019 and 2021 and consists of five interviews, three focus group meetings and case studies.

Current studies on microaggression and the sexuality of disabled people are few, and thus it is vital to shed light on their experiences. The experience of marginal groups is often coloured by microaggression that is not very visible and regularly trivialized. International studies have shown that microaggression is a dominant factor in the daily lives of disabled people and thus important to examine further.

Early findings of our research shows that microaggression is a leading factor in disabled people's daily lives and that it requires constant reaction. One of the manifestations of microaggression is the idea that disabled people are infantilized or seen as asexual. The message that participants receive is that they should be grateful to have a partner thus they have little room to make demands or set boundaries. When expressing their sexuality, it is often accompanied with the feeling of shame.

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DAY 1

Friday, October 1st, 9 am- 4 pm

Positive sexuality in Correctional Services in Norway

Kjersti Helgeland (she)

Sexual health is a neglected theme in Norwegian prisons. Inmates are overrepresented in the statistics of sexual abuse, both as victims and perpetrators. Sexual health is important for good quality of life, but in practice the theme is undercommunicated vs. physical and mental health. Sexual health in Correctional Services is a national pilot started in 2020 where we put the issue on the agenda for both employees and inmates, with the goal of contributing to better quality of life, sense of coping and a better reintegration to society. We will present the measures, experiences, results and further plans for the project.

Constructions of sexual identities in an ageing body: A Norwegian, qualitative study.

Mrs. Sidsel Louise Schaller

Older adults' sexuality is often presented in ageist and sexist terms, as irrelevant, non-present, ridiculous, problematic. These attitudes have been shown to impact older people's sexual health and well-being negatively, both due to internalization of attitudes followed by modification of expectations to sexual satisfaction in older age and in health- and care services, and policies.

Societies youth idealizing and reproduction-focused presentations of what is considered sexually attractive and of value exclude older bodies as sexual. As our understanding of our sexuality from early on is socially constructed, we must assume that older adults' sexuality also is socially constructed, through attitudes and role models. How do older Norwegian adults construct their sexual identities in the aging body and which role models or ideals for successful sexual aging do they refer to or acknowledge?

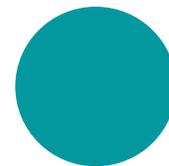
Semi-structured interviews of 32 women and men of different sexual orientations and relationship statuses, between age 65 - 85. Thematic analysis generated some understandings of familiar and/or public role models, revealing both traditional and more liberal constructions of how sexualities may be lived and expressed in older age.

Results also indicated a perceived lack of role models, both public and private, which suggests that sexuality in old age still is represented and communicated as unacceptable or irrelevant. This was presented more often in the women's accounts than in the men's accounts.

Promoting more liberal attitudes to sexuality in older adults, and motivating communicating a sex-positive attitude in the public sphere may help counter ageist attitudes in society and reduce internalization of ageist attitudes in older adults to improve sexual self-confidence, sexual wellbeing, and sexual health.

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PRELIMINARY PROGRAM



DAY 1

Friday , October 1st, 9 am- 4 pm

Migrant women's experience of respect, autonomy and mistreatment in Icelandic maternity care

Edythe L. Mangindin (she/her)

Over the past two decades, the Icelandic population has evolved from being a homogenous society to being a multicultural one with currently 15.6%. At the same time, the health care system must evolve and address the health status and needs of migrant childbearing women. Research on migrant women's experiences of maternity care in Iceland is very limited in Iceland.

Objective: The objective of this study is to test the hypothesis that migrant women experience less respect and autonomy and more mistreatment than native-born Icelandic women in maternity care.

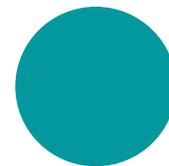
Method: An online survey including sociodemographic questions and internationally standardized instruments measuring respect, autonomy, mistreatment and childbirth experience was advertised through social media and distributed using convenience sampling. A total of 2,052 participants completed the survey consisting of women who received maternity care services and gave birth in Iceland 2015-2021 and understood either Icelandic, English or Polish. Data analysis consisted of descriptive analysis, logistic regression and regression models.

Results: Migrant women reported lower scores of respect and were more likely to experience mistreatment in maternity care in Iceland. There was no significant difference in levels of autonomy between migrant and native-born women.

Conclusion: Migrant women are more susceptible to experiencing some form of mistreatment in maternity care, and it is imperative that actions are taken to address this matter. Inequities in health arise when midwives and doctors fail to meet professional standards of care when caring for specific group of women.

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DAY 1

Friday , October 1st, 9 am- 4 pm

Queer migration in an intersectional perspective

Camilla Ivarsson (she/her)

Sweden is ranked by the international LGBTQ organization ILGA, as one of the 10:th most developed country in Europe regarding LGBTQ rights. This means that for many people, Sweden accordingly becomes one of the main options for seeking asylum as an LGBTQ person. To obtain asylum to receive protection in Sweden, asylum seekers must be able to prove well-founded fear of persecution.

Previous research has shown how the credibility of young asylum seekers at the Migration board are based on different stereotypes, gender dichotomy and heteronormativity, and the public debate, opinions and discussions regarding young newcomers are often based on these prejudices and perceptions. The asylum seekers themselves tend to end up questioning their own sexuality and identity, when they already are in a vulnerable situation. This can create a feeling of exclusion for LGBTQ individuals right from the start in the new country.

Young LGBTQ migrants is a group that is unexplored in research. This study is based on research with 18 individuals, 20-30 years old, identifying themselves as LGBTQ persons with a migration experience, residing in Sweden. By using intersectional analyses, different factors that affects queer migrants in a western context will be highlighted, and how a queer sexuality and identity affects the quality of life. The results show the importance of creating a new secure space of belonging. Such a space facilitates the ability to be open with one's sexual- and gender identity, and to create feelings of safety. The study reveals feelings of coming from oppression to freedom and how it affects a person, and the complexity of negotiating transnational relationships regarding reveling their sexuality or staying in the closet, in a country where coming out is clearly a norm. The study underlines the intersection between gender, sexuality, ethnicity and class and the specific features of these power asymmetries.

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PRELIMINARY PROGRAM



DAY 1

Sunday, October 3rd, 10 am- 1 pm

Sexual Arousal in Character

Hanne Grasmø, she (sometimes he)

Nordic larping is the most exciting role-playing culture in the world. It has been documented and studied in the field of game studies, but its health implications have not been mapped.

This paper will explore the intersections between game studies and sexology, and explain how role-play and sexual arousal interacts, and may have applications for sexual health – especially with sexual minorities in mind.

It is a new trend in Nordic larping of more designing of games with erotic themes, more willingness to admit interest in sexual themes and create systems around it. This emerging culture of erotic larpers in the Nordics will be addressed in this presentation, with a full review on every erotic larp produced in the last decade. Playing sexual aroused, or players being turned on while they embody fictional characters, gives an opportunity to explore the knowledge of sexual arousal in a completely new way. May it also be it can give understanding of minorities sexual desires?

The empathy training (SAR) of Nordic sexologist was made compulsory in 2015, but there has been little research on how to make the best possible training. Hopefully this study can give some new perspectives on that.

At last year WAS conference in Mexico City, many researchers and clinicians were asking for a more interactive focus in the research on pleasure. Sexual Science has previously mostly asked individuals about their sexuality. This paper focus on the interactive sides of sexual arousal, as well as immersion as a tool to create more pleasure.

Maybe we can achieve a better understanding of sexual arousal when we experience it through a fictional character? The bold vision beyond this research is to find if there are possibilities to design larps, live action roleplays, to help people in their sexual relationships.

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PRELIMINARY PROGRAM



DAY 2

Saturday, October 2nd, 9 am- 4 pm

KEYNOTE SPEAKER

BIRNA GUSTAFSSON AND RAUÐA REGNHLÍFIN (RED UMBRELLA ICELAND)

Birna Gustafsson is a certified sexuality educator, writer, and podcast host currently living in Reykjavik, Iceland. She specializes in mindful sexuality, pleasure activism, and adult sex education. She is the in-house educator for Losti, a sex toy store with a focus on education that hosts weekly workshops. Birna is also a former community organizer and policy consultant on consent, sex work, and menstrual equity in her hometown of New York City. Her pronouns are She/Her.

Rauða Regnhlífín or the "Red Umbrella" is an organization for sex workers in Iceland. The group was established in 2016 by people who sell sex and sexual services, and they continue to fight for decriminalization along with the rights and respect for sex workers in Iceland. On the panel is Ari Logn Yndu, they/them, and Mia, she/her



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PRELIMINARY PROGRAM



DAY 2

Saturday , October 2nd, 9 am- 4 pm

Rebirth: A New Beginning for Iceland's Only Sexual- and Reproductive Health Association

Sóley S. Bender, Professor; Yvonne K. Fulbright, PhD, MEd

The Icelandic Association for Sexual- and Reproductive Health was established on the 28th of September in 1992. The goal was to support healthy sexual life and pregnancy planning. It collaborated with sister associations in the Nordic countries and Europe, becoming a full member of the International Planned Parenthood Federation (IPPF) in 1998. The association contributed widely to society through information provision, e.g., lectures, courses, specially developed comprehensive sexuality education curriculum for senior high schools and numerous other projects. It provided sexual- and reproductive health services for several years to young people in „The Other House“ in the center of Reykjavík and published a newsletter regularly. After some years of maintaining a low profile, the association is now reestablishing itself. With its 2021 relaunch, the association seeks to make an even bigger difference to Icelandic society with regard to sexual well-being. This includes establishing a social media presence and a website and offering lectures. A new strategic plan has been approved, focusing on young people, the dissemination of evidence based information, promoting accessible sexual and reproductive health services, supporting one's right to pursue healthy, safe and sexually pleasurable relationships and supporting the rights of individuals to make an informed reproductive decision. On an international level it will again pursue the full membership of IPPF. It is the only association in Iceland to focus on sexual well-being, healthy sexual relationships and comprehensive sexuality education.

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PRELIMINARY PROGRAM



DAY 2

Saturday , October 2nd, 9 am- 4 pm

New Comprehensive Sexuality Education Curriculum for Young People

Sóley S. Bender, Professor; Yvonne K. Fulbright, PhD, MEd

Background: Numerous changes have taken place in Icelandic society over the last ten years regarding diversity with respect to gender identity, sexual orientation, sexual relationships and sexual behavior. Awareness has also been raised concerning gender equality, healthy relationships and sexual violence. The purpose of this presentation is to outline the revision of the comprehensive sexuality education curriculum (CSEC) Sexuality and Young People, originally published in 2011, which is aimed at young people in upper secondary schools.

Method: The revision took place in three stages. In the first stage, specialists and representatives of relevant associations working in the field of sexuality and gender education evaluated the curriculum. In the second stage, two workshops were held where presentations of evaluations, lectures and group work took place. The third stage of processing the information involved changing the earlier curriculum into a modern form while considering European and international guidelines regarding sexuality education.

Results: The main results of the evaluations focused on diversity, new issues and matters needing more attention. Suggestions for modernizing and improving the curriculum included making it gender neutral and inclusive in its approach to the body, sexual orientation, gender identity, relationships and sexual behavior and to be dealt with from a wide and understanding perspective. Issues to be added or requiring more focus were, for example, sexual pleasure, sexual empowerment, sexual desire, sexual consent, sex and disability, pornography and sexual scripts.

Conclusions: There is no other CSEC for young people in upper secondary schools available for teachers in Iceland. Educational material is greatly needed for those schools. The revised version of this CSEC will contribute to this need. It is important that students feel understood and included in the classroom, free of any discrimination or judgment.

Keywords: Sexuality education, evaluation, revision, diversity, upper secondary school.

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PRELIMINARY PROGRAM



DAY 2

Saturday, October 2nd, 9 am- 4 pm

Danish Health Professional Students' Attitudes Toward Addressing Sexual Health: A Cross-Sectional Study

Helle Gerbild

Introduction

Danish health professional (HP) students' attitudes toward addressing sexual health are unknown.

Aim

To investigate Danish HP students' attitudes toward addressing sexual health in their future professions, and to assess differences in perceived competences and preparedness between professional programs.

Methods

A Danish national survey of nursing, occupational therapy, and physiotherapy students was conducted. Totally, 1,212 students were invited to respond to an online questionnaire "The Students' Attitudes toward Addressing Sexual Health."

Main Outcome Measure

The main outcome measures investigated were Danish HP students' attitudes toward addressing sexual health in their future professions, and differences in perceived competences and preparedness depending on the professional program.

Results

A total of 584 students (48%; nursing 44%, occupational therapy 70%, physiotherapy 43%) responded. Mean total score ranged between 63.7 and 66.3 ($\pm 8.3-8.8$) classifying students in the low-end of the class: "comfortable and prepared in some situations." No clinically relevant differences were determined between the professional programs with respect to perceived competences and preparedness to address sexual health.

Conclusion

In the field of addressing sexual health, most Danish HP students reported positive attitudes and a need for basic knowledge, competences, communication training, and education.

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DAY 2

Saturday, October 2nd, 9 am- 4 pm

Acceptability of Health Professionals' Address of Sexuality and Erectile Dysfunction - A Qualitative

Helle Gerbild

Introduction:

In the developing phase of the complex health intervention: Physical Activity to reduce Vascular Erectile Dysfunction (PAVED), it is crucial to explore whether men can accept the communicative component regarding information that regular aerobic Physical Activity can reduce Erectile Dysfunction (i-PAVED). This information is provided by health professionals in cardiac rehabilitation, where sexuality issues such as erectile dysfunction (ED) are otherwise rarely addressed.

Aim:

To explore how acceptance of cardiac HPs' address of sexuality, ED and i-PAVED can be identified in men's narratives.

Methods:

In this descriptive qualitative study, we conducted semi-structured individual interviews with 20 men (range 48-78 years of age) attending municipal cardiac secondary prevention and rehabilitation programmes on their acceptance of health professionals' address of sexuality, ED and i-PAVED. The Theoretical Framework of Acceptability (TFA) components (affective attitude, burden, ethicality, intervention coherence, perceived effectiveness, opportunity costs and self-efficacy) and three temporal perspectives (retrospective, concurrent and prospective) were used in the concept-driven first step of a content analysis, which was followed by a thematically data-driven second step.

Main Outcome Measures: Men's anticipated and experiential acceptance was identified in six out of seven components of TFA.

Results:

Men's acceptance was identified as 'expression of interest', 'not bothersome, yet a potentially emotional effort', 'in harmony with men's attitudes and values', 'understandable and meaningful', 'better understanding' and 'self-care and motivation', whereas no narratives were identified in relation to the component of opportunity costs.

Conclusion:

As an aspect of the development of the complex cardiovascular health care intervention PAVED, this qualitative study showed that men attending cardiac secondary prevention and rehabilitation seemed to prospectively accept the communicative component of PAVED being health professionals' address of sexuality, ED and i-PAVED, if health professionals are professional, educated and competent in the field of sexual health.



Sexual Counselling on Quality of Life and Sexual Functioning in Women with Lichen Sclerosus - a RCT

G. Vittrup, S. Westmark, J.Riis, L. Mørup, T. Heilesen, D. Jensen, D. Meldgaard

Background:

Lichen sclerosus (LS) is a chronic skin condition that primarily affects the anogenital skin. Women with LS are more likely to have dyspareunia, decreased orgasm and sexual desire, and low sexual satisfaction, and a decreased Quality of Life (QoL).

Methods:

In this randomised controlled study women with LS were allocated to either traditional treatment or traditional treatment and up to 8 individual consultations with a specialist in sexual counselling. Traditional treatment consisted of thorough guidance in treatment with corticosteroid and fatty cream and a follow-up by a nurse specialized in vulva diseases.

Participants filled out the Female Sexual Function Index (FSFI), Dermatology Life Quality Index (DLQI), and the WHO-5 Well-Being Index (WHO-5) at baseline and after 6 months.

Results:

A total of 158 women; 80 controls (mean age 45.4±15.7) and 78 in the intervention group (mean age 48.4±15.5) were included. Both groups presented a low mean score on all FSFI scales at baseline (control group:14.8±8.7, intervention group:12.8±8.9). Following the intervention period, a slight increase in mean FSFI was seen in the control group (15.2±9.2), whereas a significantly larger increase was seen in the intervention group (18.3±9.5, $p<0.001$), indicating improved sexual functioning.

At baseline, the DLQI mean score was 8.9±5.6 for the control group and 9.3±6.1 for the intervention group, indicating a moderate effect on the QoL. After 6 months, the controls revealed a score of 8.6±5.5 and intervention group a score of 6.8±5.8 ($p=0.008$), indicating a slight improvement.

The mean WHO-5 score was 55.4±20.5 at baseline and 56.4±16.5 after 6 months in the controls, whereas the intervention group scored 57.9±20.4 at baseline and 64.4±18.9 at 6 months follow-up, documenting a significant increase in well-being ($p=0.005$).

Conclusion:

Psychosexual counseling has a significant benefit on sexual functioning in women with LS, but also on QoL and on the women's well-being.

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 2

Saturday, October 2nd, 9 am- 4 pm

Pelvic Floor Center: When clinical sexology meets somatic medicine in a multidisciplinary forum

Phillip Keudel, he/him

Regardless whether patients are treated in the somatic clinical specialities or the broad psychiatric field, each condition of any individual should be considered according to the bio-, psycho- and social aspects it entails.

Clinical sexology, it being a prime example of an interdisciplinary speciality, too often finds itself separated from other medical structures and the patient, therefore, is treated individually by different experts, each focusing isolated on their respective field of expertise.

At our hospital, we have chosen a different approach which underscores and emphasizes coworking, dialogue, interdisciplinarity and mutual understanding: the Pelvic Floor Center, a clinic where a panel of experts see the patient at the same time under the same roof.

There, the patients have the possibility to present their problems to a group of different specialists (surgeon, urologist, gynaecologist, physiotherapist and sexologist) who then, together, examine and interview the patient, confer with one another and, together with the patient, try to find possible treatments. This integrated approach allows us to treat patients out of the confines of our own narrow view and broadens our understanding and our options. Psychosomatic and somatopsychological mechanisms become apparent, are addressed and treated according to a biopsychosocial understanding of conditions.

This setup allows us to consider, diagnose and treat sexual dysfunctions in their broad and complex varieties and with respect to their interdisciplinary nature. People cannot be separated in different medical specialities, body and mind cannot be torn apart. Our new approach takes that into account. We would like to present our setup and report of the feedback we received from different patient workshops. Furthermore, we would like to give a short overview of our ongoing research projects at the Pelvic Floor Center.



Sexual counselling as part of the rehabilitation program in patients with late effects after cancer

Anette Højer Mikkelsen

Background

Studies shows that at least 35-50% of survivors after cancer in the pelvic organs may experience sexual dysfunction due to the disease and/or the treatment. The male sexual dysfunctions include erectile dysfunction, orgasm and ejaculation problems and decreased sexual desire and in females decreased blood flow in the vagina can cause less lubrication, loss of elasticity giving orgasmic problems and dyspareunia. Furthermore, a changed bodyimage as a consequence of the treatment often affects the sexuality and identity.

Besides the more individual problems sexual dysfunctions may burden the relationship and lead to an emotional distance between partners. Lack of intimacy, hugging, caressing and touching can lead to decreased quality of relationship and life and difficulties related to coping with the situation. As a consequence, many couples struggle with coping the threats and emotions following a cancer diagnosis e.g. anxiety, feelings of disappointment, grief.

Aim

- How and to what extent do cancer in the pelvic organs and its treatment affect the patient's sexuality.
- To what extend do sexological counseling and treatment solve sexual and relational problems and dysfunctions after treatment for cancer in the pelvic organs.

Method

An intervention study with pre- and post- measurement before sexological counseling- and treatment with 3 and 12 months follow up. In march 2021 86 patients are included.

Patients reported outcome measurements (PROM) focus on:

- quality of life
- distress
- sexuality
- sex life
- sexual physical ability
- medical treatment and/or sexual toys

Results

The study is ongoing, and results are expected ultimo 2021.

The results of this study will in 2021 be supplemented by a qualitative study focusing on patient s experiences with sexological counseling.

The study is part of Danish Cancer Society Centre for Research on Survivorship and Late Adverse Effects After Cancer in the Pelvic Organs <https://www.auh.dk/om-auh/afdelinger/senfølger-efter-kraft-i-bakkenorganerne/>

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 2

Saturday , October 2nd, 9 am- 4 pm

„Us“ - a comprehensive sex education in elementary school in Iceland

Póra Geirlaug Bjartmarsdóttir (she)

For the last years the need for a comprehensive sex education has become more and more relevant. Students and parents have been calling for an holistic approach where students get age appropriate information and parents get the support to talk to their children about these sensitive topics. For parents of the generation where sex and sexuality was a taboo these conversations can be quite awkward for all parties. „Us“ is a comprehensive sex education for children from age 5 to 16 with seminars for teachers and parents. The project is funded by Sprotasjodur and is hopefully just the beginning of a new approach in sex education in Iceland.

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 2

Saturday, October 2nd, 9 am- 4 pm

Staff's experiences of the SEXual health Identification Tool (SEXIT)

Sofia Hammarström (she)

In 2016 SEXIT, an evidence-informed the toolkit, was developed and pilot-implemented at three Swedish youth clinics. The SEXual health Identification Tool (SEXIT) was developed to facilitate identification of young people exposed to, or at risk of, sexual ill health in terms of sexually transmitted infections, unintended pregnancy, transactional sex, or sexual violence. The tool includes three components; (1) staff training, (2) a questionnaire for visitors, and (3) a written guide for staff to support the dialogue and risk assessment. Previous results demonstrated promising results; a high response rate from visitors (86%), few missing answers, and youth clinic visitors reporting factors associated with sexual ill health. Interviews demonstrated that youth clinic visitors appreciated structured questions in a written format as a basis for dialogue and found SEXIT appropriate for addressing sensitive topics.

The present study has explored the youth clinic staff's experiences of using SEXIT systematically with all visitors, with a focus on usefulness, implementation determinants, and feasibility of implementing SEXIT at Swedish youth clinics. The analysis was based on data from focus group discussions with youth clinic staff who participated in the pilot implementation. The main findings include that youth clinic staff experienced that SEXIT advanced their knowledge and facilitated identification of young people exposed to or at risk of sexual ill health, by simplifying and ensuring consistency and quality. This is an important facilitator for future implementation. However, the use of SEXIT was challenged by structural barriers related to existing clinical routines and by different professional roles within the youth clinic organisation. Further, the staff were concerned about the continued care of vulnerable, and hard-to-reach youth clinic visitors that sometimes do not attend the scheduled revisits.

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 2

Saturday, October 2nd, 9 am- 4 pm

Regional Center for Gender incongruence in Norway

Martin Rosmo Hansen and Even Tyr Bjerkeli

In October 2020, Norway's first Regional Center for Gender Incongruence (RCGi) opened in Vestfold. RCGi aim for better treatment of the Transgender and Gender Non-confirming (TGNC) population.

The background for the establishment of RCGi came from a growing dissatisfaction among this patient group. In 2013, the Norwegian Directorate of Health gathered a group of experts to evaluate the patients' needs and to suggest solutions. Their report, "Right to right gender" (2015), verified a requirement for regional treatment services with focus on building resilience against minority stress and offering hormonal and surgical treatment. In 2020, WHO's ICD-10 performed a national revision in Norway, relocating the diagnosis F64.0 Transsexualism to Z76.8X Gender incongruence. Subsequently, National Treatment Guidelines for Gender incongruence was developed.

The TGNC-population have a higher risk of developing psychological problems and committing suicide, than the population at large. RCGi have held informative, educational, and therapy groups for the TGNC-population exploring gender incongruence, gender affirming treatment, and minority stress. The Covid-19 pandemic required use of both physical and digital platforms. Our experience is a high and increasing rate of patient referrals to RCGi, and a high satisfaction rate from the TGNC-population. We have collaborated with patient organizations, communal treatment facilities, and national organization relevant for this patient group. We offer guidance and demonstration of aids for reducing gender dysphoria. Our health personnel have expertise and experience with the TGNC-population. The treatment at RCGi aims to be in accordance with the World Professional Association for Transgender Health (WPATH) SoC.

RCGi also aims to establish a data registry to perform research, to improve the treatment of the TGNC-population. This involves translation of relevant tools and gathering of clinical data. We hope to lead forward as an example that leads to further development of additional regional centers for gender incongruence in Norway.

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 2

Saturday, October 2nd, 9 am- 4 pm

Young men's condom use: A qualitative study

Katrín Hilmarsdóttir, Supervisor: Dr. Sóley S. Bender

Objectives: Limited qualitative research has been conducted abroad concerning young men's attitudes to condom use. The aim of the study is to examine young Icelandic men's attitudes towards condom use, especially regarding general use, what hinders use and what motivates it.

Method: The study is based on qualitative method. Individual interviews were conducted with 13 young men aged 18-25 years. The interviews were thematically analyzed according to the framework analysis method. The young men's narratives indicated that their attitudes, knowledge, access to condoms and various factors in their environment could influence whether condom was used when the occasion arose.

Results: Three themes were analyzed; the mindset, putting one on and the act being stronger than words. The young men's narratives indicated that condom use itself could be complex and cause them anxiety and worry. Interrupting the moment to reach for the condom, put it on and experience and maintain a sexual feeling with the condom could prove to be worrying. Some, however, had gained confidence in condom use and expressed positive experience and attitudes towards condom use. Communication with the other party about condom use proved to be easy for some but not for others. Many of the young men expressed uncertainty about how that communication should take place. Therefore, condom use was often determined based on speculations of one or both parties.

Conclusions: The study showed positive and negative aspects regarding condom use and the experience of the use itself could be difficult. With increased knowledge of young men's experience of condom use, sexual health education can be better tailored to their needs, their experience of condom use improved, thus increasing condom use and possibly reducing the incidence of sexually transmitted infections.

Key words: young adult males, condom use, qualitative research, sexual health, risk behavior

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 3

Sunday, October 3rd, 10 am- 1 pm

Norwegian national project: "Aging and Sexual Health"

Tore Aasheim (he)

Research shows that sexuality is an important part of life also during aging. Sexual satisfaction is associated with healthy and active aging. Sexuality and sexual health are considered a fundamental dimension of being human. It's about pleasure, intimacy and being close.

Having a positive sexual health generally presupposes a positive and respectful approach to sexuality and sexual relationships, as well as the opportunity to have nice and safe sexual experiences with others or ourselves, without coercion, discrimination, or violence. It is crucial to recognize that older adults have sexual needs and challenges.

These days there is an ongoing national project in Norway where the aim is to develop a platform for increasing the level of knowledge, skills, and competence regarding aging and sexual health. The target groups for the project are health care professionals working with patients of 60+ and those who are 60+.

The project "Aging and sexual health" is a collaboration between the Norwegian NGOs Foreningen FRI, Sex og Politikk, Ligestillingscenteret og Ligestillingscenteret KUN.

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 3

Sunday, October 3rd, 10 am- 1 pm

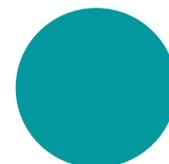
Women's Experiences of Abort and Conscience Clause

Dubravka Gladoic Håkansson

Many countries around the world have a conscience clause allowing physicians and health care providers to opt-out of performing abortions. This practice of conscientious objection to abortion care affects both healthcare providers and women's access to abortion care. The aim of our study was to explore women's experiences of abortion and conscientious objection in a country with a conscience clause. The study has a qualitative inductive and explorative design. We interviewed seven (7) women in Croatia with experience of an unwanted pregnancy or abortion and analyzed the interviews using thematic content analysis. Our findings revealed one overarching theme: 'Navigating the minefield—women's experiences of abortion in a country with a conscience clause' and three categories: 'Experiencing abortion—to endure a vulnerable situation,' 'The conscientious objection in practice—causing obstacles and stigma,' and 'Views on abortion—socio-cultural and religious influence'. The women perceived the abortion decision as being difficult and expressed feelings of shame, guilt, and fears of being judged in line with the general attitude toward abortion in society. They described the conscientious objection as having consequences in public healthcare by limiting their access to abortion care and affecting treatment in terms of i.e. derogatory comments, limited or lacking information about the abortion procedure and/or absent contraceptive counseling post abortion. According to the women, a shift towards more conservative ideas towards abortion seem to have taken place in the Croatian society. The conscientious objection was believed to reinforce a moralizing view of sexuality, where the women's decisions regarding abortion became a collective concern causing stigma and involuntary social alienation. The conscientious clause made the women feel they had to navigate a 'minefield,' where their dependency situation and vulnerability in the abortion situation were reinforced by social stigma.

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 3

Sunday, October 3rd, 10 am- 1 pm

Religion, LGBTI issues, Human Rights and Trans Jesus

Sólveig Anna Bóasdóttir (She)

Title: Religion, LGBTI issues, Human Rights and Trans Jesus

The paper is divided into three main sections. The first deals with provocative image of trans Jesus published by the educational department of the Icelandic National Church during the fall of 2020. This discussion is intertwined with a critique of the opposite-sex ideology that underlies the Christian understanding of gender, sexual orientation, and gender identity.

The middle section discusses the social context of the image of trans Jesus, focusing on the world-wide human rights struggle of LGBTI people, as well as the recent Icelandic law on sexual autonomy. In the last part, the reactions of two Icelandic theologians and scholars to the image of trans Jesus are discussed and related to the LGBTI context above but also to current Christian discourse on the importance of allowing the social and cultural context to influence theology and theological debate.

Exploring professional understanding of consensual non-monogamy

Nita Taivaloja (she/her)

Over the last decade non-conventional intimate relationship styles such as swinging, open relationships, polyamory and relationship anarchy have grown culturally more visible than before. While curiosity towards consensual non-monogamy (CNM), i.e., practices in which individuals openly agree to engage in sexual, romantic and/or emotional relationships with multiple partners thrives, mononormativity, the “dominant assumptions of the normalcy and naturalness of monogamy, analogous to such assumptions around heterosexuality inherent in the term heteronormativity” (Barker and Langdrige 2010, p. 750) holds its ground. This paper is part of a PhD Thesis, which seeks to build an understanding of the ways mononormativity operates around and within CNM practices, and of the consequences this might have both on an individual level as well as on an institutional level on individuals engaging in CNM relationships.

The current study focuses on social and healthcare professionals’ experiences and knowledge of CNM, and on the documents that guide and affect their work. Theoretically and methodologically, it draws upon critical discursive psychology and post-structural theorizations of gender and sexuality, adopting different tools and perspectives for analysis. The objective is to build an understanding of the ways in which policy documents together with professionals’ experiences and knowledge support or challenge the mononormative system and to highlight the ways in which CNM is made visible or silenced on the social-structural macro-level. The topic is approached with an intersectional awareness, bringing forth how different overlapping social categorizations (such as “race”, class, gender, sexual orientation, age etc.) that intersect at the micro-level of individual experience contribute to the ways CNM individuals are affected by different interlocking systems of power.

NACS 2021 CONFERENCE

PRELIMINARY PROGRAM



DAY 3

Sunday, October 3rd, 10 am- 1 pm

How can we be kinky friendly sexologists/therapists?

Suzann Larsdotter, (her)

People often have concerns talking to a therapists/sexologists about kink, fetish and/or BDSM. They have a fear of becoming judged or pathologized. The lack of training and education about kink sexualities and the stigma have resulted in a lack of culturally competent treatment of this oppressed group. We have to address this unmet need as part of professional work.



ANNUAL REPORTS

Estonia

Estonian Academic Society of Sexology (EASS) currently has 44 members and our Board of 5 is the main administrative body of the Society. It is currently a member organization of both NACS and EFS.

EASS has 7 NACS-authorized specialists in sexological counselling (SSC) and 7 specialists in clinical sexology (SCS).

During the past year we have had to face the Covid pandemic, which has had a significant effect on scheduled events - no covision meetings were scheduled for discussion of complicated and/or interdisciplinary cases in sexology, also couple of meetings were held online instead of getting together.

We are currently most focused on getting students and young specialists interested in our activities so as to motivate more people to join us. Also, we are planning to refurbish our homepage with all the relevant contacts, so that we are better visible for our colleagues as well as our patients.

Denmark (DACs)

Danish association have 160 members and at the moment 6 board members.

Covid have also played a big part of the last years work in DACs but we have managed to run one class in basic sexology who finished in September 2021 and we started up a new class in basic sexology with start may 2021.

We are new opening up for specialist in sexology counselling in April 2022.

And at Rigshospitalet the plan is to start up classes for specialist in clinical sexology in spring 2022.

NACS 2021 CONFERENCE



ANNUAL REPORTS

Sweden

Sfs board:

Presidents: Jack Lukkerz and Hanna Byström

Secretary: Susann Axelsson

Treasurer: Maria Carola Bure

Board members: Ingela Steij Stålbrand, Luz Maria Diaz, Torbjörn Skoglund Nyberg & Malin Swartling

At the moment Sfs has 240 members. As many activities were cancelled due to Corona, Sfs decided to give all members the opportunity to order a sexology-related book free of charge. Regular news letters are sent out and Sfs are planning a lecture series, where different topics are being discussed in the sexological field.

Smaller ECTS sexology courses are offered at several universities, the Master's program in sexology is still going in Malmö and there is also a private educational Sex counsellor program. Sfs will continue the work in 2022 to establish a (clinical) educational program abiding the NACS criteria. Starting in 2018 Sfs are now certifying sexual health educators.

Due to the Corona pandemic no SAR/SSA courses have been held during 2021. There are however wishes from members that these courses continue - in both basic and advanced level. Sfs will assess the SAR/SSA courses in 2022 and deliberate on how to move forward.

Sfs are regularly asked to give statements of opinion, in particular to oncology programs, and continues to do so. There are also always ongoing public debates concerning for example pornography and possible effects on youths, about transgender processes and the effects on youths as well as pandemic effects on people's sexual and reproductive health. Sfs are discussing how, and if, to be a voice in this.

Iceland

The Icelandic Sexology Association (Kynís) currently has 6 members, all of which are members of the board. Kynís is a member of NACS and will host the NACS conference in October 2021. Covid-19 has affected the work of the board of Kynís; we've had to cancel educational and community events and meetings due to the pandemic. In the past year the chairperson of the board has been working with the educational ministry on a report on the status of sexual education in elementary, secondary and upper secondary schools in Iceland. That work will hopefully lead to some reform in the schools.

NACS 2021 CONFERENCE



ANNUAL REPORTS

NACS General Assembly 2021 NACSAC report 2019 and 2020

NACSAC has had 6 meetings in 2019 and 2020. Due to the corona situation all the meetings in 2020 were held electronic, on Zoom.

- 2019:
 - Copenhagen April 8th
 - Gothenburg September 19th
- 2020:
 - Zoom, June 10th
 - Zoom, September 10th
 - Zoom, October 22nd
 - Zoom, November 13th

All the NACS member countries are represented in NACSAC.

The work in NACSAC has followed 2 tracks during the last two years:
Work with the applications in different specialities in sexology
Work with the criteria for authorization in the different specialities in sexology

In 2019 and 2020 the number authorizations are as follows:
Specialists in sexological counselling: 32 applicants are authorized
Specialists in clinical sexology: 7 applicants are authorized
Sexuality Educator and Sexual Health Promotor: 5 applicants are authorized

Since the establishing of the joint Nordic system for authorization in sexology more than 20 years ago, it hasn't been done any systematic work with the understanding and practicing of the authorization criteria. Over the years some differences in the understanding of the criteria have developed, which is specially the case in clinical sexology. A main problem of course is how to maintain a system where the requirements for obtaining authorization should be the same in all countries, while the educational system differs in the countries. Should it be possible to put together elements from courses, seminars and so on and then equvalate these elements with formal education at for example a university, so that the requirements are met? Should it be possible to achieve the requirements in all the countries regardless of the differences in educational system? These and many other questions have been subject for discussions and lot of work in the last two years.

The work with the authorization criteria was not finished at the end of 2020, but hopefully an agreement will be established in the next few months.

As authorization is becoming more and more important among the members, it's an urgent need for updating the NACS Homepage. The NACSAC committee needs a well-functioning homepage to communicate to the members about different aspects of authorization.

Trondheim 21st September 2021

Knut Hermstad
President NACSAC

OTHER INFORMATION



OSLO METROPOLITAN UNIVERSITY
STORBYUNIVERSITETET

8 NEW MASTER COURSES IN SEXUAL HEALTH IN 2022 - 2024

Department of Behavioral Sciences at Oslo Metropolitan University, Norway offers new multidisciplinary master level online courses in Sexual Health:

1. Health literacy and sexual health, 10 ECTS (course start autumn 2022)
2. Sexual health as a resource through the lifespan, 10 ECTS (course start autumn 2022)
3. The impact of illness and disability on sexual health, 10 ECTS (course start spring 2023)
4. Sexual anatomy and physiology, 10 ECTS (course start autumn 2023)
5. Sexual abuse - prevention, detection and rehabilitation, 10 ECTS (course start autumn 2023)
6. Sexual health and intellectual disabilities, 15 ECTS (course start spring 2022)
7. Sexual health and aging, 15 ECTS (course start spring 2023)
8. Sexual health, health supervision and quality improvement in practice 10 ECTS (course start spring 2024)

The courses are intended for professionals with bachelor level education, in for example education, health care, social care, rehabilitation, law and order. The digital design of the courses includes interactive student learning activities and are held in Norwegian, with course literature in English and Scandinavian languages.

Interested? Curious? Want more information?

Please, contact Gerd Hilde Lunde (hlunde@oslomet.no), Anne Bakke (anbakke@oslomet.no) or student administration (opptak@oslomet.no)

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hlunde at oslomet.no

Feel free to check out our already ongoing digital courses in sexual health:

<https://www.oslomet.no/studier/hv/evu-hv/seksuell-helse-seksualitetsundervisning>

<https://www.oslomet.no/studier/hv/evu-hv/seksuell-helse-utviklingshemming>