

Interview
Women's Sexual Health
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Question: What characterizes normal sexual function in women?

Answer: Normal sexual function is characterized by: Four pillars - it is characterized by desire, an arousal and excitement phase, adequate lubrication, and orgasm. The sexual response is actually four stages – excitement, plateau, orgasm, and resolution.

1. In stage 1, **Excitement**, this stage can last anywhere from a few minutes to several hours. Sexual activity during this stage is often called foreplay. Extending foreplay can sometimes make the other stages more intense. In the excitement phase, the blood flow to the genitals increases, and the clitoris swells. The vagina begins to lubricate, and creates the natural vaginal moisture. The blood flow to a woman's breasts increases and her nipples may get hard or erect, and her heart rate and blood pressure increases, and breathing may speed up.
2. Stage 2 is the **Plateau** stage. During this stage, due to the increase in blood flow, the outer third of the vagina and the genitals appear darker, the clitoris is very sensitive, and may retract beneath its hood, and the increase in heart rate, blood pressure, and breathing continues. Muscle tension increases, and spasm may occur in even the feet, the face, and the hands.
3. In stage 3, **Orgasm**, this is the climax. The muscles in the outer third of the vagina contract in a rapid sequence. The first contractions are the most intense and closest together. The muscles in the uterus also contract. The heart rate, blood pressure, and breathing are at higher rates. The skin may appear red or flushed. Orgasm is actually the shortest of the four stages, and usually, it is measured in seconds.
4. Stage 4 is the **Resolution** or relaxation stage. During this stage, a woman's clitoris and nipples get soft again. The vagina and genitals return to their normal size and contour, and the breathing rate, heart rate, and blood pressure decreases. In this resolution stage, women may return to the plateau stage and orgasm again.

When we are talking about normal sexual function, we have to note that in women, we are more complex than men. Let's face it.

Men basically need three things for contentment within a relationship:

1. They need an occupation.
2. They need to feel like they are put on a pedestal.
3. They need sex.

Women are much more complex than that! There are many things that are going on that have to be taken care of for us to have a continually healthy sexual relationship. We need good health and hormonal balance. A woman needs to feel comfortable in her body and confidence in her ability to communicate what she wants. A woman needs to be in the moment, for example, have left the grocery list behind, focusing on the touch, intimacy and sensuality of the moment. This is called sensate focus. A woman also needs to feel a physical and emotional connection to her partner, and that needs to be nurtured. Sensual massage is an excellent way to nurture that, and to feel what each partner enjoys. Again, being comfortable with your body, and being able to communicate and take charge of your satisfaction, both with your partner, and through self-stimulation, being creative, trying different positions, especially if there is dyspareunia or pain with intercourse.

Another key ingredient to sexual satisfaction is hormonal balance, decreasing inflammation, and general physical health. When I treat a woman, for example, with a decreased libido who does have difficulties with the sexual response, we look at a comprehensive picture, encompassing the mind and the spirit, a healthy relationship and communication with her partner, good diet, nutrition, and exercise, and by diet, I mean protein at every meal. I always emphasize good diet with patients, including fatty acids, good omega 3's, which help with dopamine, decrease inflammation, and improve circulation. I encourage a low glycemic load diet, because too many carbohydrates can actually increase/overstimulate your serotonin, and decrease your desire to have sex. So a balanced diet with high quality protein, rich in essential fatty acids, quality fiber, and lots of green vegetables, especially broccoli, cauliflower, brussel sprouts, which help to detoxify estrogens, and avoiding starches and sugars contribute to overall vitality. I tell patients, if they can pick it, peel it, fish it, hunt it, milk it, grow it, then for the most part, they can eat it! Processed foods add to our toxic burden. It is beneficial to eat as much free range and organic foods as possible, because we ingest xenoestrogens (substances that act like estrogens and bind to estrogen receptors) in foods from pesticides and herbicides and hormones that are in our foods.

Question: When does female sexual dysfunction occur?

Answer: Female sexual dysfunction occurs when we have pain during sexual contact, when desire is absent or low, if we don't experience an orgasm, or cannot maintain or experience arousal, despite desire, and the key thing is, if it bothers us, or if we experience personal distress because of it.

Question: Can you describe situations which women may have pain during sexual contact?

Answer: A woman may have something called dyspareunia, which is pain during sexual contact, and she can have it where it is painful upon entering in the vagina, vulvodynia, or with penetration or deep thrusting. Different reasons, different causes. Some women have irritation/inflammation on the outside of the vagina, and as we get older, that skin can become dry and thin, and more easily irritated and prone to infection, as well as the vaginal walls themselves lose their pliability and the elasticity, if the hormones are out of balance. Women can also have vaginal muscle spasms, something called vaginismus, and that may be traced back to issues of sexual abuse, and needs to be handled very carefully. In patients with vaginismus, I recommend using progressive dilators or start with the smallest size vibrator that is tolerable, and then gradually increase in size, to enable her to have intercourse with her partner. Other reasons for dyspareunia are again, vaginal and pelvic infections. Inflammation of the bladder, called interstitial cystitis, conditions of the pelvis and the uterus called endometriosis, uterine fibroids, ovarian cysts, trauma, and pain after surgery.

Question: What are the types of orgasm?

Answer: Orgasm can be stimulated by clitoral stimulation or by penetration during intercourse. The orgasm can be vaginal contraction and or uterine contraction/uterine orgasms. Most women will experience orgasm from clitoral stimulation, so really, taking control in the relationship during intercourse, by foreplay, being able to stimulate the clitoris enhances a woman's sexual experience. With orgasm, the brain releases oxytocin, which gives us that calm after orgasm and natures that bonding that we experience with our partner.

Question: What if a woman cannot experience arousal, despite desire, or her desire is absent or low?

Answer: We have to take a comprehensive approach in treating a woman with these issues. It is not just one thing, not usually. Again, going back to realizing that we take a mind, body, spirit

approach, looking at mental health, wellness, comfort in the relationship. Again, with women, we have to make sure we are not thinking of a hundred things, and that we are focused on the relationship at the time, and again, good diet and nutrition. I address physical health, strength, stamina, and structure, hormonal and neurotransmitter balance, improving inflammatory and immune balance, and oxidative stress, as well as detoxification and alkalinizing our bodies, and having gastrointestinal balance as well. Gut health is very important. So keeping those in mind, we discuss three key factors – physical, hormonal, psychological and social.

1. The physical conditions that may cause or contribute to sexual problems include inflammatory disease, such as heart disease, diabetes, arthritis. Also, urinary or bowel difficulties. Increased cholesterol causes atherosclerosis or hardening of the arteries, and this affects the arteries in the pelvic floor, the delicate arteries around the clitoris, within the vagina. Pelvic surgery can cause or contribute to sexual problems, such as a hysterectomy. Studies have shown that women, for example, age 20 to 49, reporting low sexual desire was significantly greater in women who experience surgical menopause, compared to premenopausal women. Women can experience pain from episiotomy in childbirth, tears that occur along the vaginal pelvic floor and the perineum. Fatigue is a big contributor to sexual dysfunction. If you do not feel good, you are just not going to want to have sex. Headaches, other pain problems, and neurologic disorders, such as multiple sclerosis cause sexual dysfunction.
2. Hormones are also a large contributor to sexual dysfunction. Our hormones change as we age. Very importantly, as we age, especially in our perimenopausal state, and when in our 30's, our estrogen, progesterone, and testosterone levels start to decrease, but most significantly, the difference between the progesterone and the estrogen decreases, causing an estrogen dominance type scenario. Testosterone decreases as well, but it is much more gradual as we age. Low estrogen levels during menopause, may lead to changes in your genital tissue and sexual responsiveness. This is called vulvovaginal atrophy, and the clitoris may shrink in size. You may have decreased lubrication, or it occurs more slowly during arousal, causing painful sex, and difficulty with orgasm. We use hormones to treat this, and we look at a hormone complex, such as estrogen, progesterone, and testosterone, DHEA, thyroid hormones. In issues of lubrication, estrogen to the vagina works wonderfully. Again, our hormones need to be in balance. I always tell my patients, hormones in balance are good. Hormone imbalance is bad. For lubrication using estrogen, using vitamin E, and even an excellent lubricant is saliva. So, oral sex, and men, take the time for a woman to be well lubricated.
3. Psychological and social issues, that is our mind and spirit connection, can cause and contribute to sexual problems including anxiety, depression, stress, history of female sexual abuse, the way we were raised, and our cultural and religious issues may be contributing factors. What our early sexual messages were affect us as adults. Infertility, breast cancer, and chronic illness are physical, hormonal, and psychological stressors. Women also consider our partner's health and age, if they are not healthy, or if they have erectile dysfunction, can inhibit a woman's sexual response as well. Again, relationship issues are key here. This is an intimate time period. Also, during pregnancy, after childbirth, while breast-feeding, you may experience a decrease in sexual desire. Women having multiple roles and demands. It is also very related to her nutritional status and hormonal balance. After childbirth, especially two or more children, I notice a significant number of women with low libido.

Many factors need to focus on re-nourishing a women's body postpartum. We look at the comprehensive picture, their fatty acids, B vitamins, CoQ10, and amino acids especially arginine and carnitine. Babies deplete our bodies of these, and it takes time and nurturing to correct this. I do testing on women, called the Women's Health Profile, by Metametrix labs, which evaluates several aspects of comprehensive health at the mitochondrial level, their organic acids, their omega 3 levels, neurotransmitter status, and markers for insulin resistance, and free radicals. I

want to know what their magnesium and zinc levels are. So, getting a comprehensive picture to see what we need, to restore balance, and where we need to focus on an individual level, is key. So, it can start early, and be a continuing problem. The earlier we treat and identify the cause, we can restore the quality of life in individuals. Not only their quality of life, their confidence, well being, and self-esteem, both physically and mentally, restoring their health.

Let me give you the example of a 32-year-old patient, very athletic, who had one child, and a miscarriage with her second pregnancy. She had significant stress, depression, she had been to two other doctors, and both had recommended her to be on an antidepressant, such as Prozac, a SSRI (Selective Serotonin Reuptake Inhibitor) medication. When I evaluated her, the first thing I wanted to assess was her overall general health and state of mind. She is still grieving from a miscarriage. Has she been able to communicate her grief with her partner and her family, and how is she dealing with this. How is the relationship between her mind and spirit. In this patient, she had not had a recovery period, a chance to recover, so her stress had continued. She had physical stress as well, being a physical coach and trainer, but her diet had gone to fast food. She had not taken the time to start nourishing herself again. PMS was a significant issue, she stated, keeping her out of contact with everyone the week before her period, and no, absolutely no interest in sex.

So, we cleaned up her diet. I put her through my detoxification program, which is following a modified elimination diet, eating whole foods. Remember, if you can pick it, peel it, fish it, hunt it, milk it, grow it, basically, you can eat it. Avoiding the higher allergy foods, eating a low inflammatory diet, adding a medical food shake that we use in my detoxification program because hormones are metabolized by the liver, and clearing the liver improves our body's ability to detoxify our hormones, and utilize them and eliminate them safely. We did a nutritional assessment and my Women's Health Profile on her, and her fatty acids were significantly low. No wonder she is depressed. She does not have the essential fatty acids to help with nerve transmitter balance and hormonal balance. The ideal treatment is to get your body to produce your own hormones again. By giving the building blocks, the fatty acids, the vitamins and B nutrients, the minerals, and appropriate free form amino acids, we are able to restore that nutrient status and the body's ability to repair itself, which is so key. We also added progesterone to balance her estrogen dominance and she felt better. Helping her in this comprehensive approach improved her overall status, and I am happy to say, she is 5 months pregnant right now, and having an excellent pregnancy. So, not only did her PMS go away and her desire come back, but she is also pregnant and having a very healthy pregnancy.

Question: Is there an age where women should stop worrying about whether they want or do not want to have sex?

Answer: Absolutely not. I will have to give you the example of a lovely 82-year-old patient who I saw in my practice, who traveled an hour and a half to come see me. She had been seeing her regular doctor for 20 years. So I asked her, "Why did you come to see me?" She responded, "Well honey, I have to talk to you about something, I am a widow, and my doctor goes to my church, and I just couldn't tell him that I was having relations with another man." So this lovely 82-year-old, very physically active woman, shares that "I have a boyfriend, and I want to have sex, and I don't want it to hurt, so I want that estrogen stuff, to feel better." On physical exam, she was incredibly healthy, except for vaginal atrophy. So by using a vaginal estrogen, and with her, I used an estriol, which is E3, one of the weakest estrogens, and it worked very well in the vagina for restoring moisture, and the integrity of the vaginal lining, and she was happy to report good sexual relations.

One of the other very common scenarios that I see as well, is in the perimenopause or menopause state. The best way I can describe it is by another example. I have a patient who is 50 years old.

She was actually referred to me by her husband, who sends her because she does not want to have sex. “I know we love each other, but she doesn’t want to have sex. Doctor can you help her?” So, in talking with the patient, I find out that she has had problems with her period as a teenager. She had been on the birth control pills for 20 years, and had done well with that. Three children in between, and in her early 40s, she had significant problems with PMS, cramping, bleeding issues, uterine fibroids developed which led to hysterectomy. She also had continued problems with breast tenderness, biopsy for fibrocystic breasts. She has been put on estrogen only, and states her main complaint is irritability. She just cannot stand to be around anyone. In addition to that, she gained weight, cannot seem to lose the weight, has no interest in sex, and despite being on the estrogen, still has vaginal dryness. She states her relationship with her husband is good, but overall, the way she feels is definitely putting a stress on it. Her diet is mostly carbohydrates, very little protein. She exercises, but her physical strength is not what it used to be. Bottom line, she doesn’t feel good.

My first approach is a good history and physical exam. On physical exam, doctor’s should look at the signs of hormone deficiency, paling of the areolas around the nipples, paling of the vaginal mucosa, small clitoral size, assess nerve function with a complaint of inability to have an orgasm. I tell patients, I need to look at your toes, spread your toes. If you cannot spread/fan out your toes horizontally, for example like you would do in yoga, spreading out your toes to get a grip, a good base and good foundation, those nerves, S2, S3, S4, that innervate your toes, innervate your pelvic floor. These sacral nerves, S2, S3, and S4 innervate your toes, the same branches of which innervate your pelvic floor. If there is a problem there, there are neurologic issues and vascular issues, circulatory issues that we need to look at as well.

So, recommending her to change her diet, begin with my detoxification program, essential fatty acid supplements, a good multivitamin and antioxidant combination regimen, adding protein to every meal. There is an old Arabic saying, breakfast like a king, lunch like a nobleman, dinner like a pauper. I like to tell my patients this because most of us forget breakfast, we are on the way out the door, the kids have been fed, but we haven’t had breakfast ourselves! So, it is very important to remember that really, breakfast is the most important meal. So, starting out her day right with good protein is critical. We evaluated her salivary test. Her estrogen level was okay, but her progesterone was significantly depleted, which of course we knew by her history, because of her symptoms of estrogen dominance, the fibrocystic breasts, PMS, uterine fibroids, etc, and this had been going on a long time. Her testosterone level was okay, but her adrenals were stressed out. We measure adrenals by DHEA, her level was low and her cortisol throughout the day was low. This is manifested in that she does not have the get up and go. Her treatment program encompassed replacing DHEA and giving the adrenals the nutrients they need to maintain healthy function. I also looked at her thyroid status. She was on a thyroid medicine, Synthroid, which is a T4. Not surprising, she had 20 years of birth control use, and that can also affect the thyroid, so we are beginning her on a treatment of iodine as well, with a history of fibrocystic breasts, and then checking her iodine levels as part of her treatment regimen. My initial recommendation for her was progesterone 50 mg orally at bedtime, DHEA 10 mg orally in the morning, and an iodine supplement, omega 3, and core vitamin regimen, as well as amino acid protein shake every morning and dietary changes.

Question: Describe how bioidentical hormones can be used to help women with decreased libido.

Answer: The key hormones that we look at in evaluating a woman’s health are estrogen, progesterone, testosterone, DHEA, and thyroid hormones.

1. First, let me describe signs of estrogen imbalance. Some symptoms are irritability, sleep disturbances, hot flashes, weight gain, fatigue, decreased libido, vaginal dryness and decreased lubrication, dry thin skin, loss of concentration, bone loss, insulin resistance,

and metabolic syndrome. Replacing estrogen improves the vaginal lining and lubrication sensation, and leads to enhanced arousal. We replace with estradiol in a cream, gel, or pill, or a combination of estradiol and estrinol, beginning at low doses, also which can be in a cream, gel, pill, or sublingual under the tongue. I want to mention here another test that I do, called a 2 to 16 hydroxy estrogen ratio. The 2 to 16 hydroxy estrogen ratio, is a test of how our body gets rid of estrogen, looking at our estrogen metabolites. So whether we make it naturally, we take in additional estrogens in pill form, or we get xenoestrogens from the environment from herbicide, hormones in food, pesticides, plastics, etc., we need to know ideally how our body is getting rid of it. Because we know a woman with a high 2 to low 16 hydroxyestrogen has a decreased risk of breast cancer, so 2-OHE being a healthy weak estrogen metabolite and 16 and 4 hydroxy estrogen being toxic metabolites. When we look at this ratio, a woman with a ratio of 2 to 16, greater than 2 premenopausally, has a 40% decreased risk of breast cancer. I recommend this test in all my patients, especially if they are on hormone replacement and birth control pills. We need to know as soon as possible what a woman's risk is, what their genetic and nutritional link is, and need to do something about it, as soon as possible. Simple interventions are increasing broccoli, cauliflower, brussel sprouts, increasing flax seeds ground, not the oil, and a modest amount of soy isoflavones. I am careful about recommending soy, because there is a soy controversy. I won't get into that here, but when I recommend soy, it is the edamame, which is the soy bean, non-genetically modified, and miso or tempe soy, and very importantly, healthy levels of omega 3's, which we can get from salmon, tuna, the fatty fish, which we want to get from cold Alaskan or arctic waters. We want to avoid farm-raised fish, because of toxins and mercury concentration.

2. The next hormone is progesterone. It is a key hormone. Again, it begins to decline in our 30s, and creates this estrogen dominance. So, whether you have a uterus or not, progesterone should be balanced. In practice, when a patient comes to me post hysterectomy, on estrogen only, and I replace the progesterone, they tell me, "It feels like a fog has lifted." They think clearer, their libido returns, they start to lose weight, etc. Women can tell if they have a progesterone deficiency if they have breast tenderness, fibrocystic breast pain before their periods, depression, anxiety, fatigue, poor concentration are signs of progesterone deficiency. Also, with estrogen dominance and progesterone deficiency, you can see endometriosis, fibrocystic breasts, PMS, mood swings, headaches, fibroids, water retention, bloating, weight gain, breast and uterine cancer, and bleeding changes. Small doses can go a long way in using progesterone. You can use it in cream, oral, or sublingual. The prescription bioidentical progesterone that we use, again we use progesterones, not progestins, can be made from very low doses, 10 mg a day to orally at 200 mg per day, cyclically, which we prescribe it to imitate the cycle, usually giving a few days off each month.
3. Now ladies, I want to talk about testosterone. Testosterone is a female hormone! Deficiency causes decreased libido and potency, early senility, memory failure, reduce intellectual agility, that is our multitasking ability, loss of ability to concentrate, moodiness, emotionality, depression, reduced activity. In women who have low testosterone, testosterone therapy has been shown to help improve the libido, feelings of intimacy, arousal, sexual thoughts, and fantasies, and feelings of well being, so it is important to use testosterone. I recommend patients also use testosterone around the clitoris, to increase sensitivity. It can be replaced in a cream. I usually use a dose from 1 to 4 mg/ml, or sublingual to 2.5 mg troche, or an injection.
4. The fourth hormone is DHEA. Adrenals produce DHEA. It is converted by the body to the hormones estrogen and testosterone. The levels of DHEA decline naturally with age, and also, a condition called adrenal insufficiency, and DHEA can convert to testosterone. So, replacing DHEA has been shown to increase sexual interest, thoughts, and physical aspects, including the ability to achieve orgasm. DHEA is an assessment of our adrenal

glands, and our adrenal health, keeping in mind that women can have adrenal insufficiency. We need to approach that considerably in treatment, along with the thyroid hormones. Balancing the thyroid hormones are also very critical.

Question: What are some tests you do in working up a patient who comes in with sexual dysfunction?

1. Good History and Physical and symptom questionnaire
2. Laboratory testing, salivary and blood
3. Taking a Functional medicine approach to therapy – Understanding the intricate web like connections that make each of us unique.
 - a. Mind & Spirit
 - b. Hormonal and Neurotransmitter Imbalance
 - c. Detoxification
 - d. Oxidative stress and energy production
 - e. Inflammatory and Immune Imbalances
 - f. Environmental inputs (Diet, Nutrition and Exercise)
 - g. GI imbalance
 - h. Structural Imbalance (Kegel's)

Question: What are some natural supplements that can be used to treat female sexual dysfunction?

1. wild yam, damiana, standardized tribulis, epimedium (horny goat weed), red clover, urtica dioica, Korean ginseng, deer antler, ginkgo biloba, DIM, and DHEA
 2. L-arginine is an amino acid that has numerous functions in the body. It is needed by the body to make nitric oxide, a compound that helps to relax blood vessels and allow blood to flow through arteries
 - a. 1-2g /day
 - b. Compounded = "joy gell" as I like to call it is: Arginine 0.6 gm + Naltrexone HCL 0.21 g + Pentoxifylline 0.15 gm + DMSO + peppermint flavor 1.2gtt in 30 ml of a light vanishing cream base.
- I advise patients to apply 1 ml to the clitoris and labia up to 1 hour before anticipated activity or as part of forplay!
- c. L-Arginine, Naltrexone, DMSO
 3. Maca – “Peruvian Viagra” - increase strength, energy, stamina, [libido](#) and sexual function, 3-5 g /day

Question: What does a patient need to ask their doctor if they are having trouble?

Answer: First, write your questions down. It is hard to talk to a stranger about sex, but it is important. You need to tell your doctor that it is affecting you, and it is a problem. If they seem not to be listening, tell them again. Describe the problem, if it is a pain when you have sex, difficulty with orgasm, decreased libido, when did the symptoms begin, is there anxiety. Some women don't feel as if they look normal 'down there', and have questions about their anatomy. Don't be afraid to ask. Remember, sex is an important part of a healthy relationship. It affects the working woman, the busy mom, the infertile patient, pre, peri, and postmenopausal women. Across the board, women can have questions or problems with their sexual health. It is important, and needs to be discussed. Hang in there, because it can be treated and be better than ever. That is what my patients tell me. Again, the earlier we identify the cause and begin the appropriate treatments, we restore the quality of life, confidence, well being, self-esteem, and health, both mentally and physically, of ourselves. So good luck.

Resources:

Berman's book: "Secrets of the sexually satisfied Women"

What are some of the vital ingredients to sexual satisfaction?

1. Sexual communication in and out of the bedroom
2. Relationship health?emotional and physical connectedness
3. Strong emotional health and social support
4. Self-stimulation
5. Addressing your past
6. Orgasm
7. Arousal
8. Lubrication
9. Accepting and overcoming physical obstacles
10. Sexual empowerment

Other books I've recommended:

For Women Only: A Revolutionary Guide to Reclaiming Your Sex Life
by [Jennifer Berman](#) (Author), [Laura Berman](#) (Author), [Elisabeth Bumiller](#) (Author)

The Great American Sex Diet: Where the Only Thing You Nibble On... Is Your Partner!
by [Laura Corn](#)

The Kama Sutra

The Wisdom of Menopause: Creating Physical and Emotional Health and Healing During the Change, 2nd Edition
by [Christiane Northrup](#)

Women's Bodies, Women's Wisdom: Creating Physical and Emotional Health and Healing (Paperback)
by [Christiane Northrup](#)

The Infertility Cure: The Ancient Chinese Wellness Program for Getting Pregnant and Having Healthy Babies (Paperback)
by [Randine Lewis](#)

A List of online internet resources:

American Association of Sex Educators, Counselors, and Therapists (AASECT)

<http://www.aasect.org>

AASECT is a professional association for sex educators, counselors, and sex therapists. The site allows users to locate members by state and includes books, articles, links, other resources, and information for professionals.

American College of Obstetricians and Gynecologists (ACOG)

<http://www.acog.org> ACOG Patient Education Pamphlets (including pamphlets on sexuality issues) are available full text in the member section and summaries are available from the homepage. Consumers may request online that samples be mailed to them.

Female Sexual Dysfunction Online

<http://www.femalesexualdysfunctiononline.org>

This website has information for physicians and patients including pamphlets and books, information on meetings and CME for physicians, and links to other websites dealing with sexual health.

National Vulvodynia Association

<http://www.nva.org>

The NVA is a nonprofit organization for individuals with chronic vulvar pain disorders. The website has an online resource center and information for professionals and patients. Members can request a patient guide, physician referrals, and other information.

Sexualityandu.ca

http://www.sexualityandu.ca/home_e.aspx

Administered by the Society of Obstetricians and Gynaecologists of Canada, this site has information for teens, parents/teachers, adults, and health professionals on sex, contraception, and STDs.

Women's Sexual Health Foundation

<http://www.twshf.org>

TWSHF serves as an educational resource for both the lay public and healthcare professionals. The website includes links to resources such as education pamphlets, books, support groups, and more.

www.BermanSexualHealth.com and www.Dr.LauraBerman.com

and of course my website:

www.CabecaHealth.com