

Exchange

ON HIV AND AIDS, SEXUALITY AND GENDER



Overview

Sexuality and counselling

Building evidence of good practice

By Anke van der Kwaak, Kristina Ferris and Louise Dekker

In 1993, Ruth Dixon-Mueller was one of the first to question the reproductive health field's conceptualisation of sexuality. She argued that if one were to learn about human sexuality through family planning counselling, one would have no idea that sex leads to great enjoyment – as well as pain – for human beings (Higgins and Hirsch 2007). The international community recognised the need to address the complexities of healthy sexuality in 1994 at the International Conference on Population and Development (ICPD) in Cairo, Egypt.

The 20-year Programme of Action was adopted by 179 governments and especially focused on human rights. For the first time, sexual and reproductive rights, including the right to a safe, healthy, and satisfying sexual life, were acknowledged in an international declaration (United Nations 1995).



Community leaders in a male workshop in Cape Town, South Africa. (Picture courtesy of WPF)

This Issue



- 1 Overview
- 4 Pilot
- 6 Lessons
- 9 Country focus
- 11 Findings
- 14 Regional focus
- 16 Links and resources

Editorial

Positive sexual health

Sexuality counselling has been aptly defined in this edition of Exchange. As our overview article states, sexuality counselling should not be confused with sexuality education, although the two concepts are closely related. Sexuality counselling mostly occurs in organised one-on-one sessions between a counsellor and the client with the aim of tackling a problem or offering advice related to sexuality.

It plays a vital role in ensuring positive sexual health. But what is positive sexual health, and what does it mean for one to have it? This question was posed and also answered by Angel Coldiron, Christine Mulcahy and Thea Vondracek, some of the co-authors of *Sexuality Counseling Guidebook: Key Issues for Counsellors and Other Mental Health Professionals*. There are different aspects of positive sexual health, they say, but it "includes a person viewing their sexuality as more than just physiology, including emotional and mental aspects as well... A person with positive sexual health stays well-educated regarding issues such as safe sex practices, regular STD testing, and recommended physical health exams. A person with positive sexual health has positive self esteem, a positive view of their sexuality, and well-defined personal boundaries that have been established through self exploration."

HIV and AIDS as a facet of sexuality is an area seeking more attention. Kwaak, Ferris and Dekker rightly argue that such an area cannot be adequately addressed through traditional health promotion or sexuality education programmes; this requires the nuanced personalised attention of sexuality counselling.

Starting with this issue, your Exchange magazine takes on a new look. This is in response to the views of our ardent readers who, through a readership survey last year, expressed the desire to see the publication adopt a fresh look. We hope you like the new design. Enjoy reading it. ■

Eliezer F. Wangulu
Managing Editor

Anke van der Kwaak and Kristina Ferris
Guest Editors

Despite the achievement of passing the ICPD Programme of Action and several reaffirmations of the commitments therein in later years, there is still significant work to be done in order to achieve the goals outlined in the programme.

While much attention has been paid to interventions on decreasing HIV prevalence and reducing maternal mortality, discussion of sexuality itself has been largely lacking in the international health discourse.

In recent years, there has been increasing effort by researchers and international health experts to agree on a definition of sexuality and sexual health that can guide the design of appropriate programmes to meet SRH needs. In January 2002, the WHO convened an expert meeting which came up with the following definitions:

Definition

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

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

These definitions do not represent an official WHO position, and should not be used or quoted as WHO definitions.

(Source: WHO 2006)

These working definitions are significant because they move away from the concept of sexuality as a series of problems, diseases and risks to be avoided. Previously, many sexual health programmes only responded to the negative implications of sexuality, ignoring sexual needs, desires, identities, and pleasures.

The underlying features

It is against this backdrop that sexuality counselling has developed as an important feature of SRH and HIV programmes. If sexuality is more than curing and avoiding disease, then interventions require more than clinical and biomedical solutions.

Thus, "sexuality counselling" refers to counselling on issues related to one or more aspects of sexuality with the aim of understanding the underlying features of clients' sexual lives and how that affects their sexual and reproductive health.

Such counselling requires the creation of a counselling environment where clients can express themselves and their concerns relating to sexual relationships and intimacy without fear of ridicule, discrimination, or other disrespectful treatment (KIT/WHO 2006).

Sexuality counselling is not the same as sexuality education, although the two areas are related. Sexuality counselling tends to occur in organised one-on-one sessions between a counsellor and a client, and is designed to solve a problem or give advice related to sexuality. On the other hand, sexuality educators usually work with groups of people and do not deal directly with specific individual problems. Sexuality counselling usually includes aspects of sexuality education, while education less often includes counselling.

While there has been growing global consensus about the importance of a comprehensive view of sexuality, the global discussion about the potential role of sexuality counsellors is still limited. Only a few SRH programmes are addressing sexuality in a comprehensive way, for example by discussing how it relates to safer sex and pleasure (Pleasure Project 2005).

Case histories of how people in HIV sero-discordant relationships have become infected indicate areas for intervention that deserve more attention such as perceptions of risk, addressing the link between low self-esteem, loss of control and unsafe sex (Bernard 2006).

These areas cannot be adequately addressed in traditional health promotion or sexuality education programmes; they require the nuanced personalised attention of sexuality counselling.

Evidence supporting innovative ways of integrating sexuality counselling into SRH and HIV programming is beginning to emerge. For instance, outcomes of a study at The AIDS Support Organisation (TASO) (Kwagala, van der Kwaak, Birungi 2008) concur with a longitudinal study in Malawi (Angotti 2009), which showed that large scale door-to-door HIV testing and

counselling was accepted because of its convenience, confidentiality, and credibility.

The value of this approach is not limited to programming related to health. Sexuality counselling is also important for addressing sexual identity, especially in places where non-heterosexual identities are stigmatised.

Those working on gender based-violence have also called for the integration of a comprehensive approach to sexuality in research and programming, especially when it comes to gender-specific sexual and reproductive health needs and desires.

Such an approach would not only garner a more accurate understanding of sexuality and sexual risk reduction, but would also acknowledge women as sexual agents rather than merely as sexual victims or as 'targets' of contraceptive programmes and HIV prevention efforts.



Such an approach would not only garner a more accurate understanding of sexuality and sexual risk reduction, but would also acknowledge women as sexual agents rather than merely as sexual victims or as 'targets' of contraceptive programmes and HIV prevention efforts.

Success and difficulty

Recently, more studies examining key elements and necessary conditions of sexuality counselling have been published, but the articles remain few and far between.

It is within this context that we designed this issue of Exchange magazine with the intention of sharing emerging stories of success and difficulty in sexuality counselling.

This issue aims to address the following questions:

- What are good practices, and can they be replicated across different contexts?

Exchange readership survey

KIT Information and Library Services (ILS), the Royal Tropical Institute's department that publishes Exchange magazine undertook a readership survey for this magazine last year.

The purpose of the survey that was jointly undertaken with SAfAIDS was to find out if and how the magazine contributes to HIV and AIDS, gender and sexuality-related programmes by providing invaluable information for implementers to improve

their approaches and, if the presentation of the publication is liked by the target readership.

The survey's findings were disseminated in Harare in November 2009. The findings will guide the magazine's production team to make the necessary changes required to meet readers' specific needs and tastes. ILS takes this opportunity to thank readers who participated in the survey. Two of them won a book each. The title of the

book is *Emerging Global Scarcities and Power Shift* by Berendsen et al and was published by KIT Publishers in 2009.

Separately, *Intercambio*, Exchange's sister magazine published in Portuguese was re-launched in Maputo, Mozambique in November last year. *Intercambio's* content is similar to Exchange's and targets Portuguese-speaking people in Angola and Mozambique.

- What lessons can be learnt for specific target populations and what conclusions can be made for integrating sexuality into reproductive health and HIV and AIDS services?
- What conditions are requisite within programmes to realise good quality (client-centred) counselling?
- What about counselling in the context of violence: what is the effect of counselling on perpetrators?

Within these pages, you will find five good practices of sexuality counselling. The studies carried out with Family Health Options Kenya (FHOK) show an example of integrated youth counselling, while the article from Uganda discusses the diverse sexuality counselling practices of TASO. From Indonesia and South Africa we learn about a counselling curriculum that grew out of an intervention mapping among male perpetrators of gender-based violence. Counselling at an established feminist collective is presented from Brazil, and from India we learn about the TARSHI hotline.

All the studies featured in this issue sought to gather evidence about the outcomes of sexuality counselling in order to inform better programming and policy development. ■



Role play during training by Mosaic in Cape Town, South Africa. (Picture courtesy of WFP)

Anke van der Kwaak

Senior Health Advisor
KIT Development and Policy
Tel: +31 (0)20 568 8497
E-mail: a.v.d.kwaak@kit.nl
www.kit.nl

Kristina M. Ferris

Share-Net Coordinator
KIT Development and Policy
Tel: +31 (0)20 568 8512
E-mail: k.ferris@kit.nl
www.kit.nl

Louise H. Dekker

Eemsstraat 40
1079 TJ Amsterdam
The Netherlands
E-mail: louisedekker@gmail.com

References

Angotti, N., Bula A., Gaydos L., Zeev Kimani E., Thorton RL, Yeltman SE. (2009). "Increasing the acceptability of HIV Counselling and Testing with the three C's: Convenience, Confidentiality and Credibility". *Soc.Sci.Med.* 68, 2263-2270.

Berger J. (2004). "Re-sexualizing the epidemic: Desire, risk and HIV prevention". *Development Update.* 5(3), 45-67.
http://www.sarpn.org.za/documents/d0001195/2-Re-sexualising_the_Epidemic-Jonathan_Berger.pdf http://www.sarpn.org.za/documents/d0001195/2-Re-sexualising_the_Epidemic-Jonathan_Berger.pdf (accessed 26 January 2010).

Bernard EJ. (2006) "BHIVA: Recent gay seroconvert explains why they became HIV-infected." *Aids Map News.*

García-Moreno C. (2002). "Dilemmas and opportunities for an appropriate health-service response to violence against women." *The Lancet.* 359(9316):1509-1514.

Higgins JA and Hirsch JS. (2007). "The pleasure Deficit: Revisiting the 'Sexuality Connection' in Reproductive Health." *International Family Planning Perspectives.* 33 (3): 133-139.

“Only a few sexual and reproductive health (SRH) programmes are addressing sexuality in a comprehensive way, for example by discussing how it relates to safer sex and pleasure”