



Module 4

Sexuality education and sexuality-related communication



Module 4 - Sexuality Education and Sexuality-Related Communication

Upon successful completion of this module you should be able to:

- Define Brief Sexuality-related Communication (BSC)
- Explain how BSC differs from and complements other types of sexuality education
- Describe the importance and benefits of BSC



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Sexuality education

Sexuality education does not only concern sexual practices, rather it also comprises psychological, emotional, and social aspects of human relationships (EEGSE, 2016).

Effective sexuality education should be holistic and involve concepts beyond biological features, to include gender, equality, and empowerment as well as ethical principles such as autonomy, respect, responsibility, self preservation and care towards oneself and others (EEGSE, 2016; UNESCO, 2009, 2015; WHO and BZgA, 2013).

European Expert Group on Sexuality and Education. Sexuality education – what is it? *Sex Education*. 2016 Jul 3;16(4):427-31.

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Sexuality education

Prevention approaches in schools restricted to information on biological aspects of sexuality and abstinence-only education programs are not as effective as comprehensive approaches at promoting sexual health, delaying initiation of sexual activity, reducing teen pregnancy, and protecting youth from sexually transmitted infection (STIs) (Advocates for Youth [AY], 2007).



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Sexuality education

Sexuality education occurs in many scenarios, including – but not exclusively – in schools.

Besides “formal” sexuality education, people learn about sexuality within their families, in social contexts, with peers, and from media and Internet.

Unfortunately, these “informal” sources maybe, at times, misleading and unreliable to provide accurate information.



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Sexuality education

In order to promote good quality sexuality education, external educators – such as peers and family – can be involved and trained as multipliers to feel more confident and prepared to talk about sexuality and disseminate reliable information.

Furthermore, Internet-based applications and learning material may be developed, especially regarding issues targeted at youth.

The media may be a great ally and play an important role, where information should be published on a regular basis.



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Sexuality education

Considering the complex nature of vulnerability, special attention is required when identifying outreach (or hard-to-reach) populations: adolescents and young people who do not attend school, unemployed youth, refugees, young sex workers, street children, sexually abused children, lesbian, bisexual, and gay young people, and drug users.

Thus, sexuality education providers should develop specific strategies in order to expand services to these populations.



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Sexuality education: Components and approach

Holistic sexuality education should include information on the following topics: (EEGSE, 2016; Raitz, 2015; UNESCO, 2009; WHO, 2015; WHO and BZgA, 2010).

- Body composition and function
- Cognitions and emotions concerning sexuality
- Self esteem
- Life and communication skills including the right and skills to say “no”
- Relationships
- Gender and sexual diversity
- Violence, rape, sexual harassment
- Fertility, reproduction, contraception and interruption of pregnancy (abortion)
- STIs
- Safe sex and dual protection (unintended pregnancies and STI prevention)
- Sexual and human rights

Those various topics on sexuality must be developed in a non-judgmental perspective, according to the different contexts and audience, considering age, sociocultural background, sex and gender, and stakeholder roles (UNESCO, 2015). Educators should also adapt their approach in order to facilitate communication and make knowledge accessible to the target population (UNESCO, 2009).



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Sexuality education: Types and settings

- School programmes (comprehensive sex education, abstinence-only or abstinence-centred education, abstinence-only-until-marriage programmes)
- Family-delivered
- Community outreach
- Peer-based education
- Media-based education
- Telephone hotlines
- Mass media campaigns
- Media advocacy
- Media literacy
- Brief sexuality-related communication (health-care providers)

(AY, 2001; EEGSE, 2016; WHO, 2015; WHO and BZgA, 2010)



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Some misconceptions and facts regarding sexuality education:

Myth: Sexuality education anticipates sexual initiation, stimulates sexual practices, and increases sexual risk behaviours.

Fact: A comprehensive approach to sexuality education has proven itself as an effective way to delay sexual initiation and to promote responsible sexual practices. It reduces unwanted pregnancy and STI rates, as well as violence and abuse (EEGSE, 2016; WHO and BZgA, 2010).

Myth: Sexuality education jeopardizes moral values and customs.

Fact: Sexual related information is available in many contexts (such as Internet) and it is often unreliable. Evidence shows that quality sexuality education can counterbalance these misleading sources, prevent violence, promote moral values, and respect and enable more meaningful relationships (UNESCO, 2009; WHO and BZgA, 2010; WHO, UNFPA and BZgA 2016).



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Some misconceptions and facts regarding sexuality education:

Myth: Sexuality education should be a family matter.

Fact: Sexuality education provided by schools and organized programs works as a complement to parenting education. Parents may not possess the appropriate knowledge, attitude, or approach to discuss these issues with their children. In addition, parents themselves could also be a target for public sexuality education initiatives, as sexuality is a complex and dynamic phenomenon affecting individuals of all ages (WHO and BZgA, 2010).

Myth: Sexuality education is limited to biological aspects of sexuality as such prevention of unwanted pregnancies and sexually transmitted infections.

Fact: Sexuality education comprises aspects beyond biological elements and sexual practices, it also aims to reinforce values such as reciprocity, responsibility, and respect; discuss stigma and discrimination; promote the individual's well-being; and provide tools for establishing healthy relationships (UNESCO, 2009).



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Brief sexuality-related communication (BSC)

- Different from formal counselling where the therapist builds trust with a client over time through systematic and continuous consultations, BSC does not require provider continuity.
- During a typical primary healthcare visit, the BSC provider (trained health educator, nurse, or doctor) uses motivational interviewing skills in a client-led effort to address sexuality-related issues and set tangible, attainable short- and long-term goals for sexual health and wellbeing.



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Brief sexuality-related communication (BSC)

- In order to set up the relationship with the client and build a more empathic and comfortable atmosphere, the health-care provider should ask open-ended questions rather than direct ones to help clients identify ways to address their concerns. For example:
 - *“Do you have any questions or concerns about sexual matters?”*
 - *“How do you feel in your sexual relationships with others?”*
 - *“Many of my patients with your condition note problems in their sex life/function; how is it for you?”*
- In BSC, the approach is centred in the client and not the disease, respecting the client’s feelings, expectations, values, and ideas. Therefore, after providing information, the BSC provider and the client together will identify possible issues and develop strategies to deal with them.



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BSC is strongly recommend by WHO as a tool for STI and unwanted pregnancy prevention. It may include:

- ✓ Individual risk assessment
- ✓ Verification of the client's basic knowledge about STIs/HIV
- ✓ Client-led discussion regarding STIs/HIV transmission
- ✓ Promotion of dual protection (contraception and STI prevention)
- ✓ Demonstration of condom use followed by the opportunity for the client to practice with models
- ✓ Strengthen skills for negotiating condom use, for example through role-plays
- ✓ Promotion of the “no condom equals no sex” policy
- ✓ Discussion on client's personal motivations for practicing safer sex



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Considerations regarding BSC for adolescent sexual health

- Approaches to adolescent sexual health need to accept sexuality as a normal and positive aspect of a person's life, enabling young people to explore, experience, and express their sexuality in healthy, positive, pleasurable, and safe ways.
- This can only happen when the sexual rights of young people are respected.
- There is no evidence that brief sexuality-related communication leads to increased sexual activity in general, including among adolescents.
- Parents of young adolescents may need reassurance regarding brief sexuality-related communication.
- Brief sexuality-related communication should not be chosen in preference over other effective interventions such as comprehensive sexuality education in schools.
- Continued intervention contributes to increased likelihood of maintaining a positive sexual health perspective and maintenance of safe sex behaviours.



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Barriers that BSC providers may have to overcome OR deal with

- Discomfort with discussing sexual practices
- Discomfort with sexual language
- Perceived inadequacy by the BSC provider regarding their own counselling skills
- Lack of information about treatment options by the BSC-provider
- Fear of offending the client
- Time constraints
- Differences in sexual orientation, gender, ethnicity, cultural practices or intellectual disabilities between client and provider
- Impact of BSC provider's personal beliefs and values regarding the above on their professional practice



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Training of health-care providers in sexual health

WHO strongly recommends training of health-care providers in sexual health.

Some of the key aspects for BSC-providers training are: (WHO, 2015)

- ✓ Knowledge acquisition.
- ✓ Developing counselling and brief intervention skills.
- ✓ Strengthen communication skills and developing the ability to respond appropriately to the different needs of different clients.
- ✓ Practicing active listening with empathy.
- ✓ Understanding of their own practice and attitudes towards sexuality.

BEWARE!

- The focus of BSC training should be expanded beyond sexually transmitted infections and unintended pregnancy prevention in order to address a broader range of sexual health concerns.
- As WHO definition of sexual health points out: *“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”* (WHO, 2006). In addition: *“[A]t the centre of a definition of sexual health lies the notion of human sexuality underpinned by concepts of autonomy; well-being; and the fulfilment, promotion, and protection of human rights”*. (WHO, 2015)



Outcomes of BSC interventions for STI prevention

Brief Sexuality-related Communication improves:

- sexual health knowledge,
- attitudes towards and intentions to engage in safer sex,
- STI prevention skills,
- Safe sexual behaviours that are tailored to the client's sex practices.



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Issues to be further evaluated to improve BSC techniques

- To what extent do similarities or differences (gender, sexual orientation, age, etc.) between client and provider impact the quality of BSC interventions?
- Does BSC provider's professional background (doctor, nurse, social worker, etc.) matter?
- To what extent does a client's awareness of having a current or prior sexual health concern affect their motivation, and hence the effectiveness, of BSC?
- What are the implementation barriers for BSC in resource-poor settings?
- How might implementation differ in sexual-health-specific settings, as compared with general health-care settings?



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BSC- key messages

- Adults and adolescents view health-care providers as a trusted source for sexuality-related health information.
- Provider support can make a difference in motivating and enabling clients to prevent STIs.
- Structural issues impact the capacity for individuals to prevent STIs, and BSC should be tailored to be culturally-appropriate for each setting.
- At primary care level, trained providers use BSC to engage with clients regarding preventative sexual health issues raised by clients. However, more complex issues that may not be managed by brief interventions require referral. Thus, BSC providers need to know which other services are available to refer the clients to.
- BSC is an important strategy to access outreach populations.



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