

Views and Practice

Discussing sexual concern with our clients

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Introduction

Discussion about sexual matters is one of the most challenging conversations between healthcare providers and their clients. Most of our clients feel embarrassed or guilty when they have to reveal their sexual practices. Healthcare providers can lead up to the issues if they are competent enough to discuss the sexual concern with their clients. Our attitude and understanding of their sexual practice form the first impression to our clients. Sexual health promotion should be a prime concern for all healthcare providers who deals with human immunodeficiency virus (HIV) infection or sexually transmitted infections (STI). Effective communication skill is indispensable in helping these clients to understand the potential risks of their sexual practices and to adopt favourable behavioural changes.

Understanding client's sexual needs

Hong Kong is a Chinese dominant society. It is a cultural taboo to talk about sex. Parents do not talk about sex with their children. Our sexual

knowledge largely comes from the media, peers and books. Homosexuality is not generally accepted in our culture and is often treated as a mental imbalance by some people. The majority believes sexuality should only be expressed heterosexually. Some of our male clients believe that prolonged abstinence from sexual intercourse will have harmful effect on health. Similarly, some people believe involuntary erection and nocturnal emissions are deleterious.

Besides, an awareness of the different social contexts is essential for effective health education. We cannot identify successful strategies unless we understand what people actually want, like and do sexually. Human sexuality is a very important aspect of people's lives and needs to be understood by counsellor when doing HIV or STI prevention and supportive counselling. It refers not only to sexual intercourse/activities but also to feelings, attitudes and values. There is a diversity of human sexuality. It should be remembered that helping clients to change attitudes and behaviours begins when you start to understand what the clients' sexual activities are. A respect for this diversity should be the starting point for any work in STI or HIV.

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Healthcare workers' attitude towards sexuality

Healthcare workers working in STI or HIV setting are expected to possess the appropriate knowledge and be comfortable when discussing

about sex. Our traditional training which covers only the biological terms on male and female reproductive system do not adequately cover sexuality and sexual health. Only limited resource materials can be found in the library's cupboard. Sometimes, we can learn from our clients what their sexual practices are. Our own behaviours are also influenced by society. We and the clients alike may feel embarrassed and uncomfortable when dealing with sexual issues. Nonetheless, we can explore our own feelings and learn how to handle the discussion with our clients. Clearly, we also have an important role of promoting sexual health. Our aim is to provide knowledge and choices for clients and to assist them in adopting a positive attitude towards sexuality. The first step is to identify our own values, beliefs and prejudices regarding various sexual practices and examine how these affect our clinical practice.

We must admit that we all have prejudices. Training workshop on sexuality and sexual awareness can increase our self-awareness by exposing our feelings in a safe environment. If we have knowledge, communication skill and non-judgmental attitude, we would be more confident in assisting our clients on sexual concerns. However, we should always know our professional limits. Clients who require intensive therapy should be referred to a sex therapist specialising in sexual counselling.

Discussing sexual matters with clients

Working in a STI clinic requires sensitivity, tactfulness and a non-judgmental attitude. Besides empathetic and approachable manner, we need to convey a message to the clients that we have ample time to discuss sexual thoughts and feelings. Often clients need time to express what they are really worried about. Active and sensitive listening is very important. Keeping abreast of sexual health knowledge allows us to deliver accurate and up-to-date information to clients. Languages used should be understood by both

parties because clients might have their own sexual vocabulary. It may be helpful to periodically ask the client to summarize what has been covered in the session. The confidentiality of the discussion should be stressed. It is effective to ask specific and direct questions on their sexual activities rather than questions about sexual orientation. Assumptions should not be made about the vocabularies used during the conversation. If the clients are not comfortable to discuss their sexual behaviours, a more general way of introducing the topic may be tried. We can offer pamphlet on safer sex. We can introduce hotline numbers which allows the client to talk to someone about sexual activities anonymously. Counsellors need to appreciate the range and variety of sexual expression in the human culture. It is important for counsellors to be non-judgmental about client's sexual preferences and orientations and to focus on safer sex options. We need to be aware of our own limitations and make referrals whenever necessary.

Clients may deny their sexuality during counselling. It is not our role to coerce the client into safer sex practices. We can only direct the client's thinking and get him or her to consider the possible risks of exposure to STI or HIV. Behavioural change must be the client's own decision. To successfully motivate clients for behavioral change, their values and beliefs should always be respected.

Professional developments and recommendations

As mentioned earlier, healthcare providers' attitudes and communication skills are very important for sexual health promotion. Safer sex counselling is often left out in professional training. All healthcare providers should not only have basic STI/HIV training but also deeper and more comprehensive training on sexuality which include personal sexuality, sex languages and communication skill. Armed with this knowledge,

we would be more comfortable and confident when dealing with clients. For healthcare professionals working in STI or HIV services, more specialized training, such as confidentiality, counselling, assertiveness or talking confidently with patients about sexuality and safer sex are also necessary.

A self-awareness of one's own prejudices and the ability of being non-judgmental to other's life style should be encouraged. Prejudice is fueled with fear and ignorance. As our value and belief systems may not be the same as our clients, there is a potential danger for us to impose our values and beliefs on clients with unwanted outcomes.

Some of our clients have low self-esteem and are marginalized by the society. For example, commercial sex workers' access to health care is deeply affected by social stigma and legal discrimination. To encourage these hard-to-reach group to come on a regular basis, the STI or HIV

services should be provided in the most friendly and confidential setting. In addition, empowering them to take control over their working environment is an integral part of STI/HIV education.

Conclusion

We must admit there are moral, ethical and legal restraints on discussion of sexual issues. Clients expect health professionals to initiate communication about sexual issues. It is important for counsellors to be non-judgmental about client's sexual orientations and lifestyle. Our aim is to assess the potential risk of different sexual activities and then give sexual health education. Instead of telling people what to do, we should find out what they are doing now and offer alternatives. Then we can work with the clients who are the one to determine the behavioural change.