



How Can You Address the Sexual & Reproductive Health Needs of Clients if You Cannot Say the Word “Sex”?

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Background

- Incidences of unintended pregnancies and HIV/AIDS remain high
- Discussing sexuality in public is taboo
- Reproductive Health (RH) and HIV service providers naturally expected to facilitate discussions on sexuality
- However, service providers are also uncomfortable discussing sexuality with clients
- Service providers communicate their attitudes and values to clients

The Process

- Need to improve service providers' skills in discussing sexuality issues identified
- **Assessment conducted to inform process**
- Develop and test sexuality training materials for service providers
- Train service providers to improve skills on sexuality

Objectives of the Assessment

- Assess knowledge, attitudes and skills on sexuality among service providers
- Seek opinions of policy makers and program managers on sexuality training and counselling
- Determine clients views about sexuality services offered

Assessment Methods

- Data collected from Coast, Rift Valley and North Eastern Province (NEP) in June 2008
- Focus group discussions and in-depth interviews with service providers
- Key informant interviews with program managers and policy makers
- Client exit interviews
- All levels of both RH and HIV facilities sampled

Respondents Reached

Data collection method	Number
Service providers <ul style="list-style-type: none">– 10 focus group discussions– In-depth interviews	68 participants
Interviews with program managers and policy makers	18
Client exit interviews	131

Provider Demographics from In-depth Interviews (N=17)

Characteristic	Number
Number female	10
Mean age (range)	32 years (22-58)
Cadres	Nurse/nurse midwives: 9 Clinical officers: 4 VCT counsellors: 3 Doctor: 1
Mean years in service (range)	5 (0.5 – 20)

Services Providers' Knowledge

- Content of curricula at all levels scanty and not standardized
- Sexuality understood from the perspective of prevention and treatment of diseases
 - “... my work is more of treatment and rehabilitative and I view sexuality as more of promotive and preventive. I feel somebody else should be doing that”*
 - (Service provider, Rift Valley)*
- Little knowledge and training on emerging sexuality issues
 - 12/17 unaware of HIV risks of anal sex
 - 4/17 unaware of other safer sexual practices for discordant couples apart from condom

Services Providers' Attitude

- Attitudes influenced by religion

“Religiously sex is not seen as pleasurable - sex is a procreation issue”

(Service Provider, Rift)

- Evidence of gender inequality and power imbalances

“... even if my wife is not willing to move [have sex] with me I could still move with her because it is I who wants pleasure...”

Service Provider, NEP)

- Same sex relationships considered deviant and criminal
 - 10/17 service providers would discourage same sex relationships.

Services Providers' Skills

- Presenting problem treated without further probing

“...nobody asks about sexual history ...if an MSM [men who have sex with men] who presents with anal warts, you are not going to probe and ask how they got them, the important thing is to treat

(Policy maker)
- Not comfortable to discuss “taboo” sexual practices
- Unsure whether they offer optimum sexuality services
- Recognise need to improve their skills

Opinions of Policy and Program Managers

- Sexuality should be part of SRH and HIV training and programs
- SRH and HIV providers should be able to hold sexuality discussions with clients
- Service providers expected not to be subjective

“...counselors are expected to leave their issues, attitudes, beliefs and values at the door and pick them on their way out. When dealing with a client you have to be open and devoid of your own baggage”

(Program Manager)

Communication Barriers

- Age and sex of client versus service provider
- Inadequate time
- High client load
- Structural factors e.g. limited privacy at facilities
- Culturally sensitive topic

Results of Client Exit Interviews

Characteristic	%
Female	86%
Mean age (years)	29
Treated with respect and provider non-judgemental	99%
Aware that it is their right to receive sexual and RH services	88%
Sex of provider not important in service provision	52%
Information received mostly on condom use and STI signs & symptoms	

Conclusions

- Inadequate knowledge and training on sexuality among service providers
- Sexuality discussed in the context of prevention and treatment of diseases
- Communication barriers that hinder discussions on sexuality identified
- Providers are open to sensitization/training on sexuality

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