

Feminist approach to sexuality counselling

By Alessandra S. Chacham and Adriane M. Hilber



A workshop on reproductive and sexual health. (Picture courtesy of Coletivo)

This is a summary of the results of a descriptive study done with *Coletivo Feminista de Sexualidade e Saúde* (Feminist Sexuality and Health Collective), a Brazilian programme that provides counselling on sexuality-related issues.

Coletivo, a feminist NGO in São Paulo, Brazil, was founded in 1981 to promote and provide integrated reproductive health and sexuality-related services for women. Since 1984, Coletivo has been running a clinic that attends to women of all ages and from different backgrounds, charging according to a sliding scale. Its services are based on a holistic view of women's health.

Over 6,000 women have visited the clinic since it opened its doors. In 2006, Coletivo received about 200 new clients seeking gynaecological consultations, pre-natal care, pre-abortion counselling and mental health services.

One of the common characteristics of these services is that they have always incorporated sexuality and sexual health counselling.

Between December 2006 and June 2007, the programme was assessed using the adapted rapid assessment methodology. We took a case

study approach using qualitative techniques to focus on understanding the content and context of the sexuality counselling offered.

The assessment involved a desk review and in-depth interviews with stakeholders, key informants, staff members and clients, as well as direct observation of consultations and exit and in-depth interviews.

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A philosophical mandate

Although Coletivo does not offer sexuality counselling specifically, counselling that incorporates discussion on the client's sexuality may occur within any service, including gynaecological consultations and pre-natal care. Understanding the way it occurs is fundamental to understanding how successful Coletivo is in incorporating sexuality counselling in its various services.

During the first visit, the client is asked to fill out an extensive questionnaire about almost every aspect of her life, not only her medical and reproductive history. There are several questions about her sexual life, such as how often she has sex, if she is satisfied with her sex life or if she has any problems or complaints. This life history is used to guide discussion around the specific sexual or reproductive health care services she seeks.

Sexuality is viewed as a fundamental part of women's life and health history, and all care and treatment commences from this basic supposition. For women who are culturally or socially-restrained or embarrassed to raise these issues, the repeated and straightforward – even routine – approach, creates a safe and free space to raise issues related to sexuality that these women would perhaps not feel comfortable to raise in other circumstances.

SRH consultations

At Coletivo, service is provided through individual gynaecological services. A typical gynaecological care session features many opportunities to discuss a woman's sexual well-being, concerns and problems.

After completing the sexual life history form, the woman is introduced to the professional and shown to the consultation room. There, the professional reviews and discusses all the information in the form, providing space for clients to present their questions and worries. The detailed review of the life history is an integral part of the consultation and sets the stage for further discussions and questions about what clients may feel are very private and personal issues.

The intimacy established between the client and provider makes discussion about sexual problems or concerns possible, which is appreciated by clients. "She (the provider) has a way, a technique of talking to you that makes you let loose, and she can breach this area of sexuality, of pleasure," a 42-year-old client said.

Next, the professional explains that "they"

will do a vaginal examination. If the woman agrees, she is asked to lie down on a sofa (not a gynaecological bed) and is shown how to do self-examination of her vagina and cervix. She is shown how to introduce a plastic speculum inside herself, and, with the help of a mirror and a flashlight, the professional shows her the cervix and discusses its appearance and colour and what that means.

The professionals observed at Coletivo created an intimate atmosphere, which helped clients open up and share sexuality-related concerns and problems. Many clients found the self-examination and discussion liberating. As a client, aged 41, stated: "...the physical part: I was completely ecstatic about it. I think I talked about it for a whole month.

I had already had routine gynaecological exams, and they are so different. I had done it with men and with women, and it is always like that in a common exam: your body is there, but you are not there. And here I am always present. For me this is the most important thing; it is good. So I felt that the physical part was the coolest of everything: 'Look, this is you inside.'



A gynaecological consultation at Coletivo
(Picture courtesy of Coletivo)

The Dial Health hotline

In the almost 10 years since it was founded in 2000, Coletivo's Disque Saúde (Dial Health) hotline has attended to 2,563 persons, most of them women (2,348) and some men (215). It is Coletivo's only service that men use.

According to the Disque Saúde attendant, women tended to present questions about lack of pleasure or inability to have orgasm, while men asked about impotence, penis size and how to give women pleasure or help their partners reach orgasm. The callers also, but less frequently, asked about homosexuality, transvestitism and transexuality.

Callers contact the hotline only once with a specific question. The attendant does not see her role as providing long-term counselling; it is an information and referral service. People with more complex problems are encouraged to seek therapy and other kinds of service. For the attendant, the secret to gaining the confidence of callers and making them comfortable to speak about intimate problems is her receptivity and the

non-judgmental way she receives the questions. She sees it as a fundamental part of Coletivo's approach: "Here all of us have it (counselling skills). So, even the secretary who has nothing to do with the hotline, if she did answer a call, she would have the same receptivity, because it is the conduct of people here in the Coletivo to receive and not to judge and to respond to the person's needs...These principles are for us 'acolhimento' ('receptiveness'); whoever she may be – a prostitute or a victim of sexual or domestic violence."

The Disque Saúde hotline initially received support from MacArthur Foundation, which financed the first four years of the service. In the beginning there was more money to publicise the service and as a result, there were many callers. Unfortunately, from a very active service with two attendants and several callers a day, the hotline currently has only one attendant and the calls have dwindled to about two to four a day. In the last three years the hotline has been self-financed by Coletivo, therefore, it has not had the resources to publicise its services.

Coletivo's reputation for clear information on sexuality is evidenced by the number of e-mails it receives with questions on sexuality and SRH and its attendant answers.

Get Friendly with Her

The most evident result of the accumulated body of knowledge and experience of this humanistic approach to women's health care is the project 'Fique Amiga Dela' ('Get Friendly with Her') that consists of a booklet and a workshop to teach women to get to know their genitals and reproductive system and to have a pleasurable and healthy sexual life.

The material is available on a website (www.mulheres.org.br) that receives over a thousand hits every month. Coletivo's reputation for clear information on sexuality is evidenced by the number of e-mails it receives with questions on sexuality and SRH and its attendant answers. It also shares the information at workshops and in speeches.

Success and challenges

Despite the enduring commitment of staff, client loyalty and early funding support, Coletivo is facing major challenges. At the time of this assessment, regular staff had been cut to less than six, dramatically limiting the delivery of services.

Decline in clients has occurred because clients must pay for services out-of-pocket, which has become a debilitating barrier to the provision of

what is now a specialist service.

The Brazilian universal health insurance scheme does not reimburse services provided by Coletivo because primary level health care is only provided by public health institutions. Also, those offering private insurance do not reimburse services provided by Coletivo because they consider it an informal medical institution.

Organisations such as Coletivo must either charge high fees to be self-sustaining or apply for grants and conduct research and training initiatives in the community to subsidise their services. Both approaches are problematic. If Coletivo charges high fees, it will be forced to change its client base and appeal to a high-income clientele.

For Coletivo to find alternative sources of funding, which is likely to be its best option, it requires new and innovative ways of delivering its services to a wider clientele.

In the coming years, Coletivo must seek new partners and create new initiatives if it is to continue playing the role it once played in the women's health movement as a service provider, and achieve financial stability and self-sufficiency.

Challenges to scaling up Coletivo's model can be summarised as follows:

- Small, intimate and committed staff is hard to replicate.
- Financial viability and sustainability remain problematic.
- Cultural and socio-economic barriers limit Coletivo's ability to expand the client base, given the institutional aim and objectives.
- Opposition by the medical establishment to the model of women's self-care and holistic medicine limits future access to insurance packages.

Questions that linger when reviewing a sexuality counselling and service model such as Coletivo's are whether, even in a country like Brazil, which has greater resources and openness than others, sexuality can be mainstreamed and medicalised. Does scaling up require a compromise? ■

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