Helpline to address sexuality needs

By Renu Khanna

Participants in a body mapping exercise used to make sexual and reproductive body parts familiar and easier to discuss in a group setting *(Picture courtesy of TARSHI)*

Expanding reproductive health services to better address sexuality and sexual health issues is a challenge in many countries. There is still little evidence for the most effective duration, content and follow-up of training of various cadres of health staff in counselling on sexuality and on how to sustain good quality counselling alongside sexual and reproductive health services. This article is based on a study titled: Assessing the conditions and quality of counselling related to sexuality and sexual health: A review of the TARSHI helpline. The author did the study on behalf of the Royal Tropical Institute (KIT) in 2007.

In India, sexuality issues are addressed only by the National AIDS Control Programme and not by the Reproductive and Child Health Programme or the National Rural Health Mission.

Sexuality counselling is not yet part of sexual and reproductive health services. Sex education in schools has run into serious problems because significant sections of policy makers, educationists and the general public feel that sex education goes against Indian values and culture.

Sexuality counselling is provided by various persons from informal providers like hakims (those who treat 'impotence' and other male sexual problems with herbal remedies), sexologists like 'Sablok clinic' (a particular franchise that claims to treat male sexual health problems), gynaecologists, psychotherapists and counsellors.

Formal, certified training for sexuality counselling is virtually non-existent, thus Talking About Reproductive and Sexual Health Issues (TARSHI) in New Delhi, fulfils a need for quality, ethical, rights-based gender-sensitive sexuality counselling services.

TARSHI works through an anonymous telephone helpline where people call in and discuss issues related to sexuality. Callers also seek information about referral to medical services and other information centres. The anonymity of a phone line provides a space where 'embarrassing' issues can be discussed. It is guided by the vision that all people have the right to sexual wellbeing, based on a self-affirming, and enjoyable sexuality.

The organisation operates one phone line as a helpline from 10am to 4pm, three days a week, providing confidential services in Hindi and English, with guaranteed anonymity. The helpline service is free, although the calls to it are not toll-free. Two trained counsellors speak with callers about concerns as wide ranging as body image, masturbation, contraception, abortion, HIV and AIDS, STIs and sexual abuse. There is also a programme associate responsible for the documentation and research related to the helpline and the calls. All TARSHI staff members are paid a salary.

Women are more disadvantaged

The callers are from diverse socio-economic backgrounds and range in age from 10 to 76 years. The majority are between 15 and 24 years of age. Most callers are from Delhi or its outskirts, but many have migrated to Delhi from rural areas and still have their roots in rural India. Approximately 82 per cent of callers are men, despite the fact that the service was meant for women. Although neither gender has easy access to information in India, women are more disadvantaged in this regard.

TARSHI's policies are formulated with women in mind, yet less than 20 per cent of calls are from women. Increasing the number of calls from women is TARSHI's greatest challenge. In its first year, the helpline had men and women working as counsellors. However, many female callers would end the call on hearing a male voice. This was probably due to cultural taboos that make it difficult for women to speak to men about intimate issues — like their sexuality. On the other hand, men have no problem speaking to female counsellors. Helpline promotion strategies have been tailor-made for women. Advertisements have been placed in women's magazines, and the text of radio and TV advertising uses the feminine gender (in Hindi language) and is recorded by women.

Issues raised by the callers

TARSHI analysed 57,773 calls received between 1996 and 2007. The pie chart (next page) shows an analysis of the first concern presented by callers. These may not be their only concern and frequently it is also not their most pressing concern.

Most questions arise from a lack of basic information about one's body, and about sex and sexuality, reproductive and sexual health which is illustrated by the following excerpt from a caller's feedback to the researcher:

Ramesh called when his wife was pregnant. They wanted to know whether they could engage in intercourse during her pregnancy, and what precautions they needed to take. He commented on the helpline: "We could ask them things that we couldn't even ask our doctor or anyone else."

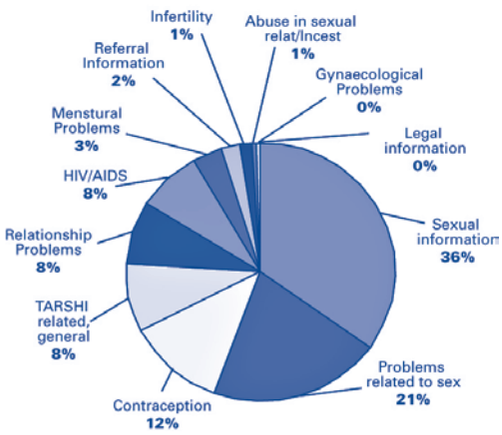
Findings from the records are corroborated by the four focus group discussions that were held with married men and women and adolescent boys and girls. The five focus group discussions with proxy users brought out:

- Curiosity and the need for information about sex;
- Menstruation-related concerns;
- Problems of inter-spousal communication related to sex;
- Reproductive health problems: white discharge, abortion;
- Sexual abuse, unwanted pregnancy;
- Sexual problems: premature ejaculation, erectile problems;
- Bodily changes while growing up;
- Gender identity, unhappiness at being a girl;
- 'First night'-related problems;
- Contraception;
- "While men have spaces for asking sexuality-

related questions, women have none."

Women especially sought information on the body, sexual relationships and desire. They also pointed to the need for safe spaces to access such information.

First questions asked by callers on the TARSHI helpline



Non-judgmental and non-threatening

Designed to be interactive, non-judgmental and non-threatening, the helpline offers information that is relevant to the contexts of people's lives, and counselling that explores with callers, the pros and cons of particular choices that they might want to make (while never deciding for them or taking from them their own right of choice), as well as referrals to appropriate agencies. The referral network includes private practitioners, government hospitals, therapists and lawyers, as well as HIV counselling, testing, care and support services. The service organisations are researched to the best of TARSHI's abilities, and site visits are made in an attempt to ensure good-quality service — or at least to know first-hand what callers will encounter at a facility. In the case of private doctors and therapists, the organisation tries to select sensitive and non-judgmental professionals, and asks them to reduce their fee for TARSHI clients.

The conclusions concerning the quality of services provided by TARSHI are based on an analysis of callers' records, key informants' feedback, callers' feedback and the analysis of counsellors' peer review forms. The analysis showed that the quality of TARSHI's sexuality counselling is marked by high levels of confidentiality, evidence-based information, reliable referrals, and a rights-based, gender-sensitive approach. The organisation is committed to quality, and has excellent supervision and support systems. TARSHI practices counselling as it should be done – not advising or directing but exploring options, helping callers to think of the pros and cons of all decisions. The counsellors cover a wide range of issues, from the sexuality of disabled persons, to relationships with multiple sexual partners and issues concerning transgendered people.

Good quality sexuality counselling?

Several factors contribute to TARSHI's good quality of counselling. Careful selection of counsellors: their openness to learning and engaging in efforts to change perspectives related to sexuality are assessed over a number of interactions with different persons in the organisation; intensive induction training incorporating perspective building, values clarification; conceptual understanding and skills building around sexuality counselling and close supervision, ongoing support, self-reflection and self-evaluation of the quality of counselling provided, and use of peer review systems. It also fulfils this need through burnout prevention strategies that include discussions in team and office retreats, meditation, exercise and therapy, and attending conferences and training courses to get to grips with their day-to-day work.

The quality of TARSHI's sexuality counselling is marked by an organisational commitment to confidentiality; evidence-based information provision; a non-judgmental attitude; facilitating exploration of options without deciding for them or prescribing specific actions; managing boundaries and rights-based, women-centred, gender-sensitive perspective. TARSHI has built credibility for itself in the sexual and reproductive health arena because of its contribution to the sexuality discourse.

Self-concept and mental health status

The issues identified show not only the need for counselling on sexual health and sexuality but also a need for basic information and education. Most callers seek information about their bodies, contraception and reproductive and sexual health. This information can be handled by introducing two levels of counselling: the first one focusing on information and education and the second one dealing with more specialised sexuality counselling services to address issues such as healing from sexual abuse, gender and sexual identity and other complex topics.

> *The anonymity of a phone line provides a space where 'embarrassing' issues can be discussed.*

The policy level context offers opportunities for mainstreaming sexuality into the ministries of Health including HIV/AIDS, Education and Youth Affairs. Youth Affairs provides the most 'positive context' for mainstreaming sexuality issues. We choose to call it a 'positive context' because development of young people's sexuality is a normal phenomenon and therefore positive notions of sexuality can be allowed to be developed. The Health sector with its emphasis on reproductive and child health and HIV and AIDS offers another opportunity for mainstreaming sexuality. The mental health field also offers possibilities of mainstreaming sexuality because of links of sexuality with an individual's self concept and mental health status.

While these opportunities exist at the policy level, there is also a perception of very real threats amongst those working on sexuality issues. The challenges that need to be addressed include patriarchal, conservative mindsets and lack of evidence-based information. Fears of censorship, and that the government can clamp down on those working on sexuality issues especially with a rights-based approach and on issues of sexual pleasure, were articulated by respondents in the study.

TARSHI stall displaying IEC material at a fair in New Delhi.

These challenges need to be addressed through concerted and coordinated advocacy by a coalition of organisations in education, health, law and justice, women's and children's empowerment, youth affairs and so on. Advocacy strategies should be primarily educational-explaining the need to address sexuality issues for social transformation.

Training for sexuality counselling is virtually non-existent in India. There are opportunities for this to be set up in premier institutions in the country. In order to create openness and a conducive environment for the development of such counselling, widespread information on sexuality should be disseminated simultaneously.

The information should be evidence-based, rights and gender- sensitive, non-judgmental and non-moralistic. Sustained interaction with parents and regular training of teachers should be planned. Widespread information dissemination will help to address a significant proportion of the issues TARSHI's helpline responds to, and to 'normalise' issues like confusions around sexual identify.

Sexuality counselling should be integrated within a service delivery model, for example within the health care system, education system, women's empowerment programmes, adolescents' life skills or development programmes. These services can be situated in neighbourhoods or communities and in institutions like secondary hospitals, elementary and secondary level schools. Sexuality counselling services can also be stand-alone – either face-to-face or through telephone help-lines.

Backward and forward linkages should be clearly organised. Information outreach about the availability of sexuality counselling services is very important and can be achieved through posters in public places, advertisements in print and electronic media, talks in schools and in the community. ■

Renu Khanna, *Director*
SAHAJ
Tejas Apartments, 53 Haribhakti Colony
Old Padra Road, Baroda 390 007, India
Tel: +91-265-2340223
E-mail: sahajbrc@yahoo.com