

SEXUAL PLEASURE

The forgotten link in sexual and reproductive health and rights



BACKGROUND

Initiative of the Global Advisory Board (GAB) for Sexual Health and Wellbeing, supported by Durex

THE GAB AIMS:

- ▶ To increase recognition of sexuality as a positive aspect of human life
- ▶ To create effective links between sexual health, sexual rights and sexual pleasure

Focus of this initiative is to support and build the capacity of future health professionals to provide sex-positive counselling and support to their clients when delivering services

OBJECTIVES OF TRAINING

- ▶ To gain a better understanding of how sexual health, sexual rights and sexual pleasure are linked
- ▶ To gain insight into personal and professional values around sexual health, sexual rights and sexual pleasure
- ▶ To enable you to apply a sex-positive approach in your (future) work as a health professional
- ▶ To practise communicating on sexual health, sexual rights and sexual pleasure with (future) clients

MODULE 1.

Creating a safe environment
for sharing and learning



OBJECTIVES

- ▶ To understand the objectives and process of the training
- ▶ To agree how to work together and formulated some basic principles to ensure the safety and inclusion of all participants
- ▶ To establish a mutual understanding of the importance of sharing, exchanging and learning from each other's experiences

BEFORE WE START

PERSONAL EXPECTATIONS:

- ▶ Which aspects of sexuality and sexual pleasure need to be addressed in your work?
- ▶ In which areas do you feel confident?
- ▶ In which areas do you need more training, practice and support?
- ▶ What kind of problems exist in your community with regard to discussing sexuality and sexual pleasure?
- ▶ Which aspects of sexuality and sexual pleasure do clients in your community find difficult to discuss?

TALKING ABOUT SEX AND SEXUALITY:

- ▶ Safety and trust
- ▶ Confidentiality
- ▶ Respect each other's opinion

MODULE 2.

Unpacking sexuality, sexual health,
sexual rights and sexual pleasure



OBJECTIVES

- ▶ To establish a common understanding of the definitions and concepts of sexual health, sexual rights and sexual pleasure
- ▶ To establish the links between sexual health, sexual pleasure and wellbeing within the sexual rights framework
- ▶ To understand the meaning of the concepts in your personal and professional life
- ▶ To explore the rich diversity of sexual pleasure

EXERCISE

- ▶ Get into teams of 4-5 people
- ▶ Each team briefly defines sexuality, sexual health and sexual rights
- ▶ One person from each team presents their definitions in plenary

DISCUSSION

- ▶ Which concept was the hardest to define? Which concept was the easiest? Why is that?
- ▶ Across all teams, what are the major similarities between the concepts?
- ▶ And the most striking differences?

SEXUALITY

Sexuality is a central aspect of being human throughout life and encompasses **sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.**

Sexuality is experienced and expressed in **thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.** While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

Sexuality is influenced by the interaction of **biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.**

(Working definition, WHO, 2006a)

SEXUAL HEALTH

Sexual health requires **a positive and respectful approach** to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences.

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. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

(Working definition, WHO, 2006a)

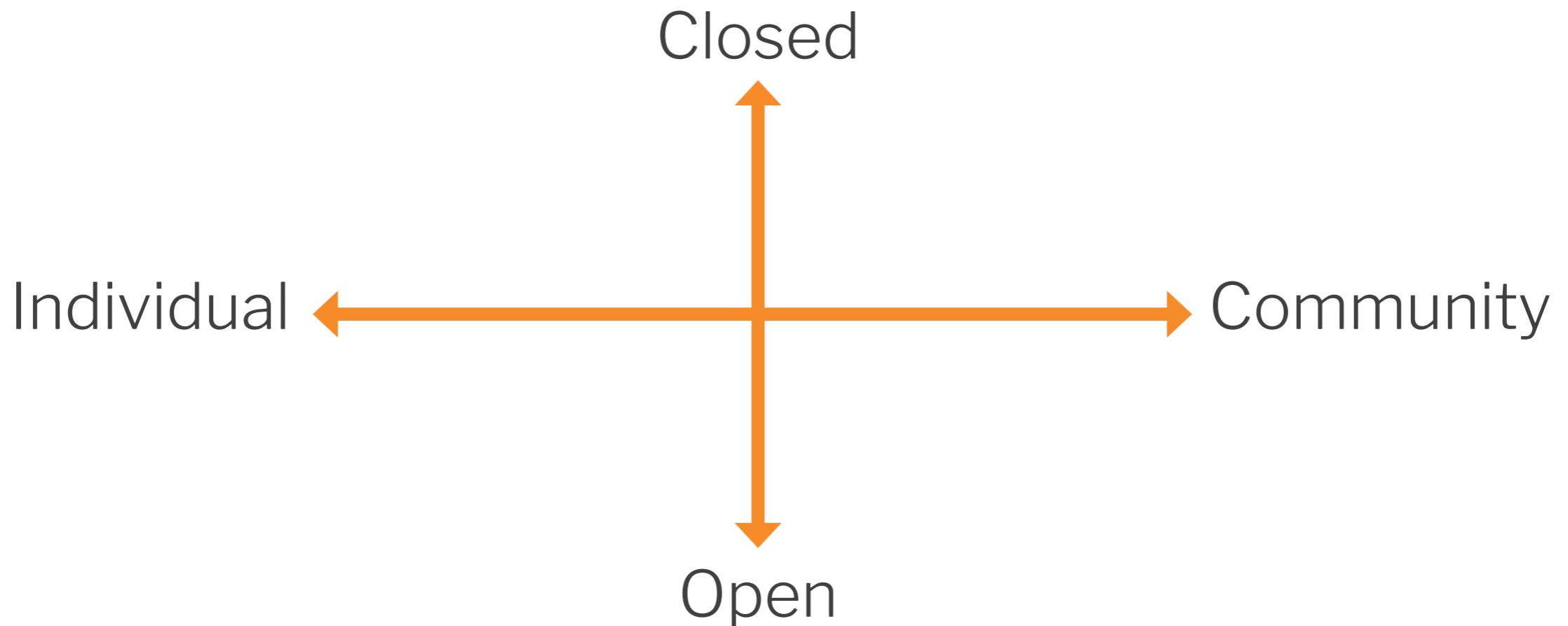
SEXUAL RIGHTS

The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws.

The responsible exercise of human rights requires that all persons respect the rights of others. The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.

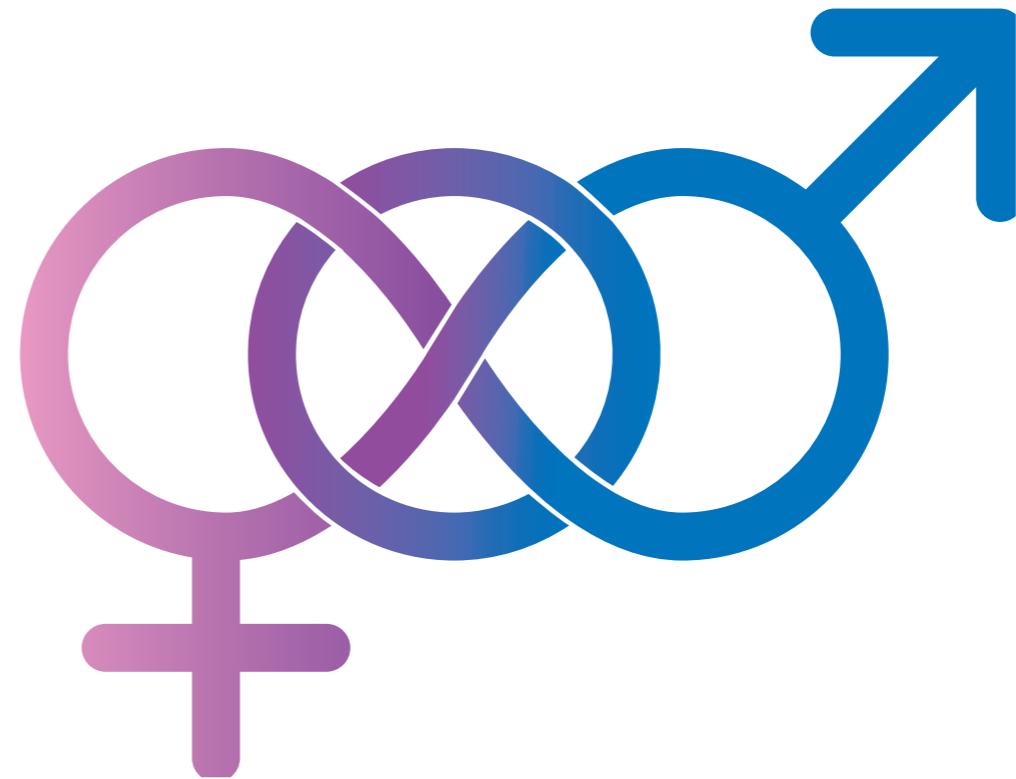
(Working definition, WHO, 2006s, updated 2010)

SEXUALITY AND SOCIETY



SEXUALITY AND THE INDIVIDUAL

- ▶ Sexual capacity
- ▶ Sexual motivation
- ▶ Sexual performance



WORKING DEFINITION OF SEXUAL PLEASURE

Sexual pleasure is the physical and/or psychological satisfaction and enjoyment derived from solitary or shared erotic experiences, including thoughts, dreams and autoeroticism.

Self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and wellbeing.

Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and non-discrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression. The experiences of human sexual pleasure are diverse and sexual rights ensure that pleasure is a positive experience for all concerned and not obtained by violating other people's human rights and wellbeing.

(Working definition, GAB, 2016)

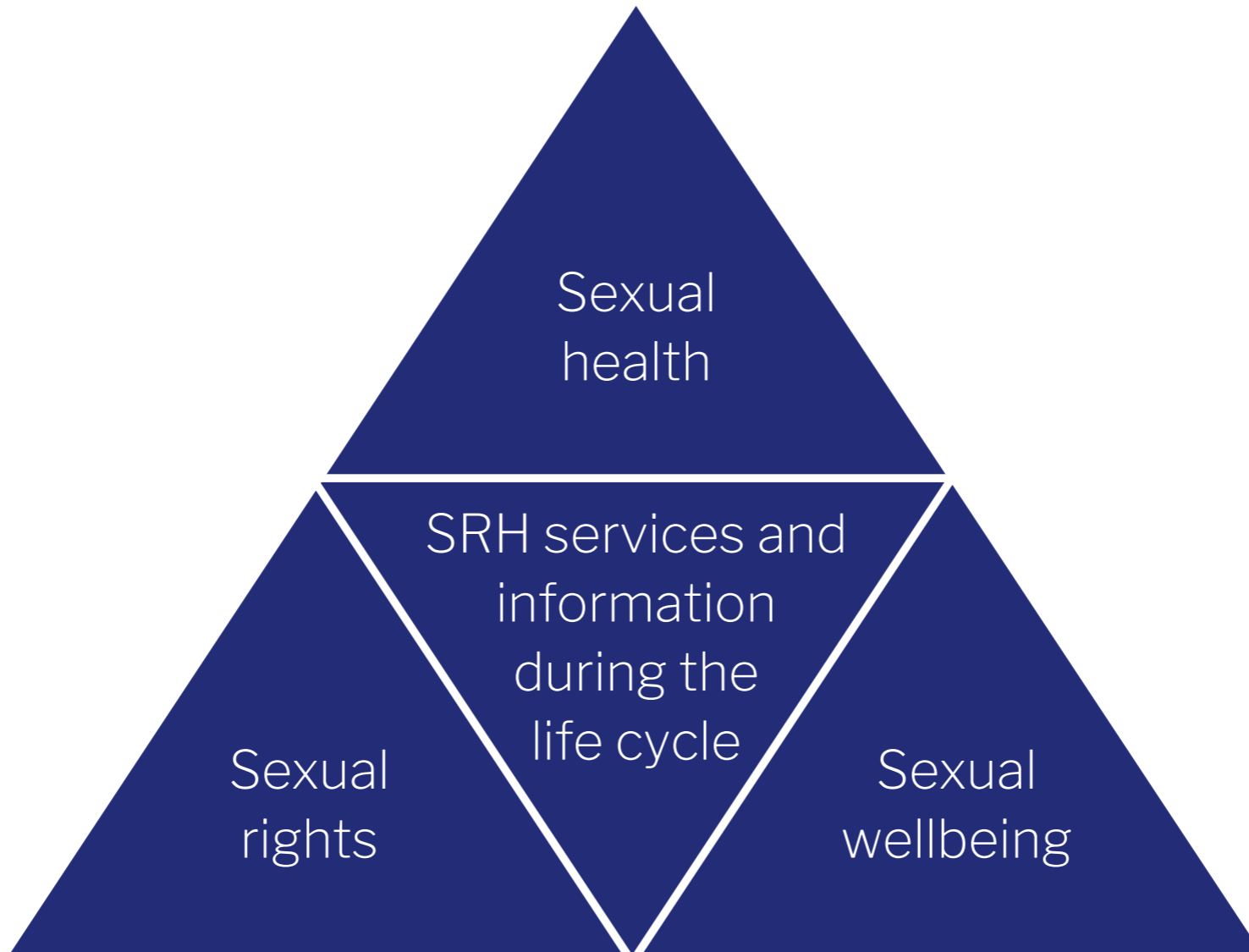
GUIDE TO TERMINOLOGY

- ▶ **Autoeroticism:** sexual gratification obtained solely through stimulation by oneself of one's own body
- ▶ **Self-determination:** the freedom and capacity to make your own decisions; to act as you choose and determine your personal, relational and political independence
- ▶ **Consent:** to agree to and accept someone else's proposal
- ▶ **Autonomy:** the ability or capacity to make informed choices, free of coercion, based on one's own personal beliefs and values
- ▶ **Bodily integrity:** self-determination and autonomy over one's own body

LINKING SEXUAL HEALTH, SEXUAL RIGHTS AND SEXUAL PLEASURE IN SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES, INFORMATION AND EDUCATION

- ▶ In order for SRH programmes and services to be holistic and to go beyond a risk-based approach, they need to be based on the WHO working definitions of sexual health and sexual rights
- ▶ The GAB's working definition of sexual pleasure is a vital tool to understand the links between these three concepts

TRIANGLE APPROACH



- ▶ The links between the three concepts can be addressed in the context of service delivery in a variety of ways:
 - ▶ Giving information
 - ▶ History taking
 - ▶ Counselling
 - ▶ Resources provided to clients

SEXUAL PLEASURE

- ▶ Sexual pleasure needs to be learnt
- ▶ Sexual pleasure is for all ages
- ▶ Gender, sexuality and sexual pleasure are closely linked
- ▶ Lust, desire and commitment in a long-term relationship can be difficult to combine

WHAT DOES THIS MEAN FOR YOU AS A HEALTH PROFESSIONAL?

- ▶ Position your clients as autonomous sexual beings with the right to experience desire and pleasure in their daily lives and to have control over their bodies – whether they are sexually active or not
- ▶ Opening up a discussion on pleasure entails understanding what pleasure means in the context of sexual health and sexual rights for each client
- ▶ Be aware of your own prejudices and preferences
- ▶ Don't wait until the clients asks questions: be proactive

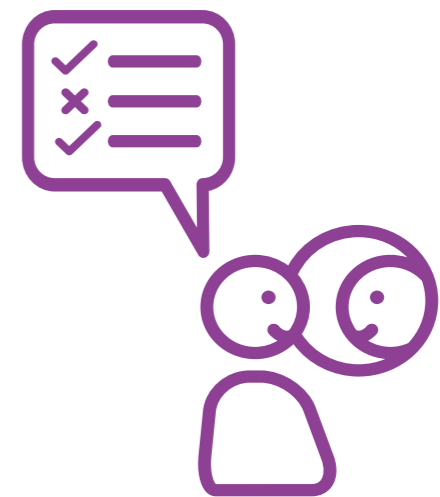
TIPS TO ENJOY SEXUAL RELATIONSHIPS THAT TRULY ENHANCE PLEASURE AND HEALTH

Advice to clients:

- ✓ Treat your partner as a human being, not as a body or object
- ✓ Strike the right balance between play, seriousness, sensuality and intimacy
- ✓ Give pleasure to your partner and accept being pleased
- ✓ Communicate what you want and don't want to happen. Ask for a yes and accept a no
- ✓ Be safe

MODULE 3.

Personal and professional reflections:
attitudes, values and ideas



OBJECTIVES

- ▶ To explore how personal experiences shape attitudes and values with regard to different aspects of sexuality and sexual pleasure
- ▶ To gain a better understanding of how personal attitudes can influence professional practice

FACTS OR VALUES?

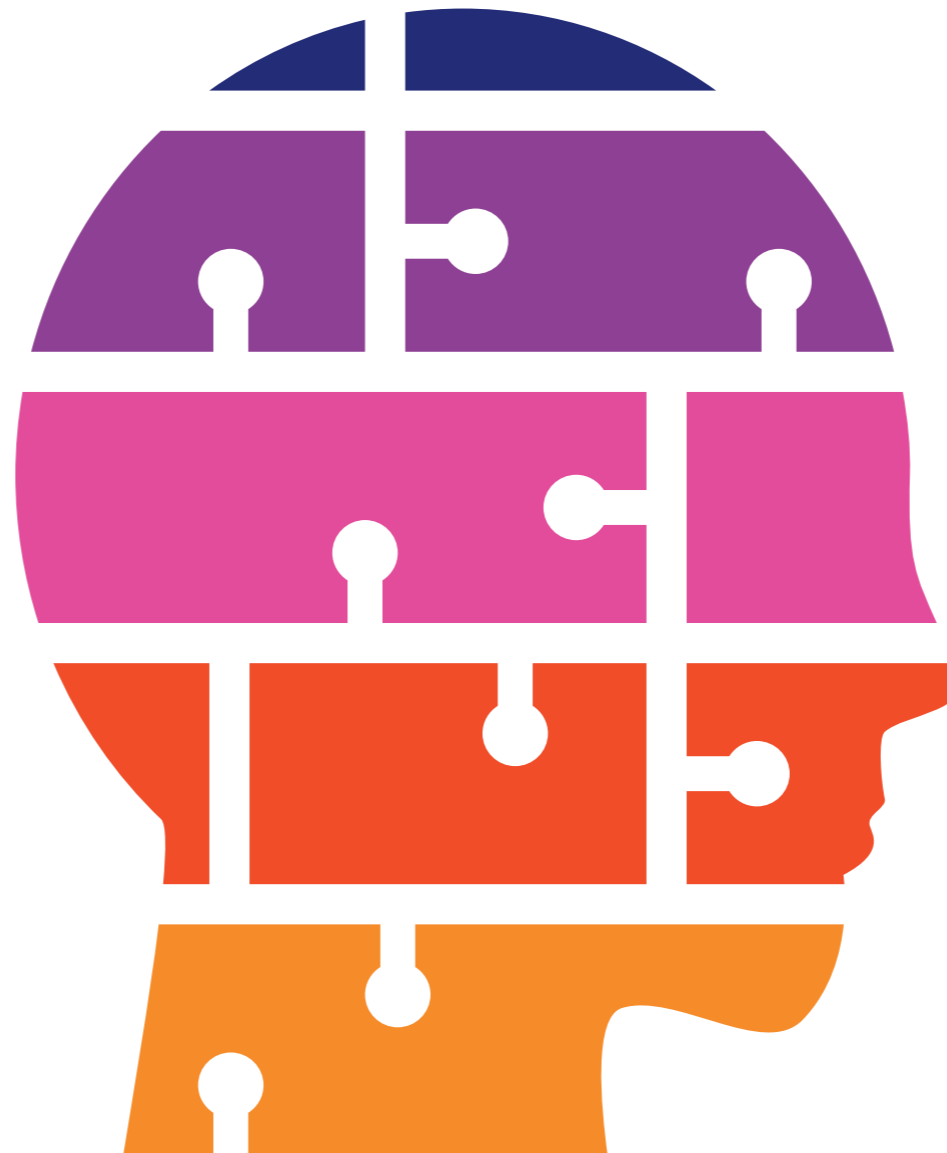
Fear

Prejudice

Empathy

Peers/friends

Critical thinking



Culture

Experiences

Education

Religion

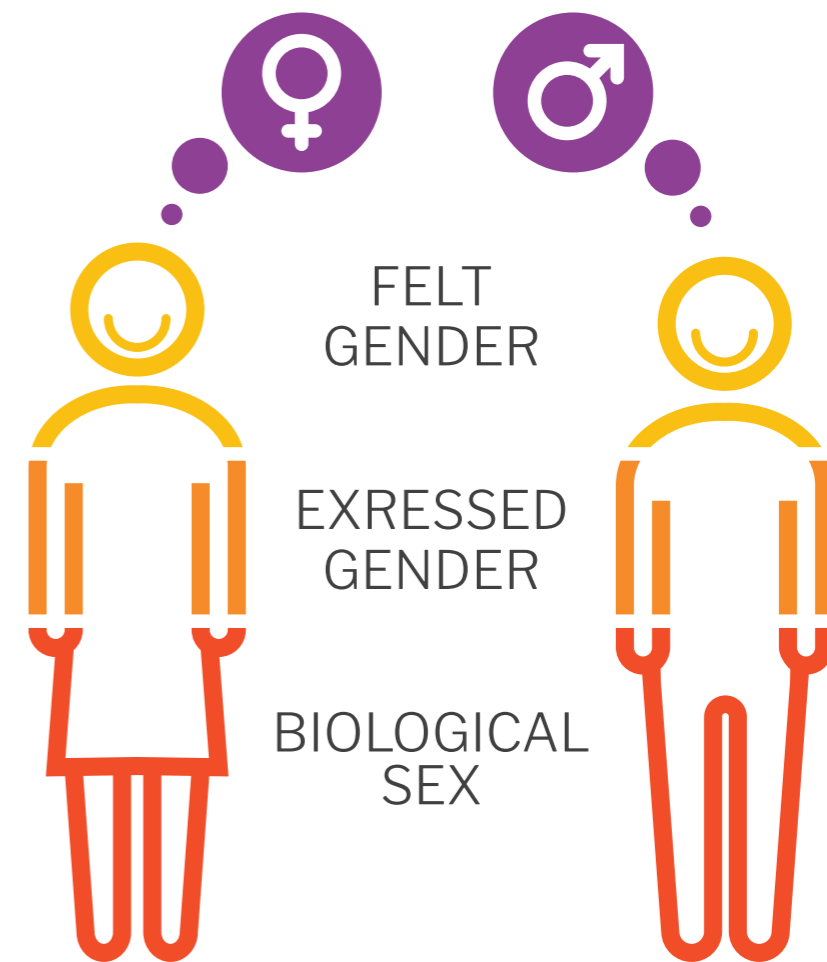
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SEXUALITY AS A SOURCE OF PLEASURE

- ▶ Pleasure is instant gratification and a sense of wellbeing
- ▶ Sexual pleasure goes beyond having orgasms
- ▶ Affirmation, joy and a physical connection
- ▶ Understanding and acceptance
- ▶ Safer sex and pleasure

GENDER AND SEXUALITY

- ▶ Understanding the complexity of gender and identity and expressing one's sexuality
- ▶ Gender roles and stereotypes
- ▶ Double standards
- ▶ Wide spectrum of gender identity and expression in society



Source: LGBT Denmark (2009).
Little Green Book on LGBT.

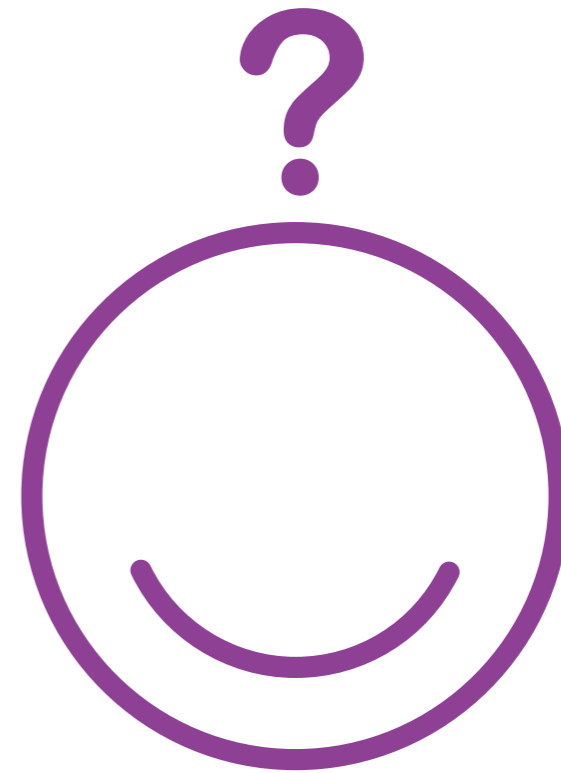
NEGATIVE ASPECTS OF SEXUALITY

- ▶ Abusive relationships, forced sex, sexual violence and harmful traditional practices
- ▶ Understanding sexual coercion requires an understanding of **sexual consent**
- ▶ Be clear on the limits of appropriate and inappropriate behaviour by ensuring both partners' consent

SEXUAL MYTHS

GOOD SEX =

- ▶ Spontaneous
- ▶ Should end in an orgasm
- ▶ Is the same as intercourse
- ▶ Requires an erection



SEXUAL ORIENTATION

- ▶ Is a genuine desire, not a trend
- ▶ Heterosexual norms can lead to homophobia and discrimination of non-heterosexual identities
- ▶ Equal rights, responsibilities and opportunities
- ▶ Don't label youth LGBTIQ – say “young people who are...”

“ Nature loves diversity, society hates it. ”

Dr Milton Diamond

WHAT DOES THIS MEAN FOR YOU AS A HEALTH PROFESSIONAL?

- ▶ Be aware how your personal values can shape your professional interactions
- ▶ Be aware that women are more inclined to seek help than men
- ▶ Be aware of the discrimination and stigmatization of lesbian, gay, bisexual and transgender people
- ▶ As a professional with religious beliefs, ask yourself:
 - ▶ *What is the common ground between my faith and the sexual rights values of dignity, equality, respect and compassion?*
 - ▶ *How can I bridge the gap between the ideas and values held by my clients when they differ from my own?*
 - ▶ *How can I navigate in closed cultures to address sexual pleasure issues with my clients?*

MODULE 4.

Risk-based approach vs pleasure approach in sexual health promotion



OBJECTIVES

- ▶ To gain insight into the value of the pleasure approach in public health interventions, including promotion of safer sex
- ▶ To understand how to move from a risk-based approach to a pleasure approach as a health professional

EXERCISE

- ▶ You will watch four videos of different sexual health campaigns produced by various organizations
- ▶ Score each video from 1 to 10 in terms of the approach they use to promote sexual health (1 = a 100% risk-based approach and 10 = a 100% pleasure approach)
- ▶ After you've given your score, as a group, obtain the total score of each video and rank them accordingly

- ▶ NYC Department of Health, #PlaySure

<https://www.youtube.com/watch?v=9AKArNM73xw>

- ▶ Test Bangkok Campaign, Bottoms up

https://www.youtube.com/watch?v=GQIZtJ_Dowc&index=2&list=PLqCXfvLIH0hu8O3eDJqbnEjDjckXNo6oM

or Birthday Surprise

https://www.youtube.com/watch?v=seggqghc4yk&list=PLPhSC_k7Y4YeHJPC2ibfvQcyOT167bZWd

- ▶ RFSU (a Swedish sex education organization), WEEKDAY x RFSU - Be Carefree, Not Careless - Keep a condom in your 5th pocket

<https://www.youtube.com/watch?v=FvnqvPA6fyU>

- ▶ US Centers for Disease Control, PrEP - an HIV prevention option

<https://www.youtube.com/watch?v=TR8-3uAuZGo>

DISCUSSION

- ▶ In which video was the pleasure approach most apparent? In which one was the risk-based approach most apparent? Why?
- ▶ Which video was difficult to locate on one side of the risk/pleasure spectrum? Why?
- ▶ Which elements of the risk-based approach did you see in the videos that ranked lowest?
- ▶ Which elements of the pleasure approach did you see in the videos that ranked highest?
- ▶ What's more important as a message – pleasurable sex or safer sex? Or both?

WHAT DOES THIS MEAN FOR YOU AS A HEALTH PROFESSIONAL?

- ▶ The pleasure approach is about changing attitudes and shifting the discourse around sexuality
- ▶ Sexuality shouldn't be about fear, shame or stigma – but about happiness, satisfaction and fulfilment
- ▶ The pleasure approach doesn't mean that we have to exclude biological information about sexuality or information about sexually transmitted infections (STIs)/ HIV
- ▶ It means that we should educate clients on ideal experiences – not only prevent negative ones
- ▶ This entails providing more comprehensive care to clients, as other issues connected to health and rights are addressed

MODULE 5.

Basics in language and messaging



OBJECTIVES

- ▶ To explore the importance of the use of language and non-verbal expressions when communicating about sexual pleasure in the professional health context
- ▶ To practise using 'sexual words' in the professional context

BASICS IN LANGUAGE AND MESSAGING

Don'ts

- ▶ Boys and girls
- ▶ Promiscuity
- ▶ Virginity/abstinence
- ▶ Sex = penis in vagina/anus

Do's

- ▶ People of all genders - try to avoid binary descriptions of gender
- ▶ No value judgement of people's sexual (or lack of) activity
- ▶ Engage in a critical discussion of what these terms mean
- ▶ Celebrate all kinds of sexual activities. These include – but are not limited to – oral sex, penetrative vaginal sex, penetrative anal sex, using a sex toy, masturbation, kissing and sexual contact (touching intimate areas)

Don'ts

- ▶ Risky behaviour and critical language
- ▶ Assumptions that some sexual acts are weird
- ▶ Prioritize heterosexuality, with sexual diversity as an add-on or omitted
- ▶ Consider sexual behaviour solely in the context of health outcomes
- ▶ Make a distinction between homosexuality and heterosexuality
- ▶ Sexual orientation is about sex

Do's

- ▶ Non-judgemental, unless it is non-consensual sex
- ▶ Embrace an open, accepting view of people's different identities and preferences
- ▶ Integrate sexual diversity in all lessons on sexuality
- ▶ Include confidence, empowerment and pleasure
- ▶ Recognize the spectrum and fluidity of sexual orientation
- ▶ Make a distinction between attraction and having sex

Don'ts

- ▶ Pleasure and orgasm are the same
- ▶ Everyone wants sex
- ▶ Everyone can have the same kind of sexual experiences or bodily functions
- ▶ Make judgemental or sweeping statements about young parents, promiscuity, not having had sex yet, abortion, sexual violence, etc.

Do's

- ▶ There are many ways to enjoy sexuality without having an orgasm, but people, especially women, need to know how to reach orgasm
- ▶ Some people are asexual – sex is not the same for everyone
- ▶ Be inclusive e.g. people with disabilities
- ▶ Acknowledge and respect that clients may have had these experiences, including sexual violence and abortion.

MODULE 6.

The *Pleasuremeter*: A tool to assess the links between sexual health, sexual rights and sexual pleasure in sexual history taking



OBJECTIVE

- ▶ To understand how the *Pleasuremeter* can be used to address the links between sexual health, sexual rights and sexual pleasure in sexual history taking

SEXUAL HISTORY TAKING

- ▶ Sexual history taking is an essential part of general medical practice and SRH service delivery
- ▶ Sometimes it's the only window of opportunity to provide counselling on sexuality to clients who seek SRH services
- ▶ Providers usually focus on obtaining information about the client's risk factors but this limits the scope of the counselling and education provided

SEXUAL HISTORY TAKING: "RISK FACTORS"

- ▶ Date of last HIV test
- ▶ Number of HIV tests in the last year or two
- ▶ Number of sexual partners
- ▶ Unprotected anal/vaginal intercourse or oral sex
- ▶ History of diagnosed and treated STIs
- ▶ History of violent relationships
- ▶ History of substance use when engaging in sexual relationships
- ▶ History of having exchanged sex for drugs or money
- ▶ History of abortion

THE PLEASUREMETER: WHAT IS IT AND HOW DOES IT WORK?

The *Pleasuremeter* is based on:

- ▶ Motivational interviewing techniques (asking open-ended questions and using scales to assess behavioural stages of change)
- ▶ The GAB's definition of sexual pleasure, listing 6 elements that are key to ensure that pleasure contributes to health and wellbeing:
 1. Self-determination
 2. Consent
 3. Safety
 4. Privacy
 5. Confidence
 6. Communication/negotiation

THE PLEASUREMETER

- ▶ It's used to evaluate if an individual can experience physical and psychological satisfaction/enjoyment in their erotic practices, and to assess these 6 factors as they relate to sexual experiences in the last 12 months
- ▶ These factors are used as entry points to discuss ideal sexual experiences in counselling
- ▶ The *Pleasuremeter* relies on scoring each factor from 1-10 as well as rating the level of psychological and physical satisfaction/enjoyment experienced in sexual relationships
- ▶ Open-ended questions should be used to spark reflection throughout the counselling session

FOUR STEPS TO USING THE PLEASUREMETER

STEP 1. CHALLENGE ASSUMPTIONS, STEREOTYPES AND STIGMA

- ▶ Human beings make assumptions all the time
- ▶ Variables such as clients' socio-economic status, age, sexual orientation, gender identity, number of sexual partners, race or ethnicity should not be associated with risk or stereotypes
- ▶ SRH providers have a responsibility to treat everyone with kindness and in a non-judgmental way

STEP 2. ASK THE CLIENT ABOUT PRONOUNS AND SEXUAL IDENTITY

- ▶ *What is your name and preferred pronouns? She/her, he/him, they/them?*
- ▶ *What is your sexual orientation? Gay, bisexual, heterosexual, other or none?*
- ▶ *What was your sex assigned at birth?*
- ▶ *What is your gender identity? Male, female, transgender, genderqueer, non-binary, none or other?*

STEP 3. EVALUATE PAST SEXUAL EXPERIENCES

“Now I’m going to show you a table that has different factors associated to our sexual health and wellbeing. I want you to think about your sexual encounters in the last 12 months and score each factor from 1 to 10 that corresponds to your actual experiences in that area. After you’ve rated the factors, we’ll have a little chat about each of them. Please let me know if you feel uncomfortable about answering something in particular or if you don’t understand something.”

Think about all your sexual relationships in the last 12 months and score the following questions:

Physical and psychological satisfaction / enjoyment	Self-determination	Consent	Safety	Privacy	Confidence	Communication / negotiation
From 1 to 10, how much did you enjoy/how satisfied were you with your sexual experiences in the last 12 months?	From 1 to 10, how many of these sexual relationships did you freely choose to have?	From 1 to 10, of all the things you did with your sexual partner(s), how many did you specifically agree to?	From 1 to 10, how safe did you feel in your sexual relationships?	From 1 to 10, how much privacy did you have in all your sexual encounters?	From 1 to 10, how confident did you feel to express yourself with your partner(s) while having sex?	From 1 to 10, how would you rate the quality of your communication and negotiation (of what you wanted and didn't want to do) with your partner(s)?

Physical and psychological satisfaction/enjoyment

Ask the client:

- ▶ *Did you have relationships with cisgender males, females or both? With transgender men, women or both?*
- ▶ *Did you have anal, vaginal or oral sex? Approximately how many partners did you have? How do you usually meet your partners?*
- ▶ *Can you recall any factors or situations that made you lean more towards 1 or 10?*
- ▶ *Was the satisfaction/enjoyment the same beforehand (when you were planning the encounter or getting ready), during and after sex?*
- ▶ *Can you think separately of physical and psychological satisfaction/enjoyment in your sexual encounters, or not? Was there anything in particular that made your relationships more or less pleasurable?*

Self-determination

Ask the client:

- ▶ *If you select 1 in this section, that would indicate that you were forced to have all your sexual relationships.*
- ▶ *If you select 10, that would mean you chose to engage freely in all of them. Were you forced or did you feel forced to engage in any sexual relationships over the last year?*

Consent

Ask the client:

- ▶ *Was it difficult for you to reach consensual agreements about what you wanted and didn't want to do with your sexual partners?*
- ▶ *Were the consensual agreements specific about what you and your partner wanted to do?*
- ▶ *Was consent given freely at all times?*
- ▶ *Did you feel you could change your mind if you wanted to?*

Safety

Ask the client:

- ▶ *What made you feel safe or unsafe in your sexual relationships?*
- ▶ *What was the method of protection you used most often?*
- ▶ *In which situations did you feel safer? In which situations did you feel less safe?*
- ▶ *What did you find most difficult about having safe sexual relationships?*
- ▶ *Did you experience any problems related to STIs that made you feel less safe?*
- ▶ *What actions did you take afterwards to ensure your safety e.g. HIV testing or medical check-ups?*
- ▶ *Did substance use influence your safety at some point?*

Privacy

Ask the client:

- ▶ *What were your biggest challenges in ensuring privacy? Were there factors that you had no control over when seeking privacy?*
- ▶ *Did you have privacy in your sexual encounters with your partners and when you masturbated?*

Confidence

Ask the client:

- ▶ *Did anything limit the ways in which you wanted to express yourself during sex?*
- ▶ *Did a negative thought e.g. concerns about body image make you feel inhibited in terms of self-expression?*
- ▶ *Did your partner say or do something that made you feel less confident?*

Communication/negotiation

Ask the client:

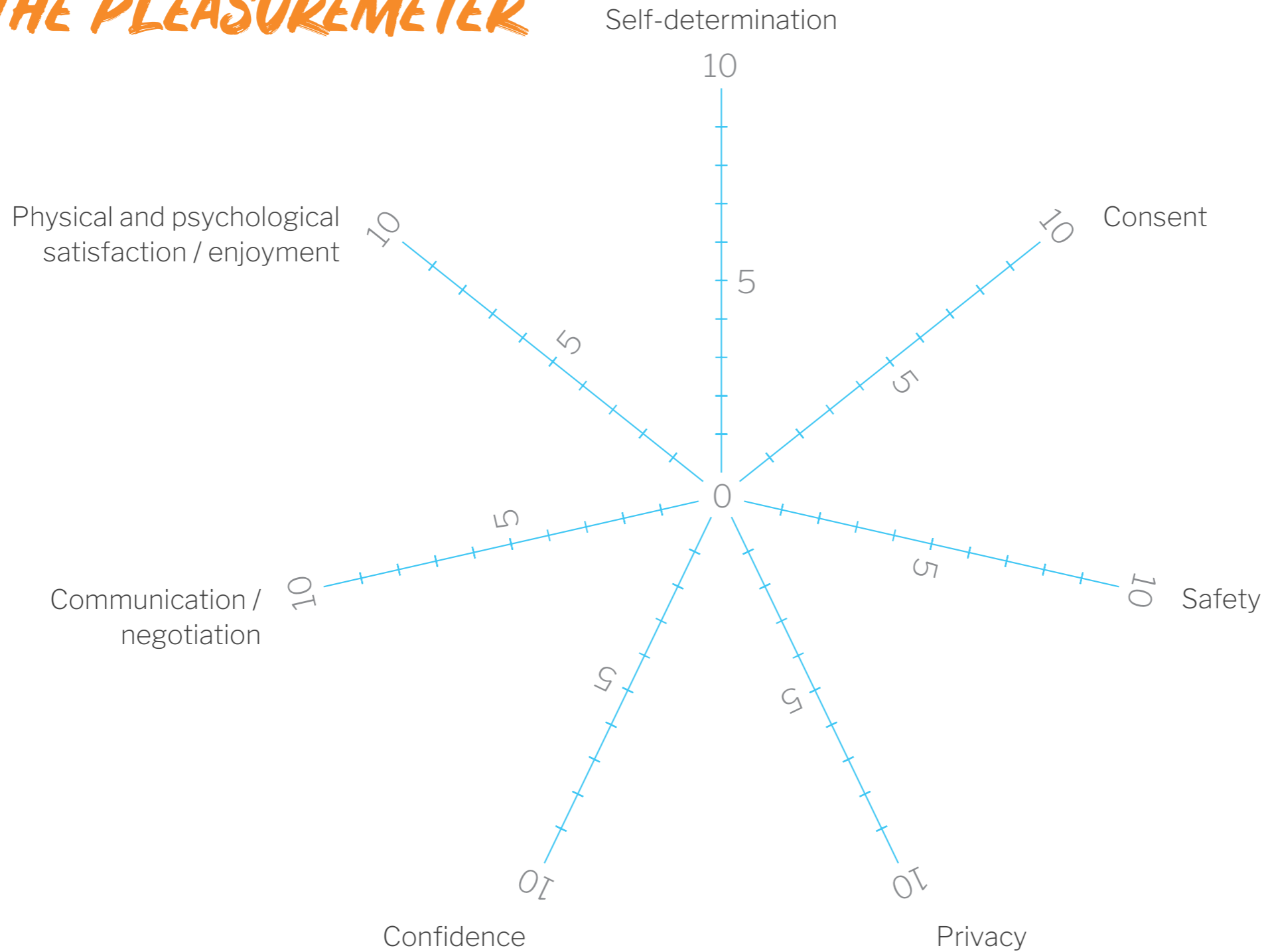
- ▶ *Were you able to talk to your partners about what you wanted to do in each encounter?*
- ▶ *Were you able to tell them when something was pleasurable or not?*
- ▶ *Were you able to suggest new things that you wanted to try?*

STEP 4. REFLECT ON HOW TO IMPROVE SEXUAL EXPERIENCES

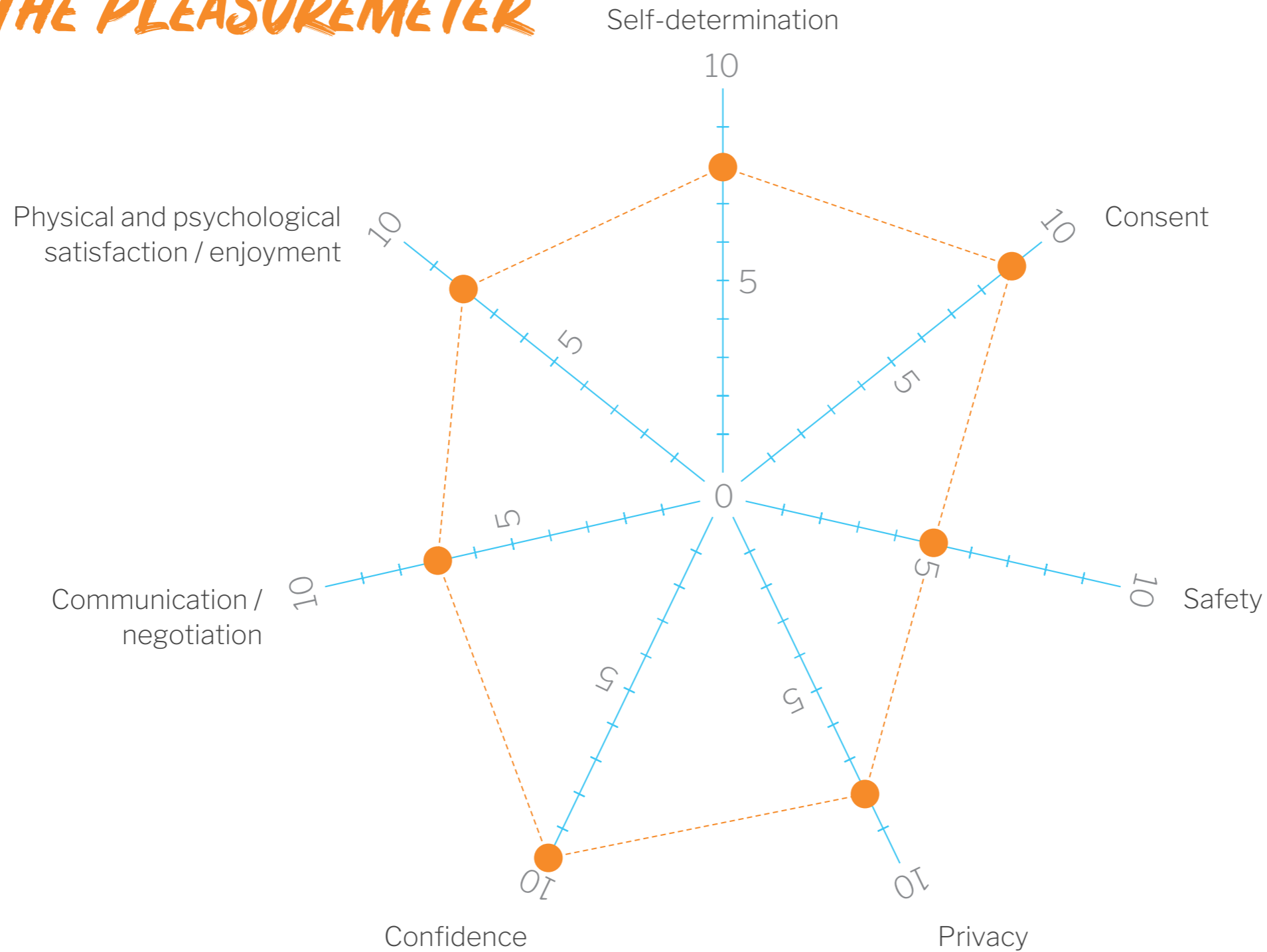
Ask the client:

- ▶ *Let's look at the factors that scored highest and lowest. What is needed for the factors with the lowest scores to move towards the highest in sexual relationships in the future?*
- ▶ *Of all the factors in the Pleasuremeter table, which ones are most important for you to have good sex?*
- ▶ *Are there other factors that we didn't discuss that would enable you to have better sex?*

THE PLEASUREMETER



THE PLEASUREMETER



MODULE 7.

Case studies on implementing the pleasure approach in the provision of sexual and reproductive health counselling



OBJECTIVE

- ▶ To explore different ways to introduce sexual pleasure and link it with sexual health and sexual rights within the counselling and information provided to clients in the SRH delivery setting

INTRODUCTION TO CASE STUDIES

- ▶ Be proactive: there are many opportunities to discuss sexual pleasure – sexual history taking is one of them
- ▶ It's not always appropriate to talk about sexual pleasure, so don't force it
- ▶ Some problems (such as sexual violence and sexual dysfunctions) require referral
- ▶ Be aware of the legal aspects of sexuality and sexual behaviour

EXERCISE: CASE STUDIES

- ▶ Get into groups of 3-4 people
- ▶ As you read each case study, think about and discuss the following questions:
 - ✓ What are the strongest connections between sexual health, sexual rights and sexual pleasure that you can think of?
 - ✓ Which questions could you ask the client featured in the case study in order to address these links during counselling related to the service?

CASE STUDIES

- 1.** STI testing and/or condom use (man)
- 2.** Condom use (woman)
- 3.** Living with HIV
- 4.** Pre-exposure prophylaxis (PrEP)
- 5.** Contraceptives
- 6.** Abortion
- 7.** Perinatal care
- 8.** Menopause

MODULE 8.

Overcoming fears and addressing embarrassing questions



OBJECTIVES

- ▶ To share any worries and fears you may have about talking to clients about sex and sexual pleasure
- ▶ To explore differences in approaches and identify shared values and principles

HOW TO OVERCOME YOUR FEARS

- ▶ Create a safe space
- ▶ Find a common language
- ▶ Give clients the opportunity to ask questions
- ▶ Acknowledge their concerns
- ▶ Know your facts
- ▶ Listen carefully and be honest if you don't know something

TIPS ON HOW TO RESPOND

- ✓ Emphasise the link to health, sexual wellbeing and rights
- ✓ Feel, think, act
- ✓ Make a decision based on what is ethical, legal and practical



MODULE 9.

Practising the sexual pleasure approach



OBJECTIVE

- ▶ To increase your ability to implement the pleasure approach in delivering a range of SRH services

EXERCISE

- ▶ Get into groups of 3
- ▶ One person practises the sexual pleasure approach as a service provider, one is the client and the third one the observer
- ▶ Each group decides which SRH situation they want to act (keep it simple). After you've chosen a scenario, the first round starts
- ▶ The observer can take notes
- ▶ After 5 minutes, all three discuss the exercise and the group swaps roles
- ▶ There are 3 rounds, so everyone has chance to play each role
- ▶ For each role, consider the following questions:

INSTRUCTIONS FOR SERVICE PROVIDER

- ▶ Which messages emphasising sexual pleasure will you communicate to the client in this situation?
- ▶ Think of the links between sexual health, sexual rights and sexual pleasure (as they relate to the situation that the client is facing). How can you provide counselling to reinforce these links?
- ▶ Think how issues of self-determination, consent, safety, privacy, confidence and communication/negotiation relate to sexual pleasure in each case



INSTRUCTIONS FOR CLIENT

- ▶ Which issues related to sexual pleasure would you like to discuss in this scenario?
- ▶ What would make you feel more comfortable talking about sexual pleasure in this situation?



INSTRUCTIONS FOR OBSERVER

- ▶ What language has the provider used? Was it clear, unbiased and sex-positive?
- ▶ What about body language?
- ▶ How is the client reacting to the pleasure approach?



**AFTER EACH ROUND OF ROLE PLAY,
DISCUSS AS A GROUP:**

- 1.** How did the pleasure approach feel for the service provider and the client?
- 2.** Which messages reflected the sexual pleasure approach?
- 3.** Which alternative messages could a provider give in order to introduce the pleasure approach into the discussion with the client?
- 4.** How could the *Pleasuremeter* help in this counselling situation?

TIPS FOR HEALTH PROFESSIONALS

- ✓ Be positive about sexuality and the rich diversity of sexual pleasure - your attitudes towards sexuality are reflected in verbal and non-verbal messages (your gestures, looks, tone of voice and expressions)
- ✓ Listen attentively to the language the client uses around sexuality and pleasure. Don't be afraid to use clear and explicit language, according to the client's literacy levels and needs
- ✓ Practise some key messages and language around sexual pleasure – the more comfortable you feel using language around sexual pleasure, the easier it will be to integrate it in conversations with clients
- ✓ Include information about biological factors related to sexuality or the negative consequences of sex, as needed
- ✓ Use the GAB's working definition of sexual pleasure and the *Pleasuremeter* which provide a framework to implement the pleasure approach

MODULE 10.

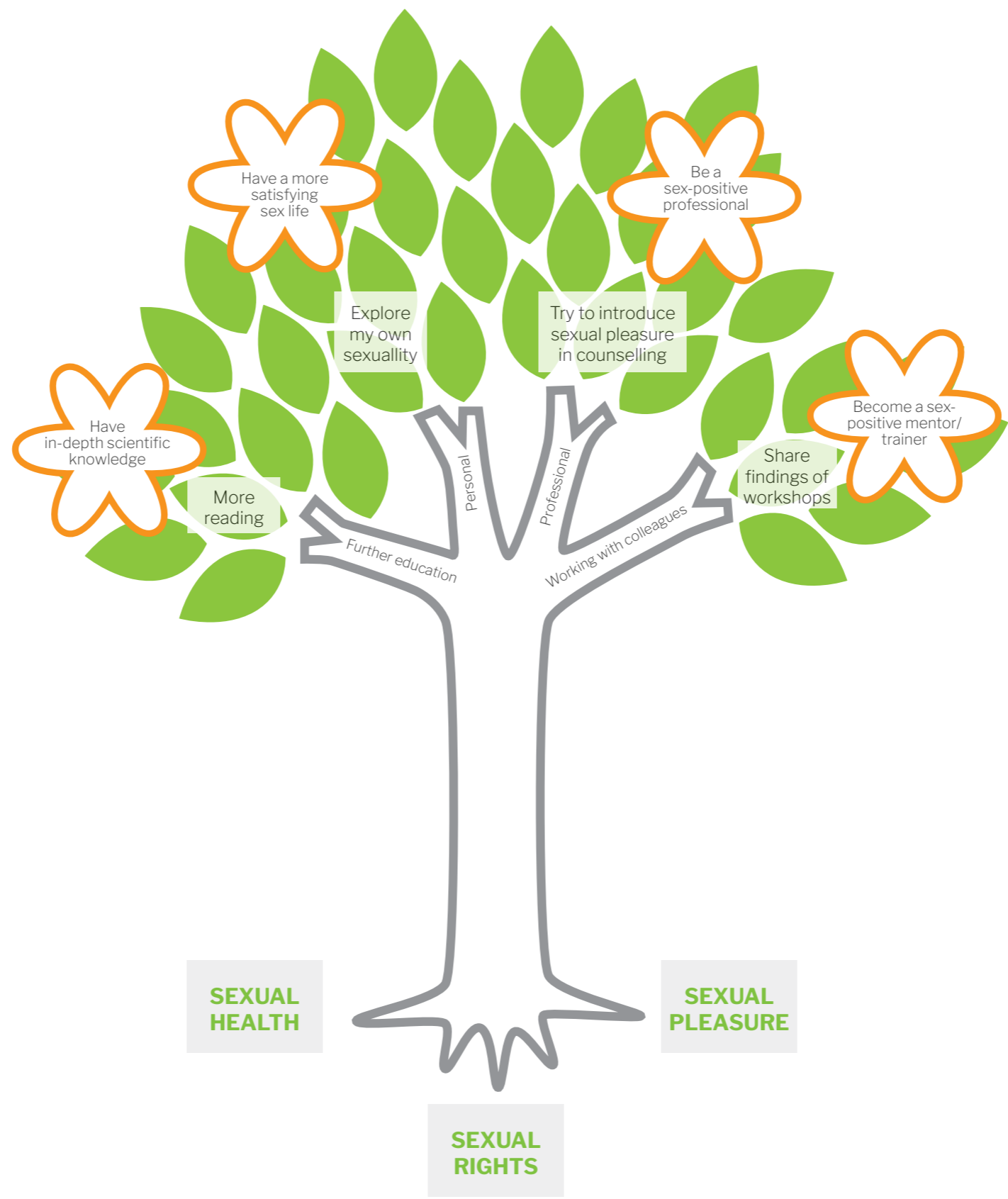
Planning ahead and evaluation



OBJECTIVES

- ▶ To identify the most important issues you've learned during the workshop
- ▶ To plan how you can start to put this learning into practice
- ▶ To evaluate the workshop

EXAMPLE: PLANTING A TREE FOR THE FUTURE



EVALUATION USING CHAIRS

- ▶ There are two chairs: one is a 'positive chair' and the other an 'improvement chair'
- ▶ Sit on both chairs
- ▶ Share with the group what you liked about the training (positive chair) and what could have been better (improvement chair).





SEXUAL PLEASURE

The forgotten link in sexual and reproductive health and rights