

April 20, 2023

The Choice Agenda
and ASHA present



How to Communicate about Sexual Health and STIs

Sex positivity vs. risk-based language



Speakers

- **Dr. Keosha T. Bond**
CUNY School of Medicine
- **Dr. Joseph Cherabie**
Washington University St. Louis
 - **Mark Kaigwa**
Nendo
 - **Moderated by**
Alison Footman
AVAC



THE CHOICE AGENDA

**HIV prevention research - a new forum
for advocacy on the latest**

avac.org/choice-agenda



546 registrants

32 countries

- | | |
|---------------|----------------|
| Angola | Mexico |
| Argentina | Namibia |
| Bonaire | New Zealand |
| Botswana | Nicaragua |
| Brazil | Panama |
| Canada | Peru |
| Côte d'Ivoire | Philippines |
| Ethiopia | South Africa |
| Gambia | Switzerland |
| Guatemala | Tanzania |
| Haiti | Thailand |
| Honduras | Uganda |
| Ireland | United Kingdom |
| Italy | United States |
| Kenya | Zambia |
| Malawi | Zimbabwe |





Next from TCA

HIV Prevention Plus Plus: Developing Options that Meet the Full Range of our Sexual and Reproductive Health Needs

Speakers include:

Ruth Akulu, ICWEA and AVAC fellow

Barbara Friedland, Population Council

Gregorio Millet, amfAR

Dr. Thesla Palanee-Phillips, Wits RHI

Danielle Resar, Clinton Health Access Initiative

Tuesday April 25 at 9 AM Eastern

More info, register:

tinyurl.com/hivpreventionplusplus

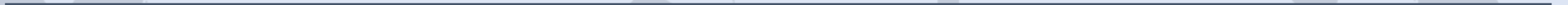
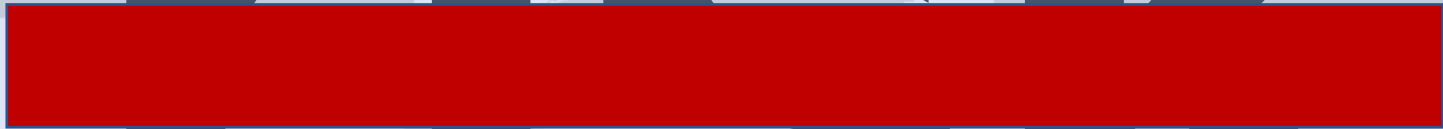
The background is a dark blue gradient with a complex, abstract pattern of light blue and white geometric shapes, including rectangles, lines, and dots, creating a sense of depth and movement.

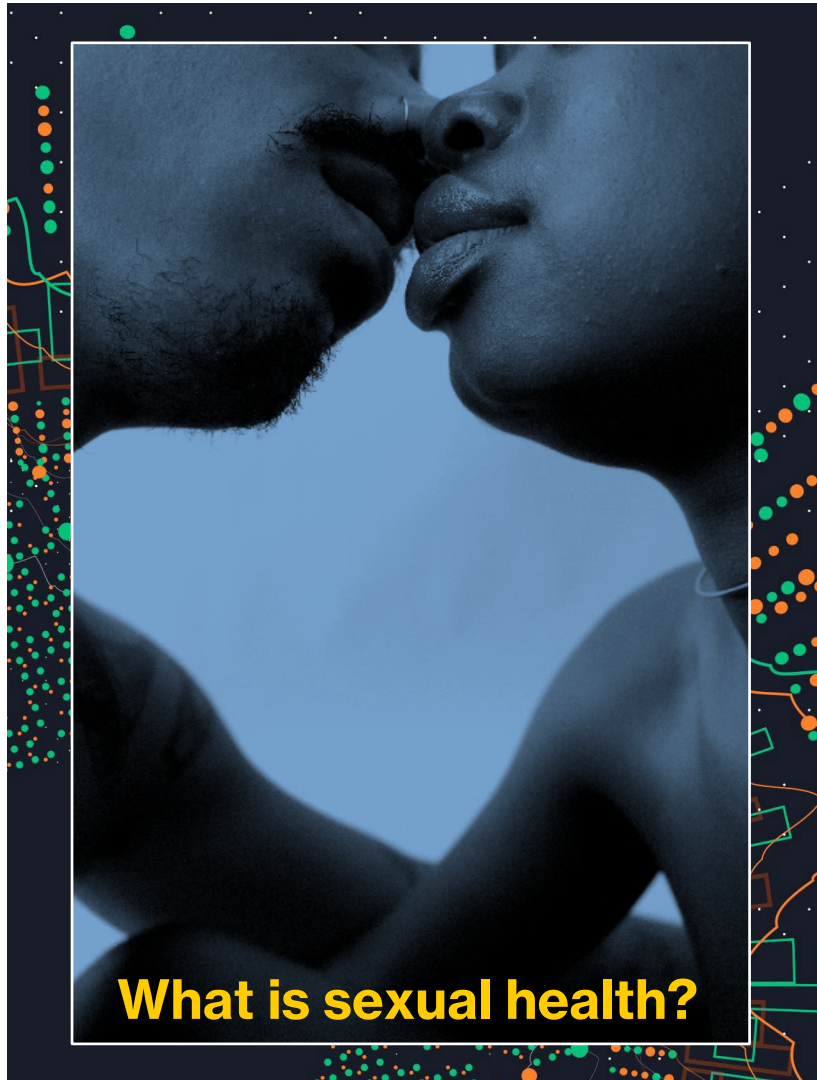
**What strategies do you utilize
to focus on sex positivity?**

- Person centered language.
- Accept diversity of sexual activities, affirm a person's right to enjoy the kind of sex they have.
- Treat no behavior as wrong, just focus on options.
- Use terms like "making sexual health goals."
- Underscore the importance of being sexual beings with needs.
- Give info and tools instead of "avoiding risky behavior" or making demands.
- Don't base education on fear and scary pictures.
- Avoid "shame."
- "Optimize pleasure while minimize chance of STI infection." The "risk" with condom use is loss of pleasure.



risk





“...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.”

World Health Organization, 2006

American Journal of Public Health

February 2020, Vol 110, No. 2

- + A Call for (Renewed) Commitment to Sexual Health, Sexual Rights, and Sexual Pleasure: A Matter of Health and Well-Being; Gruskin, Kismmodi
- + Promoting Positive Sexual Health; Pitts, Green
- + Structuring Sexual Pleasure: Equitable Access to Biomedical HIV Prevention for Black Men Who Have Sex with Men; Boone, Bowleg

Sexual Health

September 2021

14(8), 319-326

Sexual satisfaction with daily oral HIV pre-exposure prophylaxis (PrEP) among gay and bisexual men at two urban PrEP clinics in the United States: an observational study

PLOS ONE

February 11, 2022

- + What is the added value of incorporating pleasure in sexual health interventions? A systematic review and meta-analysis; Zaneva, Philpott, et al.

Journal of Sex Research

January 28, 2022

- + Pleasure and PrEP: A Systematic Review of Studies Examining Pleasure, Sexual Satisfaction, and PrEP; Curley, Rosen et al.

Reading for pleasure



THE CURRENT
LEVEL OF SEXUAL
HEALTH FOCUSES
PREVENTION
OF ILL-HEALTH,
AND DEFICIT
APPROACHES



WE FIND EVIDENCE THAT PLEASURE
CAN HAVE POSITIVE EFFECTS ACROSS
DIFFERENT INFORMATIONAL,
MOTIVATIONAL, BEHAVIOURAL AND
KNOWLEDGE-BASED ATTITUDES AS
WELL

SEXUAL HEALTH INTERVENTIONS
THAT INCLUDE PLEASURE INCREASE
CONDOM USE AND IMPROVE SEXUAL

Putting the Sexy into

Safer Sex since 2004



THE PLEASURE PROJECT DEFINITION OF
PLEASURE BASED SEXUAL HEALTH IS
ONE THAT CELEBRATES SEX, SEXUALITY
AND THE JOY AND WELL-BEING THAT
CAN BE DERIVED FROM THESE, AND
(CREATES A VISION OF GOOD)

PLEASURE IS

Sexual Health Messaging, Trauma Informed Care, and Cultural Humility

Joseph Cherabie MD MSc

Assistant Professor - Washington University St. Louis

Medical Director/PI CDC Midwest Track 2B Capacity Building Assistance
Program

Associate Medical Director St. Louis STI/HIV Prevention Training Center

Associate Medical Director St. Louis County Sexual Health Clinic

Clinical Ambassador - Let's Stop HIV Together Campaign



**St. Louis
STI/HIV Prevention
Training Center**

**Was there ever a time where
you were shamed/blamed by
healthcare providers and that
made you change your
behaviors positively?**

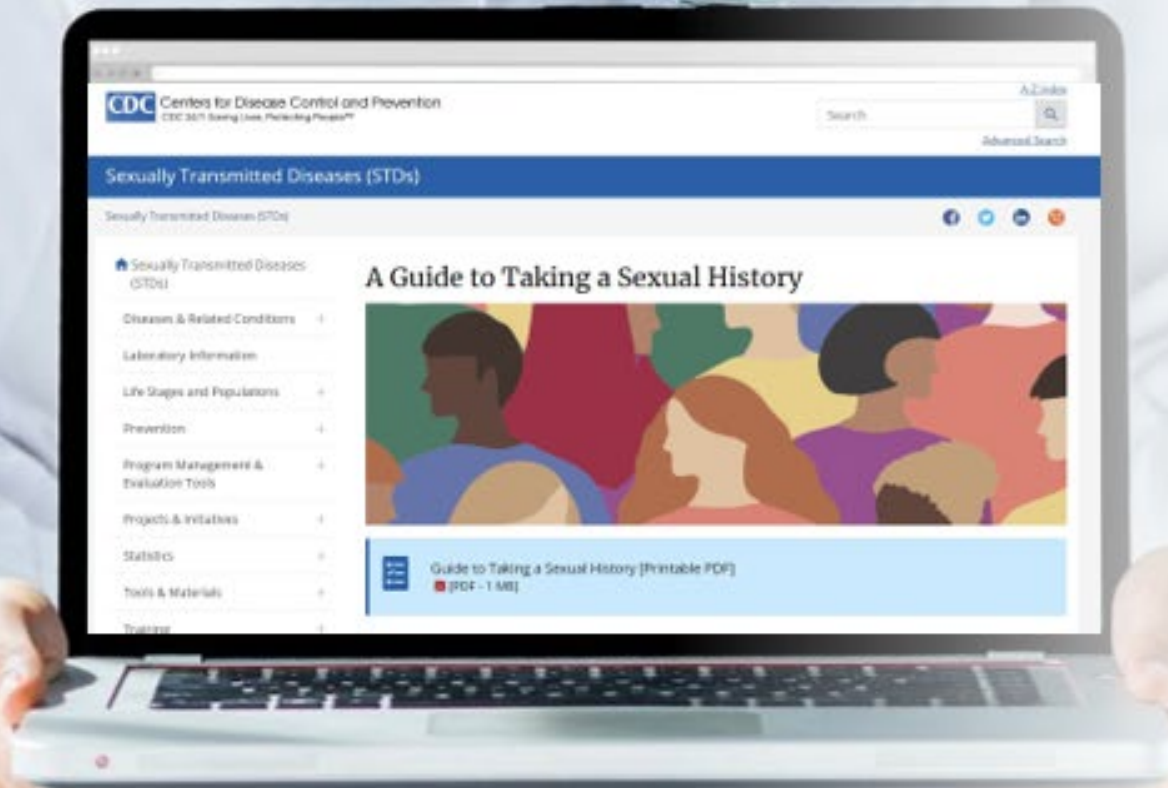
“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having 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.”

---World Health Organization



CDC's Guide to Sexual History Taking

- **A sexual history should be taken as part of routine health care** in addition to when someone has symptoms.
- Taking a sexual history helps identify one's likelihood of STIs and offers opportunities for counseling
- Can help to address one's needs for wrap-around services





Clinical Environment

Creating a welcoming clinical environment for all patients should begin at registration. Establishing your patient's name and pronouns, as well as their sexual orientation and gender identity, are important in medical care. Gender identity is independent of sexual orientation and best determined by a two-step method incorporated into a clinic's initial assessment that asks sex assigned at birth (female, male, or decline to answer) and current gender identity (female, male, transgender female, transgender male, gender diverse, additional gender category, or decline to answer).

In addition, some patients may not be comfortable talking about their sexual history, sex partners, or sexual practices. Some patients may have experienced abuse or trauma in their lives or while in a medical setting. Training in a trauma-informed care approach can help all clinicians apply patient-centered, sensitive care to all interactions. Some patients may be experiencing intimate partner violence and seeking care for medical health concerns could be their only opportunity to access safe resources. Try to put patients at ease and be prepared to link patients to needed resources. Let them know that taking a

Putting it into Practice

- Consent questions
 - Is it okay if I ask you some questions about your sexual health and sexual practices?
 - I ask all of my patients these questions...your answers will be kept confidential
 - These questions may bring up uncomfortable feelings...
 - Do you have any questions or concerns about your sexual health?

History of HIV Prevention





**BANG.
YOU'RE DEAD!**

That's how serious AIDS is.
Anyone can get the AIDS virus by having

The Need for Trauma-Informed Prevention

- Antiquated prevention modalities
- Few trauma-informed prevention models
- Re-engage patients
- Influx of new staff (re-educate existing staff)
- Intent vs. impact

Gender Affirming care

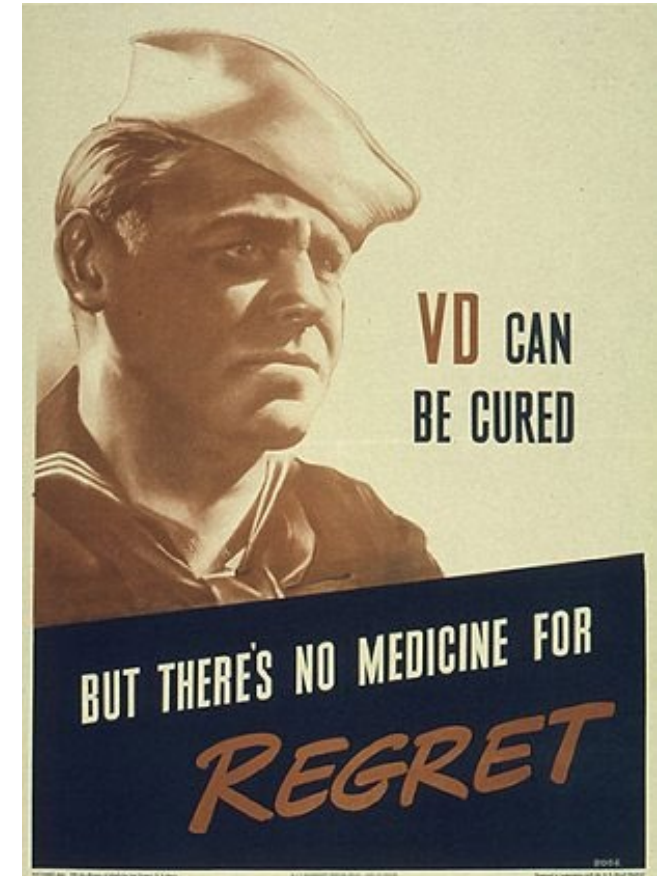
Four Facets of Gender Affirmation:

- Social (ex: name, pronoun),
- Psychological (ex: internal, felt self),
- Medical (ex: cross-sex hormones, surgical intervention, other body modification)
- Legal (ex: legal gender markers, name change).

Sex Positivity

Sex positive focus means:

- Recognizing that sexuality is an important component of health
- Respecting diversity in practices, in partners, in our patients
- Recognizing that everyone is deserving of non judgmental care.
- Promoting healthy and good sex!



Modern LGBTQIA+ Health - CAP 2017

Among lesbian, gay, bisexual, and queer (LGBQ) respondents who had visited a doctor or health care provider in the year before the survey:

- 8 percent said that a doctor or other health care provider refused to see them because of their actual or perceived sexual orientation.
- 6 percent said that a doctor or other health care provider refused to give them health care related to their actual or perceived sexual orientation.
- 7 percent said that a doctor or other health care provider refused to recognize their family, including a child or a same-sex spouse or partner.
- 9 percent said that a doctor or other health care provider used harsh or abusive language when treating them.
- 7 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape).

Among transgender people who had visited a doctor or health care providers' office in the past year:

- 29 percent said a doctor or other health care provider refused to see them because of their actual or perceived gender identity.
 - 12 percent said a doctor or other health care provider refused to give them health care related to gender transition.
 - 23 percent said a doctor or other health care provider intentionally misgendered them or used the wrong name.
 - 21 percent said a doctor or other health care provider used harsh or abusive language when treating them.
 - 29 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape).
-

Modern LGBTQIA+ Health

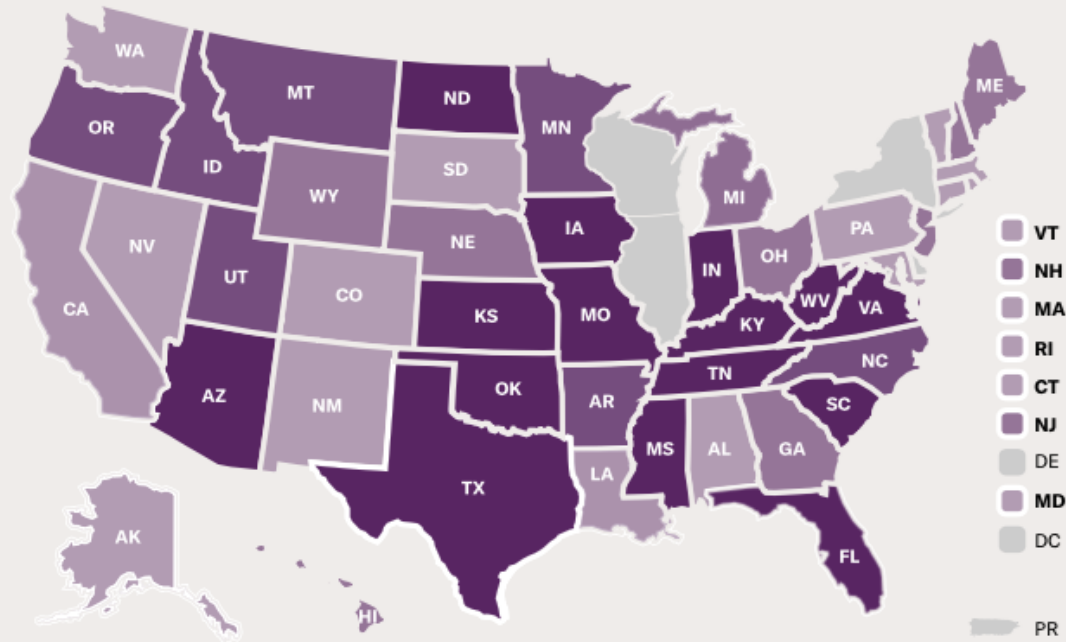
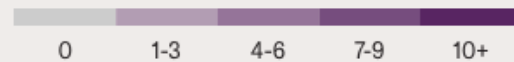
2023 LEGISLATIVE SESSION

The ACLU is tracking **461** anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

[View past legislative sessions.](#)

Bills per state



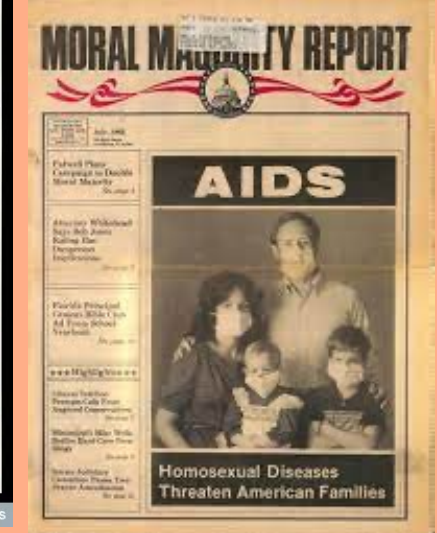
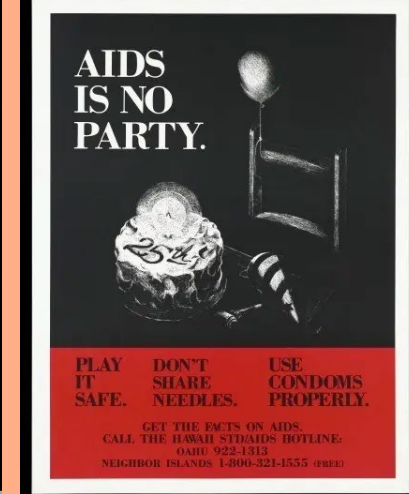
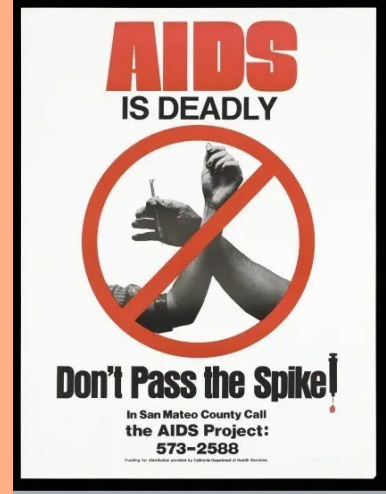
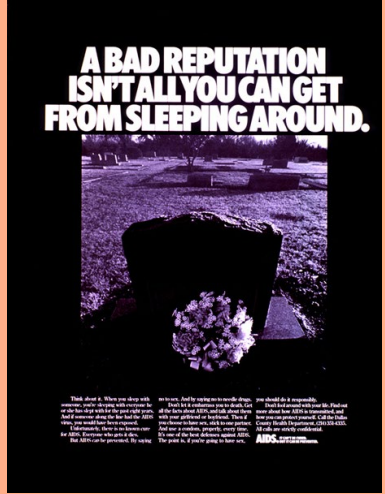
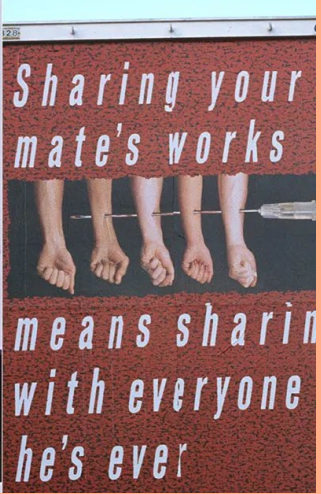
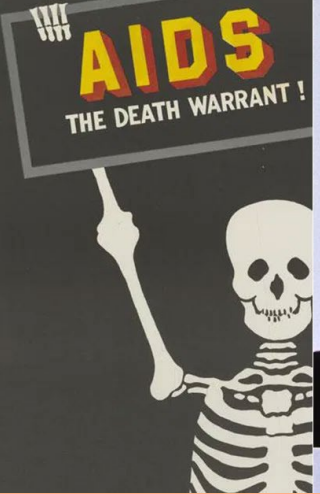
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Stigma and discrimination

⇒ Decreased access to care



Act Up NYC



IMPORTANCE OF MESSAGING AND TRAUMA INFORMED CARE

TRAUMA INFORMED CARE

A TRAUMA-INFORMED APPROACH IN THE HUMAN SERVICE FIELD THAT ASSUMES THAT AN INDIVIDUAL IS MORE LIKELY THAN NOT TO HAVE A HISTORY OF TRAUMA.

TRAUMA-INFORMED PRINCIPLES RECOGNIZE THE PRESENCE OF TRAUMA SYMPTOMS AND ACKNOWLEDGE THE ROLE TRAUMA MAY PLAY IN AN INDIVIDUAL'S LIFE

What is Trauma?

- **Big "T":** *Socially validated: extreme shock trauma*
 - Natural disasters, mass shootings, sexual violence, war, terrorism, torture, burglary, car accidents, kidnapping, physical abuse
- **Little "t":** *Socially invalidated: daily, subtle, persistent lack of control & power*
 - Weight stigma, body shaming, poverty, discrimination, trans phobia, harassment, bullying, neglect, heterosexism, racism, "slut-shaming"



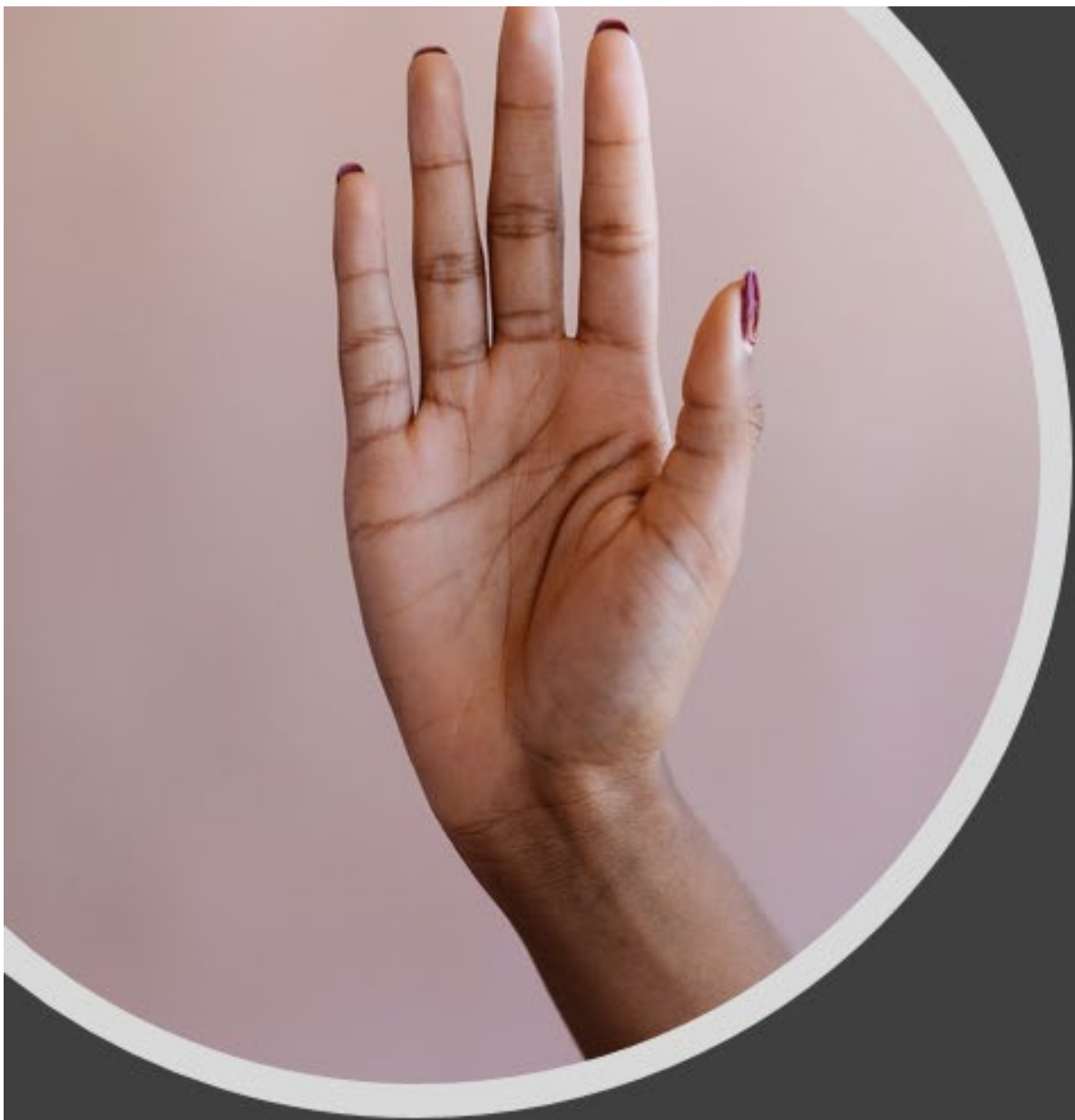
LANGUAGE SHIFTS

- **Prevention - the act or practice of stopping something bad from happening**
 - Sexual health goal setting
- **Safety - condition of being protected from or unlikely to cause danger, risk, or injury**
 - Sexual health and wellbeing, empowerment, pleasure, consent
- **Risk - situation involving exposure to danger**
 - Susceptibility, sensitivity, vulnerability, likelihood of acquisition
- **Noncompliance - failure or refusal to comply with something such as a rule or regulation**
 - Are you able to? Missed doses?
- **Transmit - to pass or spread (disease, infection) to another**
 - Acquisition

EXAMPLES OF ISSUES WITH MESSAGING

- AIDS vs. uncontrolled or advanced HIV
- “Your results came back clean”
- “Unfortunately you have HIV”
- “You are high risk”
- “Don’t worry you’re straight, you’re not high risk”
- “Do you know you contracted HIV?”
- “Can you pull your pants down for me?”
- “Please slide down the bed”





The 5 "P"s

1. Partners
2. Practices
3. Protection from STIs
4. Past History of STIs
5. Pregnancy intention

But wait, There's more...

3 Others to Consider

1. Preferences
2. PLEASURE
3. Partner violence



**The patient's experience
starts from the moment they
enter the office!**

Take Home Points

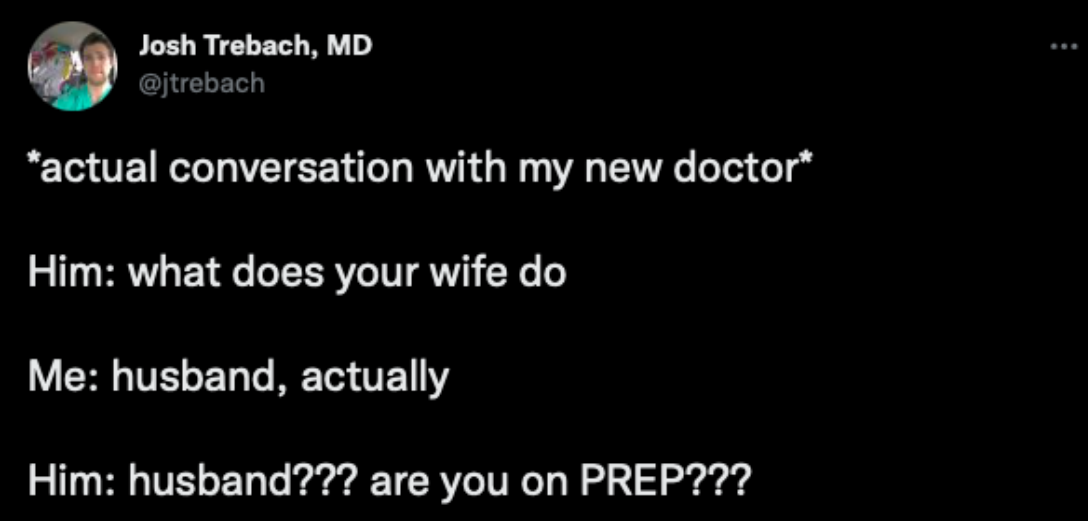
Make sure intake forms are gender inclusive and sex positive

- 2 step gender questions:
- Sex assigned at birth
- Gender identity

Be aware of posters and messaging throughout clinic

Avoid risk based messaging!

Sexual health goal setting!!



Let's Stop HIV Together Campaign


#StopHIVTogether

WHY STOPPING HIV STIGMA MATTERS



When people are afraid of experiencing discrimination, they are less likely to be tested or treated for HIV.

Take control of your sexual health.



Our sexual health is part of our lives.

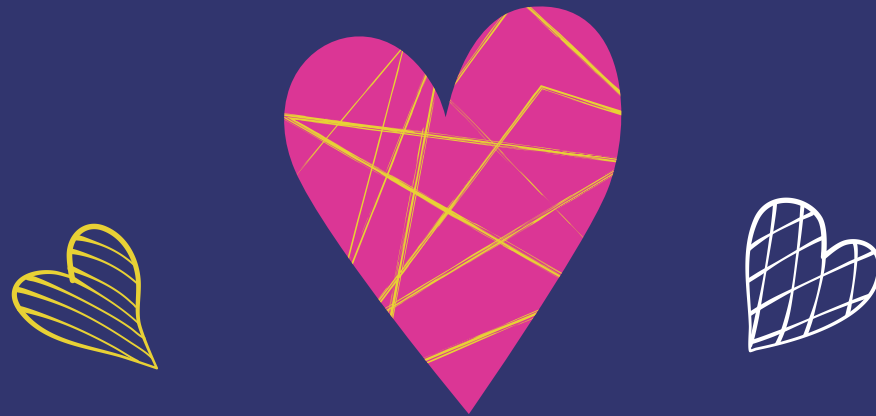
- Yoel, Miami, FL

Joseph Cherabie (He/They)

Jcherabie@wustl.edu

JcherabieMD - Twitter

Promoting Sex Positivity and Wellness in Healthcare



Dr. Keosha T.Bond
CUNY School of Medicine

Learning Objectives

- Define barriers that may prevent providers and patients from discussing sexual health issues
- Identify key components of a comprehensive sexual health history
- Discuss strategies for having conversations about sexual health and wellness with patients



Sexual Health



Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviors and outcomes related to sexual health.

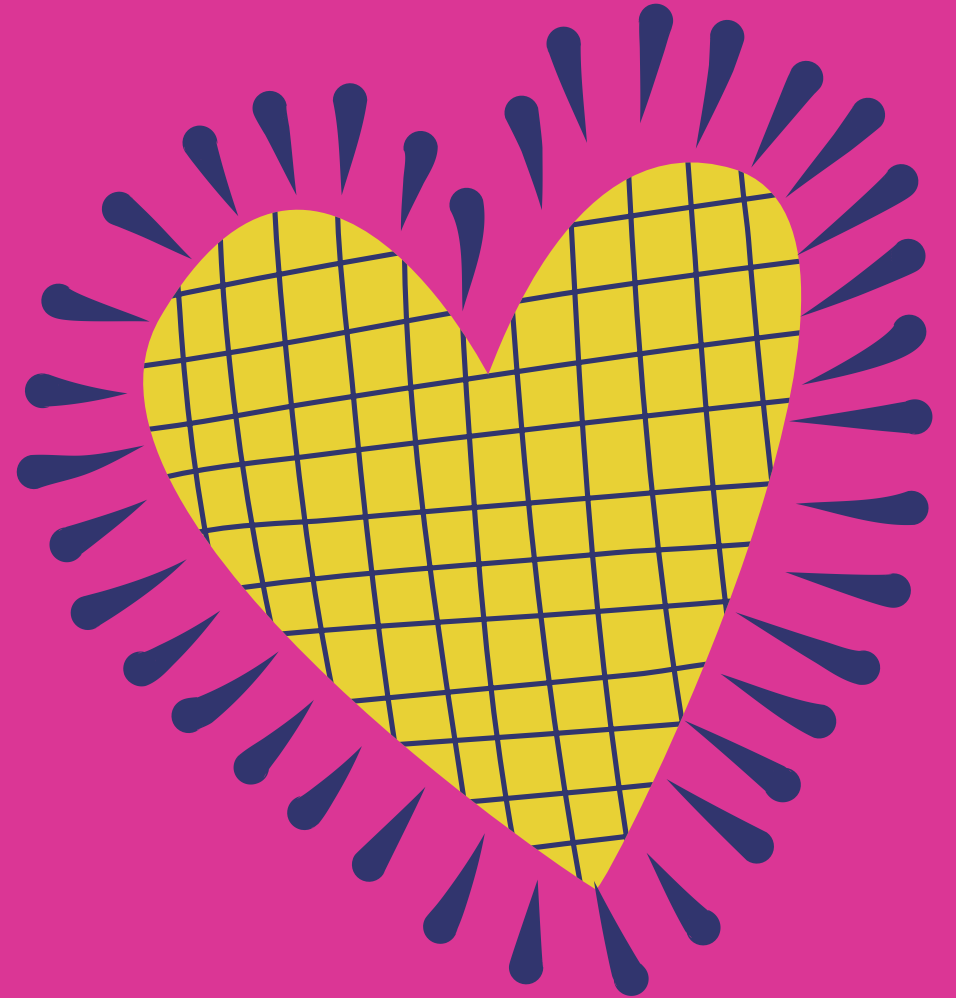
According to the current working definition, sexual health is:

“...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.”

-World's Health Organization

“Pleasure Deficit” in Sexual and Reproductive Health

a perplexing oversight given
the importance of pleasure in
understanding sexual behavior
and family planning



Moving Beyond the 5Ps

Partners
Practices
Past History of
STI
Protection
Pregnancy

But research has shown us that health care providers are **missing opportunities** to engage people in sexual health care services.



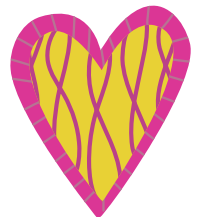
Common Provider Pitfalls

Not asking about sex at all

Thinking that we do not have enough time or expertise

Relying on “risk” categories

Thinking that other providers will address the issue

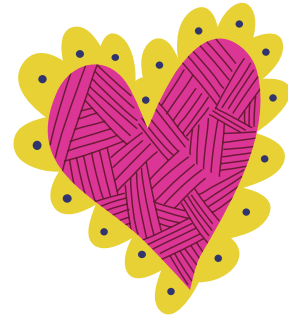


Providers' way around pitfalls

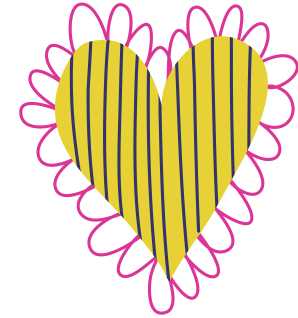
You might want to try these. So far, it's effective!



Be open and
honest with your
patients



Give the patient
space and time



Ask about patient
concerns or
satisfaction with
sexual functioning

Lets add the 6th P (Plus)

Problems

Pride

Pleasure





Problems

Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)?

Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)?



Pride

What name do you use?

What are your pronouns?

What words do you prefer to use for your body parts?

What support, if any, do you have from your family and friends about your gender identity?

What support, if any, do you have from your family and friends about your sexual orientation?



Pleasure

How is your sex life going? What concerns do you have about your sex life?

Are you currently involved in any sexual relationships?

Is the sex you're having pleasurable for you? If no, why not?

Are you and your partners on the same page about what's pleasurable?

Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships?

Avoid Assumptions

To avoid assuming gender, sexual identity, and sexual behaviors with new patients:

- **Instead of:** "How may I help you, sir?"
 - **Say:** "How may I help you?"
- **Instead of:** "He is here for his appointment."
- **Say:** "The patient is here in the waiting room."
- **Instead of:** "Do you have a wife?"
 - **Say:** "Are you in a relationship?"





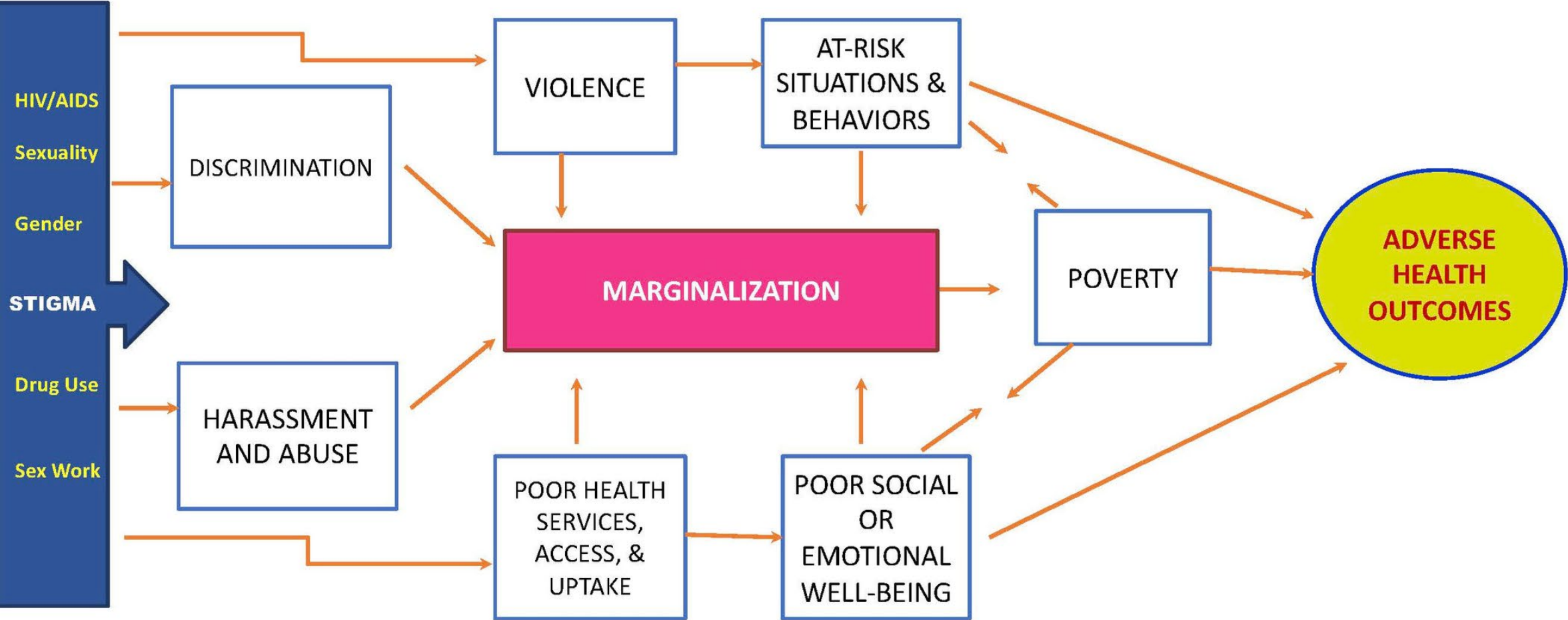
Ambiguous and Stigmatizing Language

Why Language Matters: Stigma

Describing sex as “unsafe” or “risky” perpetuates stigma, thereby undermining our efforts to promote sexual health.

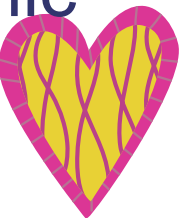


How Stigma Can Lead to HIV Vulnerability



Why Language Matters: Ambiguity

- Using “unsafe” and “risky” to describe sex is scientifically imprecise (conflates sexual behavior).
- Imprecise language conflates risk derived from individual behavior and risk derived from contextual factors.
- The risks associated with condomless sex can vary dramatically based on the context (e.g., the sexual encounter, a person's socioeconomic position, or their role within a broader community).



**Ambiguous or Stigmatizing
Language**

Precise Language

Unsafe sex

Condomless receptive anal/vaginal sex

Risky sexual behavior

Condomless receptive anal/vaginal sex

Risky sex

Multiple anal/vaginal sex partners

Sex risk behavior

Sex with a partner with unknown HIV serostatus

High risk sexual behavior

**Sex between an HIV- person & a PLWH with
unsuppressed viral load or Unknown status**



At the center of pleasure and sexual health is respecting and supporting a patient's gender, sexual identity, and health desires. This includes the language providers use when communicating with patients.

Thank you for listening!



Dr. Keosha!



theloveproject



Treasure  your pleasure

Let's talk about Sex baby!

 **IPPF** × **NENDO** × **the pleasure project.**
Africa Region

THE BACKGROUNd

Today's youth are becoming more open to sex as a source of personal pleasure and well-being rather than just a means of procreation.

Young adults are becoming more sexually liberated but still face stigma and sexual shame from society, so they will **turn to the internet** to learn about sex.

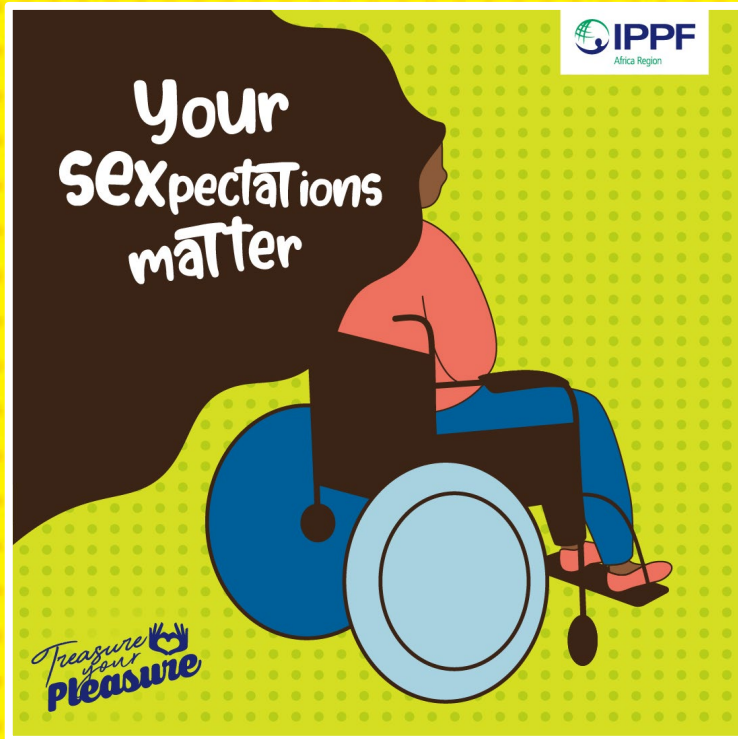
Most African countries' policies around the right to sexual and reproductive health are based on religious morality, which promotes the unrealistic agenda of abstinence.

These insights are what we used to create the Treasure your pleasure campaign that advocates for sexual and reproductive health, sexual pleasure, safe sex and is sex-positive.

CONVERSATION Starters to SPARK Discussions online and 'dark social'

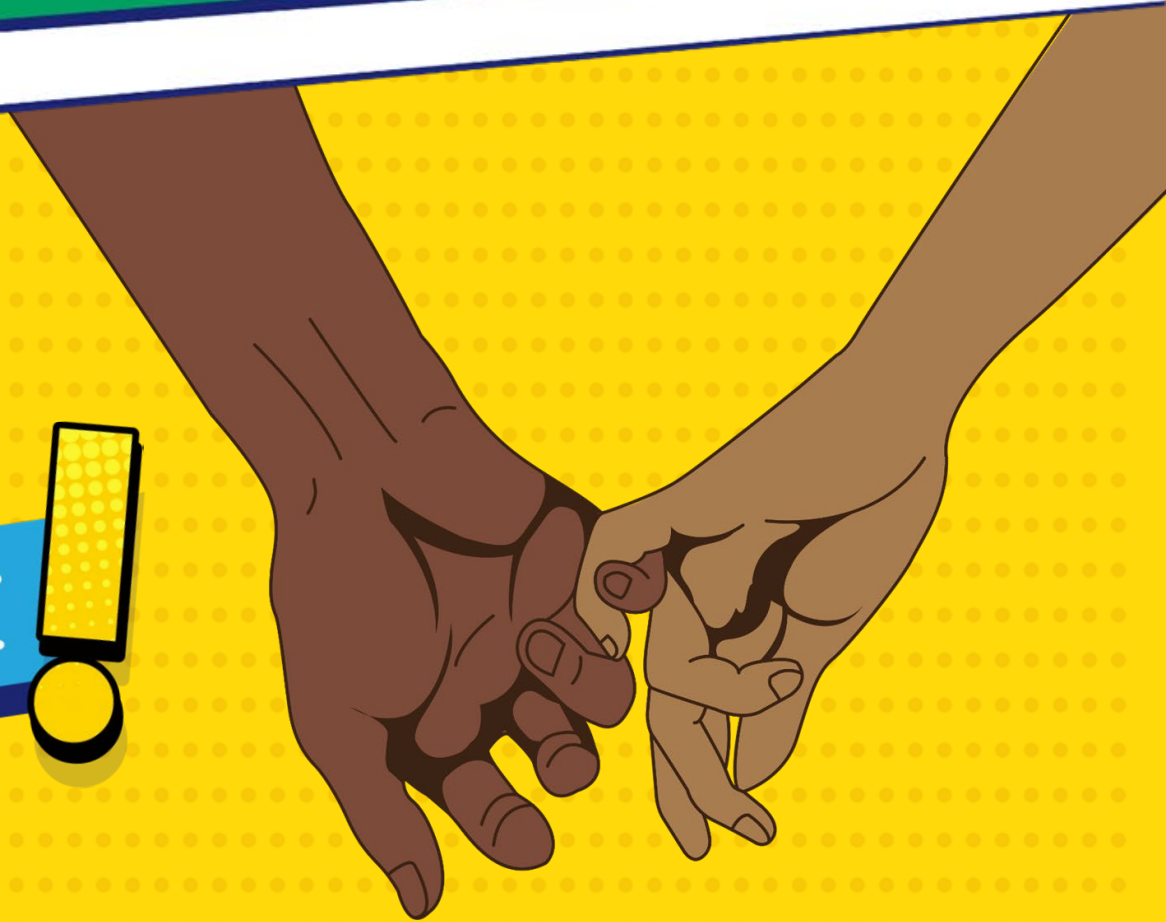


Unpacking inclusivity, protection, and stereotypes with a pleasure lens



TYP: Pro-pleasure Comms Campaign in
Africa

We are changing **THE NARRATIVE**



A LOVE LETTER TO MY
Body



Our Pleasure
manifesto



COUNTRIES AND PLATFORM USAGE (MOST USED PLATFORMS BY COUNTRY)

Social Media Challenge

- **Censorship and ad disapprovals** across Twitter, Facebook, Instagram, and Google

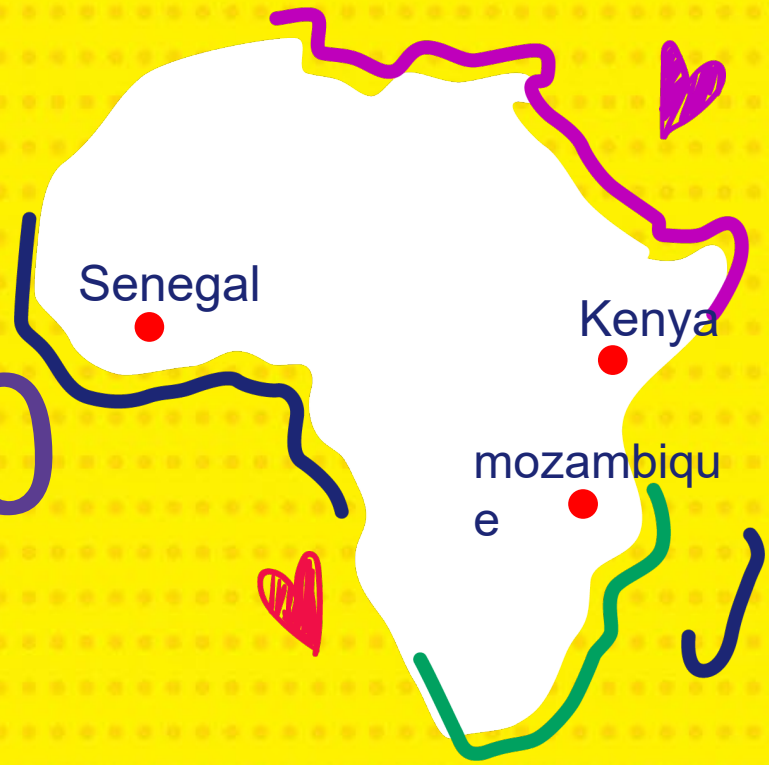
Social Media Solution

- **Influencers** bringing **authentic voices** to conversations and sending their



TYP Campaign Results

25,700,000 impressions



9,000,000 reach

119,371 engagement

71

+39,000 New followers



Discover your pleasure persona in 2
minutes

treasure-your-pleasure.com



bit.ly/typafri
ca

Thank you!

Mark Kaigwa
Founder at Nendo
mark@nendo.co.ke
+254722905553



IPPF

Africa Region



NENDO



**the
pleasure
project.**